



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

Issued by the Chief Inspector

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Clearbrook Nursing Home
Address of centre:	Heathfield View, Cappagh Road, Finglas West, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0040261

About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78
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How we inspect

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 1 June 2023	08:50hrs to 18:00hrs	Siobhan Nunn	Lead
Thursday 1 June 2023	08:50hrs to 18:00hrs	Karen McMahon	Support
Thursday 1 June 2023	08:50hrs to 18:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

The inspection of Clearbrook Nursing home took place over the course of one day. Overall residents told inspectors that they felt safe and well cared for in the designated centre. Visitors reported their satisfaction with the care provided to their family members. On arrival to the centre the inspectors were welcomed by the reception personnel and asked to sign the visitors log. As inspectors entered the centre, they observed residents sitting around the open hallway, just outside two lounge areas.

Following a short opening meeting the inspectors commenced a tour of the premises, joined by the person in charge (PIC). The centre is laid out over two floors, made up of two units on each floor. Each floor has a dining room and two sitting room/lounge areas. There was a hairdressing salon on the first floor used by the hairdresser, who visited three times per week. The centre was clean and well-maintained.

Inspectors spoke with a number of residents on the day of inspection. It was clear that residents spoken with were happy with the quality of service and care that they receive in the centre. The residents were very complimentary about the staff and very happy with the quality of food that they received. Care staff were observed to be gentle in their interactions with residents. A resident residing on a short term basis in the centre told inspectors "it's lovely here it's a nice place to come after hospital. The staff are all lovely and there is plenty of help when I need it."

Inspectors observed residents receiving visitors throughout the day, in their rooms and in communal areas. A family member told inspectors that their relative had settled well in the nursing home and that they were able to visit every day and felt welcomed.

All bedrooms had en suite shower and toilet facilities and there was an assisted bathroom located on the ground floor, accessible by all residents in the centre. Rooms were spacious and comfortable and residents reported that they were cleaned regularly. Many residents personalised their rooms with possessions brought from home including photographs and ornaments. Each room had a window providing ample natural light and a view of the surrounding areas or the garden.

There was a large enclosed well-kept garden at the back of the centre. This was accessed through a large sliding door in the sitting room, on the ground floor. There was a smoking hut located to the side of this entrance. The garden had flower beds, a bowls playing area and garden furniture. Residents and visitors were observed using this area throughout the day. The garden had a well maintained circular path where residents could walk freely.

Tea and coffee making facilities were available to residents and visitors in the lounge through which the garden was accessed. The lounge was tastefully

decorated with a dining table and chairs, couches, and a T.V on the wall. On the day of inspection no residents were observed using these facilities, it was primarily observed being used as a through way to the garden.

In the morning a small gathering of residents was observed participating in chair activities in the next door living room. A number of residents' sat outside this room, in a large area of hallway, and did not engage in these activities as was their choice. In the afternoon mass was held in the living room downstairs. Inspectors observed a number of residents sitting in the hallway outside the living room door, as there was insufficient space for them to sit in the room where the service was being delivered. As a result they were unable to observe the service. When inspectors were leaving the designated centre in the evening they saw residents sitting on both sides of the entrance hall, as there was insufficient space for them to sit in the living room.

Notice boards on both floors had a printed plan of activities for the coming weeks, however the plan was printed on A4 paper and was not easily read. There was no other source of information to tell residents what activities were taking place that day. Inspectors observed an activities worker assisting domestic staff to provide tea to residents on the first floor in the morning. This was reported as a way of spending activity time with residents.

Inspectors observed a well organised laundry system in place to identify personal clothing items to be returned to residents. Inspectors were informed by residents that they were happy with the laundry service and that their clothes were always returned to them. However the family room located beside the laundry was being used to store dirty laundry trolleys for part of the day and staff were observed using the room as an entrance route to the laundry. On one occasion an inspector was talking to a family member in the room and a staff member walked through with two bags of soiled linen. This meant that residents and their family members could not use the room privately.

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

This was an unannounced risk inspection and included the review of an application to vary registration with regard to the change of use of the oratory, laundry, reception, first floor bathroom and treatment room on the ground floor. Recent works completed within the centre to change the existing oratory into a laundry facility, as well as other changes to ancillary rooms, were not in line with the registered statement of purpose (SOP). The provider did not have a fire certificate from the fire authority appropriate to the revised layout of the building (fire regularisation certificate). This cert would provide assurances that the works undertaken at the centre were in compliance with relevant fire safety legislation.

There was concern that the centre did not provide adequate communal space for residents following these changes. This is discussed further under regulation 23 governance and management.

There was a management team in place, and a new person in charge had started in the previous 12 months. The management team were well known to residents, their visitors and the staff in the centre.

The person in charge was responsible for the clinical care and welfare of the residents and oversight and supervision of the staff. They were supported by a general manager who over saw the general management and business running of the centre. They were also supported by an assistant director of nursing, (ADON) a team of clinical nurse managers (CNM's) and staff nurses. Care and support staff were also employed in the centre, including a head of catering and a head of human resources. There were clear structures around how the centre was being governed with regular meetings in place to discuss the day to day operation of the centre. The person in charge was well known to residents and was knowledgeable about the management systems in the centre and resident's needs.

Sufficient staffing levels were observed throughout the day in the centre. There was an appropriate skill mix of staff to provide a safe and quality service to residents.

The registered provider had reviewed policies in the designated centre within the last three months. An electronic medication management policy had been developed in February 2022.

The registered provider maintained a directory of residents which included details of the resident's admission date family contacts and general practitioner (GP) details. Inspectors viewed the insurance documents for the designated centre which were in date. Separate contracts for Fair Deal, private and short term arrangements were in place for residents. However inspectors noted that not all of the required information was set out in residents' contracts. This resulted in a lack of clarity about some residents' liability for services.

There was a clear complaints procedure in place and this was on public display to inform both residents and visitors in the centre. A complaints log was maintained and residents were facilitated to access advocacy services if they needed assistance to make a complaint . The centre had a dedicated complaints officer.

Auditing systems to monitor key clinical areas including weight loss, care plans and medication management provided data to inform improvements in the designated centre. Monthly audits were carried out and key areas for improvement were identified with action plans being developed and completed by nursing staff.

Regular management meetings were held. These included meetings between the person in charge and directors every three months, monthly nursing meetings and clinical meetings.

An annual review was completed for 2022 however there was no evidence of

participation by residents or their families.

Regulation 14: Persons in charge

The person in charge commenced working in the designated centre in May 2022. They had the required experience and management qualification for the role. Inspectors observed that the person in charge knew residents well and was familiar with their needs and preferences.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was available for residents to review on inspection. All of the specified information was included in the directory and the information was up to date.

Judgment: Compliant

Regulation 21: Records

Records in the centre were maintained in line with regulations. Schedule 2,3 and 4 records are kept as soft copies on the I.T system and were available to view. The physical files were out- sourced to an external storage company for a storage period of seven years.

Judgment: Compliant

Regulation 22: Insurance

Inspectors viewed a valid insurance certificate which covered residents against injury and loss or damage to resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that that management oversight systems had not recognised the impact of the physical changes made to the designated centre on residents. The change to the oratory also resulted in the area outside the oratory, which was identified as a quiet space for residents and their families, being unsuitable as a quiet space. This area was now acting as a lobby to a busy laundry service and was therefore used by staff as a thoroughfare to access the laundry and for the storage of the laundry trolleys.

Consequently the registered provider had failed to ensure that the designated centre had sufficient communal space to meet the needs of the residents and ensure the effective delivery of care in line with the statement of purpose and in line with the centres conditions of registration.

The registered provider had not consulted residents or their families while preparing the annual review of services.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors viewed a sample of six resident contracts. Three contracts did not provide details of the fees to be charged for the provision of services.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers engaged in the designated centre. The person in charge was aware of their responsibilities if volunteers commenced visiting the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints log was maintained in line with regulations. Residents had access to advocacy services and information leaflets were available around the centre. There

was a designated complaints officer in the centre. All complaints were acknowledged and responded to in writing by the person in charge, within 30 days of receipt of the complaint. The complaints procedure was displayed for residents and the public to view.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written procedures in place as outlined in Schedule six. All policies had been reviewed within the last three years.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents living in Clearbrook Nursing Home were well cared for by a team of staff who knew their needs well. Although residents received a good standard of care changes made to the premises significantly impacted their life. The removal of communal spaces meant that residents had to now congregate in the main hallway. Key quiet spaces such as the oratory and visitors room were no longer available to them. In addition some further improvements were required in respect of infection prevention and control and fire precautions as detailed under their respective regulations.

A laundry area serviced the centre on the ground floor which had been converted from an oratory. Staff working there informed inspectors that all personal items belonging to residents were laundered there and linen was contracted to be cleaned by an external company. Inspectors observed a well organised system for ensuring that residents clothes did not get lost.

Outside the laundry area, on the ground floor, was a room with a seating area where residents could sit with visitors. However staff were observed, by inspectors, having to bring dirty laundry through this area to get to the laundry. On multiple occasions, during the inspection, staff were seen bringing dirty cloths, in white plastic bags, in through this area to the laundry, while another staff member was witnessed removing alginate bags of soiled linen from one skip bag to another. Staff who chose to wear face masks were seen to be wearing them inappropriately under their noses.

The centre had a well documented COVID-19 preparedness plan. COVID-19 outbreaks were reviewed and evaluated for learning outcomes and improvements in care and policies, to reduce outbreak risks in the future. There was a clearly

documented chronology of actions taken during the last outbreak and this information informed the review.

Overall, the premises was found to be clean and well maintained with a well laid out enclosed garden area for residents. There was a process in place to identify and report maintenance issues. Improvement was required in some areas relating to inadequate storage and some maintenance issues including damaged paintwork and doors. A communal bathroom on the first floor had been re-purposed to a store room. This is a recurrent finding from previous inspection dated October 2022. On the day of inspection this room was hard to access as it was full of unused wheelchairs and other mobility equipment. It was noted the bath still remained in this room and was also full of mobility equipment, such as zimmer frames, walking aids no longer in use. These issues are detailed further under Regulation: 17 Premises.

A residents guide was available which described in plain language key areas of the service, including the complaints system. A sample of care plans examined were person centred and individualised and clearly identified the needs of the residents residing in the centre.

The person in charge investigated allegations of abuse promptly and submitted notifications to the Office of the Chief Inspector of Social Services on time. Residents were informed about the availability of advocacy services and inspectors found that five residents had availed of this service. The system in place for the management of residents finances allowed residents to access their money seven days a week. They were provided with regular invoices for care and were assisted by administration staff to keep track of and understand their affairs.

Inspectors reviewed precautions taken by the provider against the risk of fire. Records of servicing of fire safety equipment for example fire suppression systems, emergency lighting, fire detection and alarm system, were available on the day and up-to-date. Staff were trained and knowledgeable on fire safety procedures within the centre. Training was complimented through the use of personal emergency evacuation plans (PEEPS) which detailed the dependency levels of residents, as well as indicating the assistance required for each resident in the event of an evacuation. PEEP summary sheets were also available in the residents wardrobes, and staff spoken to were familiar with the location and use of these. Monthly fire drills were being recorded at the centre, with a mix of scenarios being trialled including low staffing numbers or night time drills. However, there was no record of vertical evacuation practice drills available on the day of inspection. Vertical evacuation drills would provide assurance that in the event of a fire, residents evacuation from the first floor had been tested using the provided evacuation aids. Layout plans posted in the corridors did not provide detail on evacuation routes. Inspectors found some issues with inappropriate storage which was affecting fire safety in plant rooms and the communications room These issues are discussed further under regulation 28 Fire Precautions.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate through communication aids and personalised care plans. Staff were knowledgeable about residents' individual communication needs. Care plans were reflective of individualised practices of communication. Residents had access to ophthalmology and audiology services.

Judgment: Compliant

Regulation 11: Visits

Although visits were unrestricted, suitable private areas for receiving visitors other than resident's bedrooms were not available. The family room/quiet area was no longer available for this purpose as it was being used as an entrance to and storage area for the laundry. Inspectors observed laundry baskets with dirty linen being stored in the family room outside the entrance door to the laundry. While an inspector was speaking to a visitor in the room, a staff member entered carrying two small bags of dirty linen on their way to the laundry.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge ensured that residents maintained control over their personal possessions. A labeling system was provided as part of the laundry service and residents had ample storage space, including wardrobes and drawers to store items in their bedrooms. Residents reported that their clothes were laundered regularly and were always returned clean.

Judgment: Compliant

Regulation 13: End of life

Residents, at end of life, had access to medical and palliative supports, as well as appropriate religious and spiritual services. Family and friends were facilitated to stay with the resident, as per their wishes. Care plans clearly documented individual

wishes and spiritual beliefs.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents of the centre and in accordance with the statement of purpose prepared under regulation 3. Changes made to premises resulted in a reduction in communal space available to the residents and removal of private areas where residents could receive their visitors in private. These changes did not benefit the residents.

Further improvement was required to provide a premises which conforms to the matters set out in schedule 6, for example:

- Storage areas were overfilled with some items stored on floors. This could result in difficulty cleaning the area, as well as accessing items within the store rooms.
- In order to provide a premises in a good state of repair, improvement was needed to corridor handrails which were rough to the touch in parts, and required finishing. Some door frames and door jambs were damaged for example the first floor dining room door jamb was in need of repair. Tiling was missing from the wall inside the door to the services office.

Judgment: Not compliant

Regulation 20: Information for residents

Inspectors viewed a residents guide which was in the process of being updated. It contained all of the required information, including information about the services provided, visiting, terms and conditions and complaints.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer document was used for the safe transfer of residents to hospital, together with a nursing transfer document and copy of the most recent prescription. Care plans were updated to reflect any changes in care, on return from hospital treatment. Short-term residents were only discharged when management

were satisfied that the appropriate provisions of care were in place on discharge and a public health liaison form was sent to the relevant Public health centre.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good infection prevention and control measures observed on the day, further improvement and oversight of staff practices were required in the following areas to ensure compliance with " National standards for infection prevention and control in community services (2018)

Staff were observed carrying out poor infection prevention control practises throughout the day including;

- Inappropriate wearing of face masks. Staff were observed with their masks around their chin and mouth.
- Storage areas were found cluttered with boxes and clean linen bags on the floor therefore obstructing appropriate cleaning of the floor.
- The communal area for residents and their families was being used as a thoroughfare for the transportation of used linen en-route to the laundry. This posed a risk of environmental contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed some areas where the registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- Oxygen cylinders were stored in a store room with combustible materials, paper towels aerosols and other items. This posed a significant risk of fire. Staff at the centre removed the Oxygen to an external enclosure on the day of the inspection
- Significant amounts of combustible materials were stored in 2 plant rooms in the centre. One plant room, as labelled on the floor plans, contained the electrical distribution room and items ranging from aerosols, to furniture and painting materials were stored in this area. There was also a desk in this room and there was a kettle and a radio plugged in at the desk using an extension lead. This posed a risk of fire within close proximity to high fire risk items.
- A flameless lighter installed for residents use was not working which resulted

in residents using cigarette lighters. This was contrary to the policy at the centre which referred to the use of flameless lighter.

The effectiveness of arrangements for escape were not assured. For example:

- Floor plans posted throughout the centre did not give details of the evacuation route, or secondary evacuation points. This could result in a delay to evacuation in the event of a fire.

Inspectors could not be assured of the containment measures in place at the centre for example:

- Some fire doors did not close fully on release of the door holder. Some examples include the kitchen door, a door closer not working at room 71 and one disconnected in the comms room. Doors not closing fully when required, would result in a lack of containment of fire and smoke in the event of a fire.
- There was a lack of fire stopping material around pipe penetration in walls and ceilings in the plant rooms at the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised and reflected the individual needs of the residents. Comprehensive assessments were carried out prior to admission, to the centre, with care plans developed and implemented immediately after admission. Care plans were reviewed and updated in line with the regulations and reflected consultation with the resident, and where appropriate their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low level of restrictive practises in the centre and the provider had in place an action plan to keep reducing such practises. Staff had access to appropriate in-house training on managing responsive behaviour (How people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans documented personal triggers and de-escalation methods for staff to follow in the event of a resident becoming distressed.

Judgment: Compliant

Regulation 8: Protection

The registered provider was pension agent for sixteen residents. A comprehensive system for the management and safety of residents finances and valuables was in place. This included a separate bank account for resident monies, and a full record keeping system of withdrawals and lodgements. Allegations of abuse were fully investigated by the person in charge.

Judgment: 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0040261

Date of inspection: 01/06/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A consultant fire safety engineer has been engaged to review existing floor plans and to make recommendations regarding the technical building specifications involved in the repurposing of existing floor plans to address communal space concerns, whilst also ensuring fire safety is not compromised.</p> <p>The consultant engineer will engage with the required processes for building revisions and regularization through the county council.</p> <p>Greenmast Limited will engage an appropriately qualified builder with appropriate competency in passive fire protection to complete building works on the receipt of the ongoing professional advice of the consultant fire safety engineer.</p> <p>Residents and their families will be consulted about the impact of the building changes that have occurred to date and the proposed new works prior to commencement. They will also be consulted in the preparation of the annual review of services in future.</p>	
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>All resident contracts of care have been amended to precisely clarify that all bedrooms are single occupancy only, as has been the case since Clearbrook Nursing home was first</p>	

registered in 2017.

All resident contracts have been reviewed and updated where necessary to state the fees to be charged for the provision of services.

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
A consultant fire safety engineer has been engaged to review existing floor plans and to make recommendations regarding the technical building specifications involved in the repurposing of existing floor plans to address communal space concerns, whilst also ensuring fire safety is not compromised.

The consultant engineer will engage with the required processes for building revisions and regularization through the county council.

Greenmast Limited will engage an appropriately qualified builder with appropriate competency in passive fire protection to complete building works on the receipt of the ongoing professional advice of the consultant fire safety engineer.

In the interim, visits will continue to be accommodated in our three communal seating areas, dining rooms, garden (weather permitting), upstairs private area and choice of continuing to use the communal area outside of the new laundry or visiting in resident bedrooms.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A consultant fire safety engineer has been engaged to review existing floor plans and to make recommendations regarding the technical building specifications involved in the repurposing of existing floor plans to address communal space concerns, whilst also ensuring fire safety is not compromised.

The consultant engineer will engage with the required processes for building revisions and regularization through the county council.

Greenmast Limited will engage an appropriately qualified builder with appropriate competency in passive fire protection to complete building works on the receipt of the ongoing professional advice of the consultant fire safety engineer.

A review of all storage spaces will be undertaken by the PIC and new shelving will be installed where required to ensure items are no longer stored on the floor.

A review of all handrails, door frames and door jambs will be undertaken by the General Manager and will be listed for remedial action on the maintenance log of tasks.

Regulation 27: Infection control

Substantially Compliant

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

All Clearbrook staff will receive refresher infection prevention and control training in 2023. Additional staff instruction on the correct wearing of masks and handling of linen was provided immediately following inspection.

A review of all storage spaces will be undertaken by the PIC and items will no longer be stored on the floor.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Our Fire Safety Expert has attended onsite on 25th July and conducted a full review of:

- Storage of oxygen cylinders
- Fire safety measures in staff break room
- Fire evacuation floor plans
- Fire doors
- Pipe penetration in walls and ceilings

All remedial works have been organized with external contractors to be completed in the coming weeks.

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	31/03/2024
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	Not Compliant	Orange	31/03/2024

	the statement of purpose prepared under Regulation 3.			
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.	Substantially Compliant	Yellow	31/03/2024
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	31/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	16/08/2023
Regulation 27	The registered	Substantially	Yellow	31/12/2023

	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.	Compliant		
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2023