



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Ballygunner
Name of provider:	Aperee Living Ballygunner Limited
Address of centre:	Bishopscourt, Ballygunner, Waterford
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0000236
Fieldwork ID:	MON-0037356

About the designated centre

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

Aperee Living Ballygunner was purpose built as a designated centre in 2006. It provides continuing, convalescent, palliative, dementia and respite care for up to 64 residents. It is situated on the outskirts of Waterford City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum, predominately to people over the age of 65 but also caters for younger people over the age of 18. The centre comprise of two floors, with two elevators servicing each floor. Resident's accommodation is provided in 54 large single bedrooms, in one large four bedded room and in three twin bedrooms all which are en-suite. A number of bedrooms also have their own sitting room area provided in a suite type accommodation. There is a large central dining room, a sunroom, an oratory and a number of sitting rooms for residents use. Plenty of outdoor space is available including an internal courtyard with raised flowerbeds and seating areas. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Tuesday 5 July 2022	09:30hrs to 17:00hrs	Mary Veale	Lead
Tuesday 5 July 2022	09:30hrs to 17:00hrs	Bairbre Moynihan	Support

What residents told us and what inspectors observed

The feedback from residents was that Aperee Living Ballygunner was a nice place to live and that they had choice in their daily lives. The inspectors met twelve residents during the inspection. The residents looked well-groomed and cared for. Not all residents were able to converse but residents who spoke with the inspectors gave positive feedback. Residents said they felt safe and the two best things about living in the centre were the food and the staff.

On arrival inspectors were guided through the centre's infection control procedures before entering the building. A hand washing sink was conveniently placed in the centres entrance hall to ensure good hygiene was practiced by all visitors before entering the centre. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct personal protective equipment (PPE), and frequently performing hand hygiene.

The centre was warm and appeared clean throughout and there was a relaxed, homely and friendly atmosphere. The centre was laid out over three levels. The lower ground floor contained the centres production kitchen, laundry, staff changing facilities and maintenance room. The ground floor area had access to attractive garden spaces. There were outdoor smoking areas for residents who chose to smoke. The entrance corridor was decorated as a street scene including shop fronts of a post office and public house. There was a choice of communal spaces that residents could use on the ground floor including, a large reception area, an oratory, day room, large dining area and sun room. The first floor had a dining area, lounge area, physiotherapy gym and library room. Residents' could access all levels of the centre via a passenger lift. There was suitable seating throughout and the centre had many feature walls decorated with photographs of the local area.

All the bedrooms and suites had ensuite shower, toilet and wash hand basin facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. All bedrooms were bright and many of the residents had brought their own furniture from home. However, due to the positioning of beds, not all residents had access to their bedside lockers. Assistive call bells were available in both the bedroom and en-suite for residents' safety.

Residents' appeared well cared for and were relaxed and engaged in the company of other residents and staff. Inspectors observed a karaoke session in the morning with residents participating and singing their favourite songs. Activity schedules were clearly displayed in residents' bedrooms, the lift area and outside the ground floor day room. Residents gave positive feedback about the choice and quality of activities provided in the centre. Wi-Fi access was available throughout the centre. In addition, the library room had computer access and a selection of books and comfortable armchairs. Residents were observed walking around the centre,

watching television and reading newspapers.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to COVID-19 and had kept them informed as changes happened.

Residents' expressed high levels of satisfaction with the service provided, for example, their bedrooms, the quality and choice of food, their routines, access to the hairdresser and laundry services. Residents said they were encouraged to give feedback and would have no hesitation in expressing any concerns or requests. They were highly complimentary of staff in the centre and stated they were always responsive, kind, and could not do enough for them. Inspectors observed many examples of discreet and person-centred care throughout the day.

The inspectors observed that visiting was facilitated throughout the inspection day. The residents told the inspectors that there was no booking system in place and that their visitors could call to the centre anytime.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that there were generally adequate systems in place to monitor the quality and safety of the care and services provided to residents. Nonetheless, actions were required by the registered provider to address the governance and management of the centre, particularly in relation to fire safety and the overall premises. Other areas of improvement were required in relation to staffing, infection control, complaints and residents rights regarding their bedroom accommodation.

The Chief Inspector had been notified that all of the company directors of Aperee Living Ballygunner Ltd, which is the registered provider of Aperee Living Ballygunner, had departed from the company, and as such it was unclear who was legally accountable for the care and welfare of the residents. These serious concerns in relation to the governance and management structure triggered an immediate risk-based inspection of the centre. The clinical management of the centre was clearly laid out, and was led by the person in charge (PIC) who was supported in her role by an assistant director of nursing (ADON), clinical nurse managers (CNM's), nursing staff, health care assistants, activity staff, kitchen staff, housekeeping, laundry staff, and administration staff. Operational support was provided from a regional clinical manager, operations manager, human resources (HR) business partner and a recruitment manager. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, the assistant director of

nursing and clinical nurse managers. There had been a high turnover in staffing in the centre over the past year and the centre had ongoing recruitment efforts in place to maintain safe and consistent staffing levels. The inspectors were informed that the maintenance department had been vacant for some time, the centre had filled the vacant role and the candidate was due to start in the coming weeks. Improvements were required to the centres staffing which are discussed under regulation 15.

The centre had a wide range of training available for staff and the majority of staff were up to date on the centres' mandatory training. The centre had trainers onsite for responsive behaviours, restraint, infection prevention and control and manual handling. In addition, a platform for online learning was available to staff. This also alerted staff when their certificates were going to expire.

Overall electronic and paper based records were well maintained. Requested records were made available to inspectors throughout the day and records were appropriately maintained, safe and accessible. Policies and procedures as set out in schedule 5 were in place and up to date. A review of a sample of personnel records indicated that all the requirements of schedule 2 of the regulations were met.

There was evidence of a comprehensive and ongoing monthly schedule of audits in the centre, for example; wound care, infection prevention and control, falls prevention and medication management. Audits were objective and identified improvements. For example; an increase in the incidents of falls resulted in the centre implementing a falls reduction improvement plan. There was evidence that the centre was taking a proactive approach to falls prevention through falls prevention education for staff, sensor beam devices and "call don't fall" notice alerts in bedrooms for residents who were identified as having frequent fall episodes. Records of management meetings showed evidence of actions required from audits completed which provided a structure to drive improvement. Some of the monthly head office meeting agenda items included corrective measures from audits, key performance indicators, complaints, visits, restrictive practice, staff training, and actions from residents' meetings. The implementation of Think ahead forms (a planning document for use by adults to record wishes about care in the event of a serious illness or death) were discussed at a residents' meeting, it was evident that the distribution of the forms was discussed at a management meeting and the inspectors observed Think Ahead documents in some of the residents bedrooms on the day of inspection. The annual review for 2021 was available on the day of inspection. It set out an improvement plan for 2022 based on the findings from training needs analysis, audits actions, meetings actions and residents surveys.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Information identifying the person in charge as the nominated complaints officer and the appeals process was prominently displayed in the centre. A record of the complaints log was viewed. There was evident that the complaints was effectively

managed and the outcome of complaints and complainants satisfaction were recorded.

Regulation 15: Staffing

Staffing resources required review to ensure sufficient housekeeping staff were available to maintain a safe and clean environment for residents over seven day per week. Under the current staffing arrangements there was one housekeeper rostered on Sunday, this created a potential risk to infection control in the centre particularly with on-going efforts to minimise the potential risk of COVID-19.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The majority of staff had completed both fire training (89%) and safeguarding training (94%) as required under the regulations. In addition, a date for fire training for the remaining staff was arranged for 14 July 2022.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed four staff records. All information required under schedule 2 or the regulations was included in the staff files.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place were not sufficiently robust to ensure that the service provided was appropriate, consistent, and effectively monitored as evidenced by the failure to address identified fire safety risks. An external fire risk assessment was provided to inspectors following the inspection. This clearly identified a number of risks, however, there was not sufficient evidence to demonstrate that remedial actions were taken to mitigate these risks and there was

<p>no action plans or works schedule available of how these risks would be addressed.</p> <p>The management structure of the centre was not clearly defined, as at the time of the inspection there were no identified company directors of Aperee Living Ballygunner Ltd.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>All incidents had been reported to the Chief Inspector as required under the regulations, within the required time period.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The inspectors reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>All written policies and procedures were in place as required by schedule 5 of the regulations.</p>
<p>Judgment: Compliant</p>

Registration Regulation 6: Changes to information supplied for registration purposes

There had been changes to the directorship of the registered provider in that two directors had resigned their posts. The appropriate notice period of eight weeks was not given to the Chief Inspector as set out in the (Registration of Designated Centres for Older People) regulations 2015.

Judgment: Not compliant

Quality and safety

Inspectors found that residents had a good quality of life in Aperee Living Ballygunner and where possible, were encouraged to live their lives in an unrestricted manner according to their capabilities. Residents had good access to medical, nursing and health and social care providers if required. However, risks associated with fire precautions identified in the centres fire safety risk assessment required immediate actions to ensure the on-going safety of residents and staff. Improvements were also required in relation to the premises, risk management, infection control and residents' rights.

Aperee Living is a two storey, 64 bedded unit that required refurbishment at the time of inspection. The centre had a number of carpeted areas that required replacing due to wear and tear and general upgrade of the premises was required, for example; painting. Wide corridors were observed throughout with assistive handrails on both sides of the corridor. The ground floor had 38 single en-suite rooms and one four bedded en-suite room. At the time of inspection, the centre had two residents in the room and had no plans to admit residents to the other two bed spaces due to the positioning of the wardrobes. The second floor had three twin rooms and 15 single rooms all en-suite.

The centre had an activities co-ordinator on duty each day. Residents were observed to have a sing-a-long in the morning and then an interactive session with the news being discussed in the afternoon. In addition, inspectors were informed that residents were in the process of painting areas within the garden and had attended a garden centre to pick out plants and flowers for planting.

Inspectors were informed that the centre had unrestricted visiting in the centre and a number of visitors were observed during the day with a high but safe level of visitor activity. Symptom checks for COVID-19 were ongoing at the time of inspection with the new Health protection Surveillance Centres' (HPSC) guidance published on the previous day. Management were aware of the new guidance.

The centre had two recent COVID-19 Outbreaks. One in March 2022 with seven

residents and two staff affected and a more significant outbreak in April/May 2022 with 19 residents and four staff affected. Inspectors found that the needs of residents had been prioritised by a dedicated team of staff who worked hard to maintain safe levels of care to residents throughout the outbreak. An outbreak report was completed which outlined lessons learned for example "new staff on duty reminded about the importance of signage, proper donning and doffing of personal protective equipment (PPE)", however, the report contained no timebound action plan. Inspectors spoke to the household staff who had a good knowledge of their role. The staff had clear guidelines available at point of cleaning on cleaning products to use, however, staff had not received specific cleaning training. Residents clothes were laundered onsite with a defined dirty to clean journey for the clothes.

Improvements were found in fire safety since the previous inspection. Evacuation aids were available at all stair well entrances on all floor levels in the centre, and all escape routes were free of obstruction. Staff had received fire safety training and further training in fire safety training was scheduled. There was evidence of fire drills taking place in each compartment and of a simulated night time drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. The centre had made improvements to the residents personal emergency evacuation plan's (PEEP's) to include the location and supervision of residents after an evacuation. Staff spoken to were familiar with the centres evacuation procedure. A number of fire safety risks were found on inspection which are outlined under regulation 28. A new provider entity had taken over the centre and had a fire safety risk assessment completed in January 2022 by a competent person. This report was not available to inspectors on the day of inspection but was submitted following the inspection. Correspondence was sent to the provider following receipt of the fire safety risk assessment to seek clarification, as to what red rated risk rated actions were in place to address the issues identified in the fire safety risk assessment.

There was policy in place to inform staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. The use of bed rails as a restrictive device was significantly low. There was evidence of a restrictive practice register, risk assessments were completed, and the use of restrictive practice was reviewed regularly.

Regulation 11: Visits

The centre had unrestricted visiting and visitors were observed in the centre throughout the day. Visitors spoken to confirmed this.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control of their personal belongings and finances. Each bedroom had an individual lockable storage facility for residents' valuables. Laundry was well managed in the centre and there was ample storage space in bedrooms for clothing and personal possessions.

Judgment: Compliant

Regulation 17: Premises

While the centre was awaiting the commencement of employment of a maintenance person and inspectors were informed that there was a plan to replace some of the flooring, the physical environment of the centre had not been managed and maintained in compliance with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland. For example:

- General wear and tear was noted throughout the premises, for example, chipped wood on doors, skirting and assistive handrails, walls were marked and required re-painting.
- Carpets were unclean and torn and required replacing for example the sun room and the stairways. While management stated that they had received costings for replacement of some of the carpeted areas, there was no timeline as to when this would occur.
- Inappropriate storage of wheelchairs on corridors, pressure relieving cushions in a sluice room and hoists and linen trolleys in a bathroom.
- Hand hygiene sinks were not compliant with the required specifications. In addition, only a small number of dedicated hand hygiene sinks were identified on the day of inspection.
- The cleaner's store room had exposed bricks and stock was stored on the floor and therefore could not be effectively cleaned.
- The cleaner's room did not contain a janitorial sink. Waste water was disposed of in the dirty utility. This practice increased the risk of cross contamination. Furthermore, the cleaner's room did not contain a hand hygiene sink.

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk management policy. A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

Inspector's identified a number of areas requiring improvement in order to ensure that the centre was compliant with procedures, consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- Clinical waste bins were observed in a resident's room and outside another resident's room. Inspectors were informed that these residents had recently been in isolation and the bins had not been removed. Furthermore, no clinical waste bin was observed outside a resident's room who was in isolation.
- An outbreak report, while completed, did not contain a time bound action plan for the learning identified in the report.
- While the dirty utility had racking, bed pans were not inverted and stored on the racking. Instead they were stored on shelving underneath the sink.
- Inspectors were informed that household staff had received infection control training specific to their role, staff informed inspectors and records confirmed that staff had not received training on the principles and practices of cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety, these included:

- The automatic closure device for suite 2 was not working, this issue was not captured in the weekly fire safety checks. The inspectors were not assured that the centres fire safety checks were robust enough to identify faults.
- Flammable items were stored in the "communications room" which contained an electrical distribution board. This was brought to management's attention on the day and inspectors were informed this was addressed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with good access to a high level of medical and nursing care, appropriate to their individually assessed needs. The centre had good access to a number of general practitioners, health and social care providers for example occupational therapist and speech and language therapist were accessed through the HSE. Inspectors were informed that there was no waiting times for these professionals. A physical therapist was onsite for nine days over a three week period. Dietetic support and tissue viability advice were provided through a private company.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging and restraint. Staff had received restraint and the management of behaviour that is challenging training.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. The person in charge had investigated incidents of allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had a daily activities schedule and the majority of residents expressed satisfaction with the activities and were observed to be taking part in them during the day.

In bedrooms where the resident's beds were placed against the wall residents did

not have access to their bedside lockers.

In addition, the privacy and dignity of a small number of residents whose rooms were facing the designated smoking area were not maintained. This was brought to management's attention on the day.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Aperee Living Ballygunner OSV-0000236

Inspection ID: MON-0037356

Date of inspection: 05/07/2022

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: There is currently housekeeping staff provided within the Home seven days per week. On occasion where staffing does not allow there is a minimum of 1 staff rostered to work at weekends. Additional Household Staff are currently being recruited by the Home which will provide extra staff cover for relief and at weekends for cleaning.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The outcome of the Fire Safety Risk Assessment shall act as a Register of the Fire Safety Risks within the residential centre. Where fire safety precautions have been identified as being required, but are not currently implemented, the Register shall be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.</p> <p>The management structure of the centre is now clearly defined, with identified company directors of Aperee Living Ballygunner Ltd.</p>	
Registration Regulation 6: Changes to	Not Compliant

information supplied for registration purposes	
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Notifications shall be submitted going forward within the specified timeframes and as required by the regulations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A new maintenance person has been recruited since the inspection and has commenced employment. A detailed weekly maintenance schedule has been developed by the DON who will ensure that minor issues such as painting/decorating are completed as required. • There is a programme of routine maintenance and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings. These Capital Projects shall be continued to be delivered in the centre, taking into account priority, health and safety and this will be reflected in decision making. Replacement of carpets shall be considered as part of capital projects request. • All items of equipment have now been moved and are stored appropriately in the centre. • A review of all hand hygiene sinks is currently underway. Where appropriate, replacement of hand hygiene sinks will be considered as part of capital projects request. The residential home provides wall mounted alcohol based hand hygiene products and are available in all clinical areas of the service. • Appropriate arrangements are currently under review to address exposed bricks in the cleaners store room. Suitable shelving shall be purchased and ensure stock will not be stored on the floor. • An appropriate janitorial and hand hygiene sink shall be installed in the designated cleaners room. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • All clinical waste bins were removed/appropriately placed in line with those requiring them for isolation purposes. This was addressed immediately on the day of inspection • A full outbreak report had been completed prior to this inspection and a time bound 	

action plan will be put in place as advised going forward. All actions identified in the outbreak report have been reviewed and completed where appropriate.

- Bed pan racks have been ordered to ensure appropriate storage of this equipment in the dirty utility (end of September will be in place)
- All household staff have received IP&C training specific to their role including the principles and practices of cleaning as detailed on their cleaning booklet and is evidenced in the training signing sheets

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Automatic closure device for suite 2 has been documented in the fire safety checks. Replacement device has been ordered. The DON will review the fire safety checks weekly to ensure all issues are identified and documented.
- All flammable items have been removed from the communications room. This was completed on the day of inspection.

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

- Resident bedside lockers were moved on the day of inspection to ensure they had full access to them at all times in accordance with their wishes and preferences.
- Bedrooms that are facing a designated smoking area been reviewed for privacy blinds to be placed on same (complete by end of October)

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 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	07/07/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Substantially Compliant	Yellow	05/07/2022

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
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	16/12/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	07/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	31/10/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	05/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	05/07/2022
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	31/10/2022