



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 April 2024
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0042151

## About the designated centre

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

The centre is registered to accommodate 63 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 47 single rooms, eight of which have en-suite shower, toilet and wash-hand basin while five others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a relaxation room, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided. According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

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

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 April 2024	09:20hrs to 17:40hrs	Aislinn Kenny	Lead
Wednesday 17 April 2024	09:20hrs to 17:40hrs	Yvonne O'Loughlin	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff. Residents spoke positively about the management and staff in the centre. Interactions between staff and residents were observed to be familiar and friendly and residents told the inspectors they were well looked after by staff.

A resident spoken with had recently completed a course on using technology and was explaining to inspectors how much they appreciated the support from staff with this. There was also a nominated residents' representative whose role was to bring residents' suggestions and queries to management.

The inspectors arrived at the centre in the morning and observed that the atmosphere in the centre was relaxed and staff were assisting residents to get ready for the day's activities.

The centre was made up of two period buildings which had been adapted and extended across three floors. There was one entrance to the centre where staff, visitors and residents were seen coming and going on the day of inspection.

Inspectors observed there was extensive maintenance required to the Oaklands unit which is located in one of the buildings and joined by a link corridor to the other building. There are six single bedrooms and two bathrooms on the ground floor of Oaklands and three single bedrooms and one twin bedroom on the first floor of Oaklands with two bathrooms available for residents' use. The second floor of Oaklands contains one bedroom and one bathroom; this bedroom has an external fire escape stairs accessible from a door in the bedroom. The first and second floors are accessible by a stair lift. The Oaklands unit was vacant on the day of inspection with no residents residing in any of the bedrooms. Inspectors were informed that it was necessary for residents to be fully independent as the corridors in this unit were too narrow to access with mobility aids. Consequently this unit had not been occupied over the past two years. There is a communal area lounge in this building also. Inspectors observed the lounge was being used for the storage of boxes, wheelchairs and a desk at the time of inspection.

Due to the significant maintenance required inspectors were not assured that all areas of the premises were appropriate to the needs of residents. As inspectors walked around the Oaklands unit they observed damage to two of the ceilings in the unit, there was staining and peeling of paint and exposed damaged plaster. Vegetation was growing through the external door in one of the bedrooms and inspectors observed significant sloping of the floors in bedrooms 50 and 56. Bathrooms on the first and second floors also had unstable flooring which was spongy when walked on. This unit has an external emergency exit staircase for evacuation of residents from the upper floors and this had not been adequately

maintained with vegetation seen growing on it.

Overall, other areas of the centre also required attention to ensure it was appropriate to the needs of residents. An immediate action was issued on the day of inspection as a radiator cover was hanging from the wall with nails exposed; this was completed on the day. In the other building of the centre, where residents were accommodated, residents' bedrooms were located on the ground, first and second floors. There was a homestead (described in the centre's statement of purpose as an area incorporating a kitchenette, dining space along with a day room area) where residents were served meals on the day of inspection, a dining room, a family room and a residents' lounge on the ground floor. The first floor had a homestead/day room where residents were observed having meals, relaxing and watching television on the day of inspection. The ground floor had access to an enclosed garden courtyard area and a front garden. The first floor bedrooms and areas were accessible to residents' via staircase or by passenger lift. On the day of inspection it was observed that an oxygen storage tank cage was located in the internal courtyard against the external wall of the residents lounge and that items were being stored in fitted cupboards under the staircase. This is further discussed under Regulation 28: Fire Precautions.

There was a friendly and sociable atmosphere in the centre. Residents were observed socialising with each other in the lounge on the ground floor, some residents were also watching television or reading the newspaper. Other residents had chosen to stay in their rooms. There was a pet rabbit housed in the courtyard and residents' told inspectors how they enjoyed sitting out together in the courtyard on sunny days.

Residents were observed enjoying their meals in the homestead areas and in their rooms, most residents had chosen to eat together. Inspectors observed the dining experience and while residents were generally happy with the food, some further improvements were required in the serving of the meal, especially on the ground floor. Inspectors observed staff talking loudly with each other and that residents were being taken to their rooms after finishing their meal, while other residents were still eating. The atmosphere in this room felt like a thoroughfare and not conducive to a relaxed enjoyable mealtime.

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors and they were observed visiting the centre on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this centre had a good history of compliance and there was a good team of staff committed to providing quality care to residents, however, this inspection found there were significant premises, and fire safety issues identified with the Oaklands unit and other findings as discussed in this report.

This was an unannounced inspection carried out over one day to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.

Firstcare Earlsbrook House Limited is the registered provider of the Firstcare Earlsbrook House. The centre is part of a wider group of nursing homes in Ireland. There was a defined management structure in place, with identified lines of authority and accountability. The person in charge reported to a regional director who in turn reported to a company director who was also the registered provider representative. Inspectors were informed the regional director was temporarily absent and in the interim, support had been arranged via an associate regional director. The person in charge worked full-time and was supported in the role by a newly appointed assistant director of nursing, clinical nurse managers and a team of staff nurses, health care assistants, housekeeping staff, catering, administrative and maintenance staff.

There were a range of systems in place to monitor the quality and safety of the service provided, however audits in relation to maintenance and fire safety were inadequate as they had not identified the failures in these areas found on this inspection. Although this inspection found that there were governance and management structures in place, improved oversight by the provider was necessary to ensure the effective and safe delivery of care in accordance with the centre's statement of purpose.

Inspectors found that there were insufficient resources in housekeeping services to meet the needs of the centre. For example, on the day of the inspection, there were two housekeeping staff on duty from 7am until 4pm. This did not ensure sufficient cleaning could be carried out in both parts of the centre. Housekeeping staff also had responsibility for the laundering of residents' clothes as well. The impact of this was evidenced by areas of the centre that were not cleaned to an acceptable standard. This is discussed further under Regulation 23: Governance and Management.

A review of training records for staff showed staff were mostly up-to-date with training. However, inspectors found that some ancillary staff members had not received safeguarding training and there were gaps noted in training for the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices. A schedule was in place for refresher training. Staff members spoken with were knowledgeable of

residents and their individual needs. Staff were also observed to be respectful of residents' individual wishes and preferences.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had also nominated a clinical nurse manager to the role of the IPC link nurse who will be completing the course this year.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Training in infection prevention and control was mainly through HSE Land. The person in charge recognised this and there was a plan in place for face-to-face training when the IPC link nurse had completed their course.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had not experienced an outbreak since December 2023. Staff spoken with were knowledgeable about the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

### Regulation 16: Training and staff development

Gaps were identified in training for staff in the following areas: safeguarding, management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices.

In addition, enhanced supervision of staff practices around mealtimes and serving of food was also required to ensure a human-rights based approach was consistently implemented.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had insurance in place which covered injury to residents.

Judgment: Compliant



## Regulation 23: Governance and management

There were insufficient resources provided to ensure effective delivery of care in accordance with the statement of purpose: This was evidenced by;

- On the day of inspection there were not enough housekeeping staff to provide a good service to the residents. Two housekeeping staff were working from 7am to 4pm to clean the centre and support the laundry service. This meant that deep cleans were not being completed and visible dust and staining was observed in three residents rooms. In addition, the lack of adequate resources in housekeeping and maintenance department was also evident in the level of cleanliness and poor upkeep observed in the Oakland's unit.

Management systems in place did not always ensure that the service provided was safe, appropriate and effectively monitored. For example;

- An immediate action was given by inspectors on the day of inspection as a large radiator cover was loosely hanging off the wall risking injury to residents and staff. This was completed on the day.
- The Oaklands unit, registered for use by residents, required significant maintenance to ensure it was safe. This had not been appropriately and effectively monitored.
- The emergency fire exit in Oaklands unit had not been effectively maintained.
- There were fire safety concerns found on the day of inspection which had not all been identified by the provider's own management systems.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

There was a suite of Schedule 5 policies available for inspection and these met the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, residents expressed satisfaction with the care provided and with the

responsiveness and kindness of staff. However, deficits in the governance and management and the oversight of the premises were impacting on the overall quality and safety of the service provided.

Weaknesses were identified in infection prevention and control environment and equipment management. Barriers to effective hand hygiene practice were observed during the course of this inspection. The person in charge had already identified this and the inspectors were assured that extra alcohol based hand rub dispensers were ordered. Conveniently located clinical hand wash sinks that complied with the recommended specifications were available in the area of the centre where residents were living.

Examples were seen where the ancillary facilities such as the sluice rooms did not fully support effective infection prevention and control measures. For example, the rooms were very small in size. The laundry room was clean and well-ventilated on the day of inspection with a clear divide between the clean and dirty phases of the laundering process. However further improvements were required in the management of the external laundry process this is discussed further under the regulation.

A comprehensive pre-admission assessment was completed for each resident. These assessments were used to develop care plans that were seen to be person-centred and reviewed regularly as required. Resident care plans were accessible on a computer-based system. Transfer documents were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety.

In addition to the concerns identified in the Oakland's unit as described in the first section of the report, action was required in respect of the overall premises in order to come into compliance with the regulation. Inappropriate storage arrangements were observed in the centre, wheelchairs were being stored under the stairs and there was damp and damage observed on the ceiling of two areas. A hairdresser service was provided in the centre every fortnight and there was a hairdressing room available for use however, inspectors observed there was a damp smell in the room and view of an internal space beside the hairdressing room window contained a drainpipe and drain. This area was filled with leaves and other debris, this was visible from the hairdressing room and inspectors were informed that curtains were ordered for this area. The inspectors saw that behaviour support plans were in place for residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors saw staff engage with residents in a dignified and respectful way during the inspection and appropriate assessment tools were used to support residents' care plans.

Fire safety concerns were identified on the day of inspection and these included the inappropriate storage practices and staff practices relating to fire containment, these are discussed further under the regulation.

The main kitchen on the ground floor was clean and adequate in size to cater for

residents' needs. Residents were complimentary of the food choices and homemade meals that were made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff. However, there was no dedicated cleaning store room for the kitchen; this meant the janitorial unit to discard water and fill buckets was in the main kitchen and also served as a hand hygiene sink. Residents on the ground floor were eating in an area that was also being used as a thoroughfare and did not provide an appropriate dining experience. Water was available in bedrooms and there were snacks available for residents throughout the day. A review of the nutritional assessments for residents showed that staff were aware of residents' dietary requirements.

The centre was a pension agent for eight residents' the registered provider had ensured a separate residents' account was in place for these transactions however, the pension-agent details had not yet been updated following a recent change in the person nominated as pension-agent. A safeguarding policy was in place and a review of residents' safeguarding care plans found they were in place, however, one resident who had recently been experiencing responsive behaviours which had required notification to the Chief inspector did not have a safeguarding care plan in place to guide staff in their practices to ensure they were protected.

### Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider did not ensure that the premises were appropriate to the number and needs of the residents of the designated centre and in accordance with the statement of purpose prepared under Regulation 3. For example;

- The Oaklands unit which was registered to accommodate 12 residents was not well-maintained and not appropriate to accommodate residents at the time of inspection.
- The lounge and a bedroom in the Oaklands unit was being used to store wheelchairs, a desk, boxes and decorations.

- The Oaklands unit was not appropriately maintained

Many aspects of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- A large radiator cover was not fixed to the wall and was broken. This was an immediate action on the day as it may have fallen onto a resident and caused an injury.
- One bedroom in Oaklands unit had a weed growing through the external door, this door was also to be used as a fire exit.
- The ceilings in the Oaklands Unit in three areas was in poor repair.
- The flooring in some rooms in the Oakland was in very poor repair, for example the floor was spongy, in one room the floor was slanted and in some rooms there were visible gaps in the joinings on the floor.
- The linen rooms on each unit had shelving that was made of wood and did not facilitate effective cleaning.
- A shower room was not draining
- There was damage to the roof in the activities/housekeeper room and damp on the ceiling of room 23.
- There were odours in the hairdressing facility and unsightly views to an internal courtyard; this did not promote a positive experience for the residents using this facility.

There was inappropriate storage seen across the residential centre; for example:

- The catering equipment store room had cleaning products, bottles of alcohol, a hand sanitiser and kitchen equipment.
- There were wheelchairs stored under the stairs on the ground floor
- The maintenance store room was in a large cupboard on the hallway and was overloaded with supplies and very cluttered
- The clinical waste container that was stored outside was unlocked and a bicycle and other items were stored in close proximity. This meant there was free access to clinical waste and this may be a risk of infection to staff and residents.

Judgment: Not compliant

## Regulation 18: Food and nutrition

The food served was wholesome and nutritious having regard to the residents' dietary needs however, areas of the dining experience required improvement to ensure meals were properly and safely served. For example;

- Some residents were not appropriately served their dessert; plain semolina

was served to residents on the first floor without the accompanying coulis. Staff applied this when prompted by inspectors.

- Condiments were not readily available on tables for residents to apply their own condiments
- Cups were provided with no saucers which did not ensure a dignified tea experience
- A staff member who was assisting a resident with their meal did not know what the specialised diet consisted of when asked by inspectors; this meant that they could not inform the resident what they were being served.
- The atmosphere in the ground floor homestead was loud with staff talking amongst each other and residents being brought back to their rooms through the dining area while other residents were still eating.

Judgment: Substantially compliant

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

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*, however further action is required to be fully compliant. For example;

- Alcohol gel dispensers were not sufficiently available at point of care for staff to decontaminate their hands between the care of each resident. This could lead to infection spread.
- The sluice rooms did not fully support effective prevention and control. For example, each sluice room had a very small sink that did not enable good hand hygiene techniques. There was no sink in each sluice for cleaning of dirty equipment. The size of two of the sluice rooms was not large enough to

store a non healthcare risk waste bin.

- Three bedrooms had visible dust and staining on the bed frames this meant that some rooms were not being deep cleaned to reduce the risk of infection transmission from surfaces to the resident.
- The kitchen did not have a designated hand hygiene sink, this increased the risk of staff contaminating surfaces and food which may cause a food-borne illness.
- The clean and dirty segregation of the external laundry service was not robust enough. For example, the dirty laundry was stored in a large red sealed container to exit the centre but excess clean laundry coming into the centre was stored on top. The clean laundry coming into the centre was also stored in a separate red colour container. Using the same colour containers increased the risk of cross-contamination of clean and dirty laundry.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspectors were not assured that the registered provider had taken all reasonable actions to ensure that residents were appropriately protected from the risk of fire.

- There was an immediate action identified with a large amount of combustible materials being stored under the stairs against an electrical panel and alongside hand sanitizer gel. These items were removed by the end of the inspection.
- Oxygen was being stored in a cage in the internal courtyard; this cage was inappropriately placed against a wall adjacent to the window of the day room

The arrangements for the containment and detection of fire was not adequate, for example;

- Wheelchairs were being stored under the stairs. Although this area had fire doors in place, they were unable to be fully closed due to the wheelchairs and there were large gaps observed under the door also.
- There was storage of various items under the stairs including chemicals and kitchen equipment

The registered provider did not ensure that the means of escape were appropriately maintained and kept clear from obstructions at all times.

- Fire escape stairs in Oaklands were not appropriately maintained and had vegetation on them creating a falls risk
- The fire doors in the homestead on the first floor were being blocked by a dining table not ensuring they would close fully in the event of a fire. This was addressed by the person in charge however, it was observed again on

two separate occasions on the day of inspection and required a review of staff practices in this area.

Judgment: Not compliant

### Regulation 6: Health care

Residents had access to GP and allied health professionals. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice. Antimicrobial stewardship information was also available on the staff notice boards and in the treatment rooms. Staff were aware of the national "Skip the Dip" initiative to reduce the use of urine dipstix posters and signage was seen on the day of inspection.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Records showed that where restraints were in use, they were implemented following a risk assessment and consultation with the resident or their representative. The provider maintained a risk register, which was available for the inspectors to review.

Judgment: Compliant

### Regulation 8: Protection

While measures were in place to safeguard residents from abuse, the nominated pension-agent required updating. Residents' care plans also required review to ensure appropriate safeguarding arrangements were effectively communicated to staff to guide care and safeguard residents.

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>	
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0042151

Date of inspection: 17/04/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed Safeguarding of Vulnerable Adults Training- complete</p> <p>All outstanding training, including refresher hospitality training for staff will be completed by 31st July 2024.</p> <p>A new system of recording training delivered and an updated training calendar is in place and will be reviewed monthly at the clinical governance meeting by the person in charge and regional director- complete and ongoing.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Recruitment is ongoing for housekeeping supervisor and staff. Pending this recruitment, the roster is being supported by agency staff who are familiar to the centre- to be completed by 31st July 2024</p> <p>Radiator cover replacements have been ordered and will be in place by 31st August 2024 and a planned phased replacement schedule will be agreed.</p> <p>A new electronic system is now in place to log daily maintenance tasks within the centre. Additionally, the maintenance report is reviewed at monthly governance meetings by the</p>	

RD to ensure all matters are closed within a reasonable timeframe- completed

The emergency exit in the unit upstairs was immediately reviewed and is in good working order- complete.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
A new electronic system is now in place to log daily maintenance tasks within the centre. Additionally, the maintenance report is reviewed at monthly governance meetings by the RD to ensure all matters are closed within reasonable timeframe- completed

Shelving solutions for several storage areas to facilitate effective cleaning have been ordered and will be installed by end of 30th September 2024.

Radiator cover replacements have been ordered and will be in place by 31st August 2024 and a planned phased replacement schedule will be agreed.

Shower room 82 will be refurbished by 31st December 2024.

Room 23 painting and repair of ceiling has been completed.

An inspection of the Oaklands area (to include floors, ceilings and doors) will be completed by an external contractor to provide assurance with regard to structural integrity of the area and to identify any immediate works to be completed- this will be completed by 30th September 2024. The provider will not admit any residents to the rooms concerned and will engage with and notify the Chief Inspector following completion of the survey and works.

Remedial works to area beside hairdressing facility and activity/housekeeping store will be completed by 30th June 2024.

All items have been removed from the catering and understairs storage areas and a process has been put in place to ensure that they will no longer be used for storage. This is monitored by the Person in Charge during daily environmental walks of the centre- complete.

The maintenance storage area is currently being reviewed and the provider is considering alternative areas for storage within the home. An alternative solution will be in place by 30th September 2024.

The clinical waste bin has been replaced to ensure the lock is in working condition. All staff are aware that this must be locked at all times- complete

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

A quality improvement plan is currently being implemented in relation to residents' mealtime experience. This will include practice changes and monthly audits of mealtime experience and supervision of duties by the person in charge and senior staff. Feedback from residents on their experience will be sought and further improvements will be identified as necessary- to be completed by 31st July 2024

Handovers have been reviewed to ensure information on each resident's dietary requirements are included and communicated to all staff- complete

The person in charge had previously sought feedback from residents on their preferences regarding for crockery for hot drinks. Residents are offered hot drinks in a tea cup and saucer or mug as per their individual preference- complete

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

Additional hand sanitisers have been installed in key locations. There are also individual hand sanitizers available that staff can wear daily while on duty- complete.

5 handwashing sinks will be upgraded to clinical HBN standard sinks by 30th September 2024.

Wall mounted bins for non-healthcare waste in sluice rooms will be installed by 30th June 2024.

Recruitment is ongoing for housekeeping supervisor and staff. Pending this recruitment, the roster is being supported by agency who are familiar to the centre- to be completed by 31st July 2024

Cleaning methodology training sessions have been provided to all housekeeping staff. This will be reviewed and repeated as learning needs arise and as new staff are recruited- complete and ongoing

Housekeeping audits are conducted monthly and will be reviewed by the person in charge for identified actions and improvements – this will be overseen at the monthly governance meeting by the regional director- complete and ongoing.

A new colour coded storage trolley for clean linen to reduce the risk of cross contamination between dirty and clean linen will be in place by 30th June 2024.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All items have been removed from the catering and understairs storage areas and a process has been put in place to ensure that they will no longer be used for storage. This is monitored by the Person in Charge during daily environmental walks of the centre- complete.

The oxygen storage location has been reviewed and a smaller unit has been sourced and will be relocated by 30th July 2024

The emergency exit in the unit upstairs was immediately reviewed and is in good working order- complete.

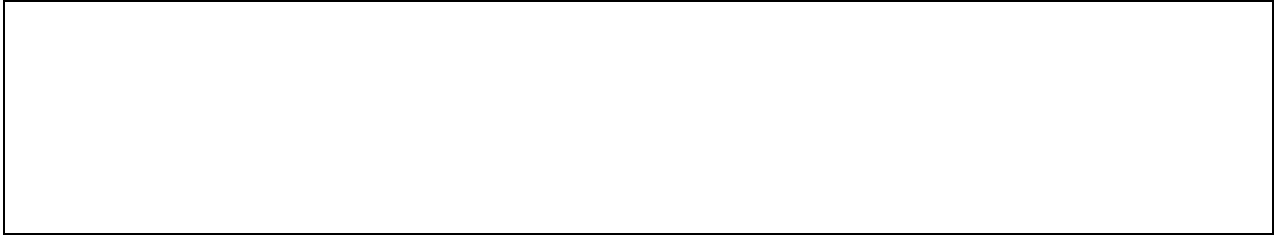
The dining room has been reconfigured to reduce the risk of the fire door being blocked. Education has been provided to all staff during regular safety pause meetings. Ongoing oversight will be provided on ongoing compliance with this, by the person in charge during daily walkarounds- complete and ongoing.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
Applications for updating the pension agent for all relevant residents has been submitted to the Department of Social Protection- complete

A standard operating procedure which guides staff in implementing the Safeguarding Policy is in place. This includes a checklist that reminds staff that all relevant paperwork including resident risk assessment and care plans are completed. Staff have been reminded of the importance of updating care plans and risk assessments to ensure safeguarding plans are robust and effective. Monthly audits of care plans will ensure that the person in charge has oversight of this to ensure compliance- complete



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2024
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	31/12/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	31/12/2024



	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/07/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30/09/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/06/2024
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.	Not Compliant	Orange	30/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/07/2024