



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

Issued by the Chief Inspector

Name of designated centre:	Clontarf Private Nursing Home
Name of provider:	Clontarf Private Nursing Home Limited
Address of centre:	5 - 7 Clontarf Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	30 June 2022
Centre ID:	OSV-0000127
Fieldwork ID:	MON-0037093

About the designated centre

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

Clontarf Private Nursing Home is a few miles from the city centre and close to Clontarf village. The building is three separate redbrick townhouses, which have now been combined and renovated to include 35 long stay care beds. There is a car park to the front of the building and there are public transport stops close to the centre. There are a range of sitting and dining rooms, and an enclosed garden to the rear of the premises. Care and support is offered on a long stay or short stay basis and is available to male and female residents over the age of 18 for the following needs: Long Stay Residential Care, Dementia Focused Care, Medical Illness Care, End Of Life Care, Respite Care, Post Operative Convalescence Care, Post Illness Convalescence Care and Transitional Care

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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 30 June 2022	09:00hrs to 17:00hrs	Margo O'Neill	Lead
Thursday 30 June 2022	09:00hrs to 17:00hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. Inspectors took the opportunity to speak to residents who wished to engage with them, to gain insight and feedback about living in the centre and the service provided.

When inspectors arrived at the centre they were guided through infection prevention and control measures such as the completion of a COVID-19 health questionnaire, hand hygiene and the wearing of face masks.

Overall residents praised the staff and reported that staff were kind and helpful when assisting them with their needs. Two residents reported to inspectors however that their call bells were not always answered in a timely fashion. This was discussed with the Person in Charge during the inspection. During the inspection day, inspectors observed residents and staff interactions and found them to be informal and friendly. Staff respected residents' right to choice and supported residents in a manner that ensured residents' dignity was maintained at all times.

The centre is comprised of three separate redbrick townhouses which were combined to provide accommodation for 35 residents. The centre was set out over three floors with lifts and stairs to facilitate movement between these areas. The centre was warm, pleasantly decorated and appropriately furnished. There was a large and spacious dining room where residents were observed to spend time throughout the day relaxing with hot drinks, reading or enjoying the company of fellow residents. There were a number of comfortable day rooms and lounges that were decorated with reminiscence memorabilia, such as an antique sewing machines, bookshelves filled with books, a fish tank and cabinets displaying delicate crockery.

Inspectors found that several areas such as communal toilets and bathrooms required attention as there was significant deterioration noted in tiling, grouting and other facilities in these areas.

Residents had access to a garden that was located at the rear of the premise; this contained raised beds which residents were involved in planting and seating which allowed residents to enjoy the outdoors. The centre's designated smoking area was located in garden. Inspectors were informed that the previous week the garden had been used to host the centre's annual barbeque which residents and visitors had enjoyed.

There were 14 twin occupancy bedrooms and seven single bedrooms. Of the seven single bedrooms, five had ensuite facilities. Residents were encouraged to personalise their bedroom space with pictures, photographs and other personal memorabilia to reflect their life and their hobbies and interests. All bedrooms

provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions.

Inspectors observed that in the centre's twin bedrooms, individual bed spaces, did not provide 7.4m² area of floor space. Furthermore the location of residents' wardrobes in the twin bedrooms impacted on their ability to access their belongings privately. One resident who occupied a twin room reported there was 'not much privacy' when speaking to inspectors.

Residents had opportunities to participate in a varied and interesting activities programme. Activity schedules were displayed on noticeboards throughout the centre to ensure that residents were notified of the schedule of activities for the day. Small group activities took place in the dining room and lounge areas throughout the centre. Inspectors observed residents positively participating in a quiz led by the activity staff. One resident told inspectors that they enjoyed the musical bingo and that on one recent occasion they had guessed all the songs correctly and that the other residents and staff had cheered. Residents who preferred to spend time in their rooms reading or listening to music reported to inspectors that their right to choose how to spend their day was respected by staff.

All residents expressed satisfaction with the food on offer to them, one resident reported that their favourite was corned beef and cabbage but that all the options were good. Written menus were available to residents, pictorial menus were not. Inspectors observed mealtimes to be a calm and relaxed occasion. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals. Presentation of modified texture diets required some attention to ensure that modified texture food was presented in a pleasant and appetising manner, the person in charge outlined that there was a plan for catering staff to attend training regarding this.

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

There was a clear governance and management structure in place in the centre and the registered provider had arrangements to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. Action was needed however to improve the providers' oversight of fire safety, premises and infection prevention and control practices.

There was a senior management team in place to provide management support at group level and there was a clearly defined management structure that identified

lines of authority and accountability. The person in charge had commenced their role in the centre in March 2022 and she was responsible for the day to day operations in the centre. She was assisted in her role by an administrator, nurses, care staff, activity person and catering staff. Records of regular meetings between management and staff were available to review. These records indicated that meetings had a focus on improving practice and care provided to residents. All meetings had action plans developed, responsible persons identified and timeframes for completion to ensure accountability. An annual review of the quality and safety of care delivered to residents had been completed which had been prepared in consultation with residents and their families.

Management systems in place provided good oversight of the quality and safety of the clinical aspects of the service and key clinical and performance indicators were identified and trended to ensure ongoing improvements of the service for residents. Audits completed in 2022 were effective at identifying risks and gaps in the service however actions to address areas of risk such as fire safety, infection prevention and control and insufficient maintenance input were found not progressed. This was discussed with management and is outlined further under Regulation 23 Governance and Management.

On the day of the inspection inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled nursing and care staff were available to meet the assessed needs of 30 residents living in the centre. A short time prior to the inspection staffing resources for household staff had been reviewed and augmented to ensure that there were sufficient numbers of household staff with at least two staff on Monday to Friday and one staff member on at weekends. Review of maintenance logs indicated that maintenance personnel hours allocated to the centre was insufficient to address maintenance issues in a timely fashion, this is further discussed under Regulation 15, Staffing.

Training records indicated that the majority of staff were up to date with the centre's mandatory training requirements. New staff starting in the centre completed an induction programme. For example nursing staff completed a three week induction period where they worked supernumerary alongside a senior nurse. Staff were appropriately supervised and supported and there were annual appraisals for review of performance.

The centre's statement of purpose was available to inspectors and had recently been updated. Contracts for the provision of services to residents did not contain details regarding residents' individual contributions to cover the cost of the service not covered by the Fair Deal scheme.

Regulation 14: Persons in charge

The registered provider had an appropriately qualified and experienced person in the role of person in charge of the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled nursing and care staff were available to meet the assessed needs of 30 residents living in the centre.

Review of the allocated hours for maintenance staff was required to ensure it met the needs of the facility. At the time of the inspection one maintenance person worked across three nursing homes in the group, this impacted the service as often logged maintenance works were not addressed in a timely fashion as recorded on the centre's maintenance log.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors reviewed the centre's training records which indicated that the majority of staff were up to date with the centre's mandatory training requirements. For the minority of staff not in date there were training dates organised in the following weeks for these staff.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure that management systems were in place that allowed for areas of identified risk, such as Fire Safety, Infection prevention and control and premises maintenance to be effectively addressed. For example;

- Inspectors had followed up on outstanding actions from the last inspection regarding fire safety in the centre and found that not all actions had yet been progressed and completed. This was discussed with the management in the centre and is detailed further under Regulation 28, Fire Safety.
- Inspectors observed that numerous facilities, such as tiling and bathing facilities in communal bathrooms and en-suites had deteriorated significantly

throughout the centre. Action was required to ensure these areas and facilities were maintained to a good standard.

- The majority of twin bedrooms within the designated centre did not comply with the requirements of 7.4m² of resident space for each resident of that bedroom. Configuration of twin bedrooms also required attention to ensure residents had access to their personal possessions in private.
- Although management had identified the infection prevention and control risk to residents as a result of the significant deterioration to toileting and bathing facilities, the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018).

Judgment: Not compliant

Regulation 24: Contract for the provision of services

From the sample of contracts provided to inspectors, it was identified that the addition of details regarding each residents' individual monetary contribution in addition to the allocated Fair Deal contribution was required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A copy of the centre's statement of purpose was provided to inspectors; this was found to contain pertinent details regarding the centre and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents were supported by competent staff to live a good life in a secure environment. They were able to choose how they spent their day, where and when they dined, had access to appropriate social activities over the week and to good quality healthcare. Action was required however in the areas of fire safety, premises and infection control practices in the centre.

A pre-admission assessment was carried out for each resident prior to being admitted to live in the centre to ensure the residents needs could be met. On arrival

each resident had a comprehensive assessment completed by nursing staff. This assessment led to care plans being developed for the residents' identified needs. The sample of care plans provided to inspectors contained details about residents' needs, and also their likes and preferences. Each resident had their health and social care needs set out in their care plans.

Residents were provided with access to a general practitioner (GP) who attended the centre weekly, or as required. They also had access to allied health services, either privately or through referral to community services. These services included, amongst others, physiotherapy, occupational therapy and chiropody.

Inspectors reviewed care records for residents for whom restrictive practice, such as bed rails and floor sensors, had been implemented and observed that appropriate assessment, care planning, consent documentation and multidisciplinary review was in place. Inspectors reviewed records for residents with responsive behaviours, and saw that they gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how staff could effectively support and manage such behaviours if they arose, in a dignified manner.

The registered provider had developed a comprehensive and clear policy for the prevention of and for responding to allegations of abuse. Training records showed that all staff had up to date training in safeguarding and the protection of vulnerable adults from abuse. Residents were protected from abuse while living in the centre, and told inspectors that they felt safe living there.

The registered provider acted as a pension agent for four residents. The system in place to manage this was transparent and safe and records and invoices were clear. Residents were provided with lockable storage in their bedrooms for their cash and valuables.

Residents' rights were respected. They had access to a varied activity schedule over seven days of the week, which met their preferences and capabilities. Activities included cinema afternoons, poetry and live music. Residents met every month to discuss the service provided to them and action plans to address issues raised were subsequently developed. Family meetings were held every three months to impart updates on staffing, operations and to seek suggestions for improvement. There was relaxed interactions between staff and residents observed throughout the day and staff were seen to knock on resident's bedroom doors before entering.

Residents had access to TV, radios, tablets and newspapers and religious services. There was an advocacy service available to residents and a nursing home advocate should issue arise.

Residents were observed to eat their meals in the centre's dining room or in their bedrooms, and were offered a choice of meals. Assistance was provided by staff for residents who required additional support during meals. Overall, mealtimes were observed to be pleasant experience for residents.

The person in charge was in the process of replacing old net curtains in bedrooms to ensure that more light entered residents' rooms. Maintenance of the centre required

review; inspectors identified a number of areas such as bathrooms, sluice rooms, ensuite facilities, that had significantly deteriorated and required attention. Furthermore inspectors were not assured that the layout of twin occupancy bedrooms facilitated access to residents' personal storage space in private. Inspectors were also not assured that the required 7.4 m² of resident space was available in all bed spaces in the twin bedrooms. Management undertook to review this.

Inspectors found that action was required to ensure that infection prevention and control practices in the centre were in line with best practice. This is further discussed under regulation 27 below.

Inspectors were informed that not all work had yet been completed in order to improve compliance with regulation 28, Fire Precautions, as stipulated by condition 4 of the centre's registration. Although some work had been completed to the centre's ceilings, other required work remained outstanding. The centre's management informed inspectors that new quotes were being sought at the time of inspection for the remaining works to be completed as the company that had been contracted to complete the fire safety work was no longer operating. When following up on these outstanding actions, inspectors identified further fire safety concerns, these are outlined under Regulation 28, Fire Precautions.

Regulation 17: Premises

Inspectors observed seven of the 14 twin bedrooms within the designated centre. These did not comply with the requirements for 7.4m² of floor space for each resident of that bedroom, in which area there shall include the space occupied by a bed, a chair and personal storage space.

Most of the shared bathrooms and ensuite facilities observed by inspectors had deteriorated significantly, for example; inspectors observed damaged, stained and worn grout between tiles, missing tiles in areas, cracks in showering facility hard wear such as shower trays and water damage to pedestals of hand wash basins. Other maintenance and premises issues identified by inspectors are as follows:

- Water staining on the ceiling of one communal room with staining and chipping of the paint.
- Cracked and damaged radiator covers.
- In one area on the upper floor there were gaps observed between the flooring panels.
- There was rust on the legs of one commode.
- Water damage on a window sill in one bathroom.
- Dining room floor covering was damaged and marked with black marks.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had arrangements in place to ensure that all residents had access to fresh water at all times. There was a variety of drinks offered to residents throughout the day. Residents had a choice at mealtimes and were provided with adequate quantities of freshly prepared food and drink. Inspectors observed that there were sufficient staff available to provide support and discreet assistance for residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available a guide for residents in respect to the designated centre that contained all pertinent information as outlined under Regulation 20, Information for residents. Copies were located at reception and in other locations around the centre.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that all infection prevention and control practices and procedures were implemented and in line with National Standards for infection prevention and control in community services (2018). The following risks were identified:

- Inspectors observed open hygiene products, continence wear and ointments in communal bathrooms posing a cross-contamination risk.
- Inspectors observed urine bottles being stored on the ground in communal toilets and wash basins being stored in residents' bedroom floors, posing a cross-contamination risk.
- Inspectors observed the use of adhesive tape throughout the centre for hanging signs and posters up, this is not in line with best practice as can pose an infection control risk.
- In many bedrooms the laminate on the hand wash basin pedestals had deteriorated due to water damage. This would not allow for effective cleaning of these areas.
- In many en suites and shared toilet and bathing facilities, the grout between tiles had deteriorated leaving large gaps and staining of the remaining grout. This would not allow for effective cleaning of these areas.

- Inspectors observed in one shared bathroom a continence pad being disposed of into an open waste bin and in another shared bathroom a stained and worn shower curtain, these required attention as could present an infection control risk.
- One of the centre's sluice rooms required deep cleaning and lost tiles required replacing.
- Inspectors observed that under some shower tray fixtures there was a visible build up of dirt and grime under the shower tray grill. This posed an infection control risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors followed up on actions outstanding from the last inspection regarding fire precautions in the centre and identified the following concerns regarding fire safety in the centre.

- Fire drills completed did not provide assurance that residents could be evacuated in a timely way in all areas, for example the largest compartment with the lowest number of staff available.
- Significant concerns were raised regarding fire safety measures in the centre following the last inspection in February 2021 and the addition of a condition to the centre's registration was applied. Inspectors found however that records of daily and weekly checks on the fire escape routes, detection system and equipment had significant gaps and no records prior to March 2022.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors were provided with a sample of care plans. These set out residents' needs and how they were to be met. They were revised with the resident at least every four months, or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

Residents health needs were kept under review by nursing staff, who responded to any identified changes. Residents were reviewed by their general practitioner (GP) when needed, and an out of hours medical service was also available. Records showed that when the need was identified, residents had timely access to appropriate reviews and treatments, such as dietetic, speech and language therapy, tissue viability nursing, physiotherapy, chiropody and occupational therapy services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had appropriate systems in place to ensure that restrictive practices implemented in the designated centre, were used in accordance with national policy as published by the Department of Health.

Records showed that residents displaying responsive behaviours were managed in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide staff on how to safeguard residents and to protect vulnerable adults from abuse, which included guidance for staff on how to report any allegations of abuse. All staff had received training in safeguarding vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Based on observations made by inspectors and feedback from residents, the centre's multi occupancy bedrooms required attention in order to enhance and facilitate residents' right to privacy. The configuration of many of the twin bedrooms did not allow residents to have access to their personal possessions within their floor space. This resulted in residents being required to exit their private space, in order to retrieve their possessions. For example, in the seven twin bedrooms observed by inspectors, wardrobes were outside residents' private space.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clontarf Private Nursing Home OSV-0000127

Inspection ID: MON-0037093

Date of inspection: 30/06/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required: A full review is underway of all operational maintenance issues in the home. HR recruitment process commenced to fill the role. This is to ensure service maintenance work is completed as required and in a timely manner.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All outstanding items regarding fire safety in the centre have commenced and will be completed. • The communal bathrooms and en-suites will be fully refurbished. • Our architect has reviewed the identified rooms to draw up re-configurations to ensure each resident has 7.4m2 of personal space. • The bathing and toileting facilities will be refurbished to ensure the infection prevention and control risk is reduced. 	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All contracts of care are under review and they all will reflect the individual contribution in addition to the fair deal contribution. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All commodes reviewed and rust stained ones replaced. • The twin bedrooms will be reconfigured to accommodate each resident with the 7.4m² of floor space • All bedrooms identified requiring refurbishment and repairs have commenced works, this includes painting and repairs of ceilings, radiator covers, flooring and windows. • The cracked and damaged radiator covers will be replaced. • The communal room with water staining has been fully painted (walls, ceiling, wood work). • The areas that require flooring will be repaired where possible and will be replaced as required. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The centre has established and IPC committee to review changes in practices that are necessary in order to be in line with best practices. • Baskets for individual toiletries have been introduced and these are individually labelled. • A Weekly audit on common bathrooms has commenced and follow up actions completed as required. 	

- Adhesive tape been replaced in the centre, there will be a continuous reminder to staff at IPC meetings and training.
- All hand wash basin pedestals reviewed and those with poor quality laminate will be replaced.
- Pedal bins had been ordered prior to the inspection and have been delivered. All bins in bedrooms are now pedal bins, as well as all bins to disposal of incontinence wear.
- New procedure in place for disposal of incontinence wear. This will be followed up and tracked in the IPC audit.
- There has been a new outsourced Cleaning Team that started on 09/06/22, cleaning schedule to all the rooms in the centre has been finalized and implemented.
- All sluice rooms were deep cleaned and schedule for deep cleaning weekly thereafter.
- There is also a further cleaning audit completed on the three floors. Results and action plan discussed with Cleaning Team Manager.
- To support quality improvement regarding IPC, three staff members attended on an advance Training on IPC. Internal self -assessments on IPC will continue on a quarterly basis. IPC audits will be increased to monthly and random spot checks weekly, as well as hand hygiene weekly audits.
- PIC will continue to engage with RPR on premises updates to fully support good practices on Infection Prevention Control.
- CNM at group level will also engage in further education on Infection Prevention Control, to support the centre with best practices and standards.
- The hand wash basin pedestals will be replaced
- The grout in all the shared toilet and bathing facilities will be replaced with new Grouting.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:

- Weekly Fire Drills of the largest compartment initiated since day of inspection, this is led by the PIC.
- Night time full time equivalent increased to 4 staff, while fire safety works are ongoing. This is to ensure that the evacuation of the largest compartment occurs in a timely manner
- Records of daily and weekly checks on fire routes, detections system and equipment are in place.
- Weekly meeting between PIC and Group level management to review staffing, fire drills and fire safety works progression. All outstanding works required as per previous inspection will be completed.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none">• All residents' bedrooms will be reviewed and required storage facilities for their personal possessions will be put in place.	

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.	Substantially Compliant	Yellow	30/09/2022
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	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/10/2022

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/08/2022
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	30/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Orange	31/10/2022

	followed in the case of fire.			
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	30/11/2022