Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Marian House
Name of provider:	Holy Faith Sisters
Address of centre:	Holy Faith Convent, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0000693
Fieldwork ID:	MON-0037207

About the designated centre

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

Marian House, Glasnevin, is a Nursing Home run by the Holy Faith Sisters. It is a Holy Faith congregational facility, which seeks to care for Sisters of the Holy Faith and female residents in a comfortable, homely environment supported by qualified nurses and carers. Marian House staff is guided by the current and future best practice guidelines for the care of its residents.
Marian House is purpose designed to provide care for residents with a variety of needs and can accommodate maximum of 26 female residents. There are 24 single rooms and 1 double room in the centre located on two floors. It is surrounded by landscaped gardens with country views. The secure outdoor enclosed courtyard has seating areas for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Wednesday 15 June 2022	08:55hrs to 17:50hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, residents received good clinical care from staff who knew them well. Residents were observed to be content in the company of staff and were complimentary of the care they received within Marian House. While residents spoken with were happy within the designated centre, the inspector found gaps in oversight arrangements relating to the premises, infection control and fire precautions.

On arrival at the centre, the inspector was met by the person in charge who conducted a COVID-19 risk assessment and ensured hand hygiene and the wearing of a face mask was completed prior to starting the inspection.

Following a short introductory meeting, the person in charge accompanied the inspector on a tour of the premises. The designated centre is located in Glasnevin, Dublin 11 and is located on a campus with other facilities operated by the registered provider. The building comprised of two storeys with resident bedrooms set out across each floor, with access to the first floor by the stairs or a lift. The centre provides accommodation for 26 residents in mostly single occupancy rooms with one twin bedded room. Residents had access to an en-suite or to shared bathrooms.

The inspector viewed a number of residents' bedrooms and found them to be bright and homely spaces with suitable furniture and fixtures. Residents were encouraged to personalise their bedroom space with throws, photographs and ornaments such as books and music to reflect their life and their hobbies and interests. Residents spoken with were happy with their bedrooms and the facilities available, with many commenting that they enjoyed the view of the surrounding gardens.

Overall, the premises was warm and bright and efforts to create a homely environment were evident, however not all areas within the centre were seen to be clean. For example, the inspector saw dust and dirt in corridors and some parts of the centre needed a deep clean. In addition, the premises required thorough oversight of maintenance as a number of areas were in poor repair with paint work chipped and equipment damaged.

There was a relaxed and social atmosphere within the centre. Residents were seen to spend time in the numerous communal spaces available to them. There was a separate dining area, communal space, prayer room and an oratory located on the ground floor of the designated centre. There was an additional communal area available on the first floor. There was an enclosed courtyard available and pleasant landscaped grounds available on the campus of the designated centre. The inspector observed that residents had good access to activities. This included self-directed and group activities, including staff accompanying residents for walks throughout the grounds. Opportunities for residents to practice their faith and religion was facilitated.

Menus were displayed outside the dining room in pictorial format. Choices were seen to be offered for the main meal at lunch-time and tea time. The inspector was told that residents were asked their mealtime preferences the day before but there was an option that residents could also change their preference on the day. The inspector saw that the chef spent time with each resident on an individual basis to record their likes and preferences. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. Residents were offered drinks and snacks throughout the day between meals. Residents spoken with confirmed that they were happy with the meals provided with comments such as "the food is very tasty".

The inspector spoke with residents and also spent time observing residents' daily lives. Staff were observed to know residents well and to treat residents with dignity and respect. Staff promptly responded to call-bells or requests for assistance and were observed to knock and wait for permission before entering a resident's bedroom. All of the residents who were spoken with were complimentary of the staff with comments that explained that staff were very helpful.

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

While there was a clearly defined management structure within the designated centre, action was required in the overall governance and management of the service to ensure the effective oversight of the centre. The inspector found that the management of staffing resources was not sufficient to ensure the effective delivery of care. This inspection identified that management systems failed to ensure that the maintenance of the environment was safe, particularly in the areas of the premises, infection control and fire precautions. This will be further discussed within the Quality and Safety section of this report.

This inspection was conducted to follow up on actions from the last inspection in November 2020, including following up on information received in relation to fire precautions submitted to the Chief Inspector. The registered provider had submitted an application to vary the designated centre's registration in August 2021 to change a twin bedroom into a single room on the ground floor, and an office on the second floor into a single bedroom. This application was withdrawn following substantial fire works identified. The inspector was told that the works to the premises and for fire precautions had yet to commence.

Holy Faith Convent is the registered provider for Marian House. The management team consisted of a committee member, the Designated Proprietor on behalf of Holy Faith Sisters and the person in charge. The person in charge was supported in their role by two clinical nurse managers, nurses, healthcare assistants, an activity staff

member, housekeeping, catering, maintenance and administrative staff.

The inspector reviewed the worked and planned roster and was assured that there was sufficient clinical staff to meet the assessed needs of residents on the day of the inspection. However, nursing posts were being covered by nurse managers which resulted in insufficient management oversight. At certain times of the week there was no cleaning staff available in the designated centre. Rosters showed there was a minimum of one registered nurse on duty at all times. The inspector was told that the registered provider was currently recruiting for staff including healthcare assistants and household staff.

Records reviewed showed that there was good attendance at mandatory training on fire safety, and manual handling. However, the records showed that a significant number of staff required training in in safeguarding of vulnerable adults. Evidence was seen of high attendance at COVID-19 and infection control training.

The inspector reviewed a sample of two staff records and found they were kept safe and accessible. Records showed appropriate induction and supervision records within both files.

Key clinical information was collected and analysed regularly to monitor the safety and quality of the care delivered to residents such as falls and nutrition audits. However, environmental audits such as fire safety and infection control were not happening on a regular basis. There was no audit schedule in place and the inspector was told that auditing had decreased due to insufficient management resources. This lack of monitoring and oversight meant that gaps in the quality of the service delivered to residents, identified by the inspector during this inspection, had not been identified by the registered provider and sufficiently acted upon. This is further discussed within this report.

The registered provider had completed an annual review of quality and safety of the service for 2021. There was no evidence that residents and families' feedback had been sought or incorporated within this review. There were quality improvement plans identified for 2022, such as an infection control programme and training on complaints management.

Regulation 15: Staffing

Although residents' clinical care was being met by management staff, this resulted in insufficient management oversight within the designated centre.

There was insufficient cleaning resources available within the designated centre to ensure that there were sufficient processes for the effective cleaning and decontamination of all areas. For example, there was no cleaner on-site Monday to Saturday after 13:00. Resources for Sunday were allocated from the catering staff team and for one Sunday there was a staff member assisting with cleaning for one hour. The insufficient resources was evident by areas seen to be visibly unclean

such as sinks, skirting boards, dirt behind handlerails, high dust in some areas and sticky residue on a table in a corridor.

Judgment: Not compliant

Regulation 16: Training and staff development

Approximately 19% of staff required training in safeguarding vulnerable adults from abuse.

The inspector reviewed a sample of induction and annual appraisal forms and found that staff were appropriately supervised.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files were viewed which were well-maintained and contained the information set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not have sufficient staffing resources in place to ensure the effective delivery of care in accordance with the statement of purpose. The inspector saw that while two clinical nurse managers were in post, these resources were not available as management due to leave and vacancies within the staff nursing posts. In addition, the resources allocated to household duties were not sufficient. The inability to effectively manage resources hindered management oversight of the designated centre.

The inspector was not assured that management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Management meetings were seen to have decreased. Records showed meetings occurred on a monthly basis in 2021. However, in 2022 the inspector was informed that two meetings had taken place, one in February and one in April. The inspector was provided access to the meeting minutes

from the February 2022 meeting.

- Audits were not driving quality improvements and did not identify issues found on the day of the inspection. For example, care plan audits seen to take place in January and February 2022 did not have a total percentage or any quality improvement plan. The environmental audit held in April 2022 did not identify all items which required maintenance.
- The risk register provided to the inspector on the day of the inspection did not include the identified risks relating to fire safety works which were required and currently outstanding.
- There was no system to allow the registered provider to have effective oversight of the premises. For example, legionella water sampling was overdue since March 2022 and the bedpan washer for the centre required servicing since December 2021 which had not been identified by the registered provider.

There was no evidence that the annual review for 2021 was prepared in consultation with residents and their families.

Judgment: Not compliant

Quality and safety

The registered provider was delivering good clinical care to residents with good access to healthcare. Residents had opportunities to participate in activities in accordance with their interests and capabilities. However, this inspection identified that action was required to respond to issues with care planning, the premises, infection control and fire precautions arrangements within the designated centre.

Resident records were available in paper format. The inspector was told that there were plans to move to a computerised system for resident records, assessments and care planning, this was due to be implemented by May 2022, however due to unavailable staffing resources this had been delayed. There was a pre-assessment in place before a person was a resident in the centre, to ensure that the centre was a suitable place for the resident to live. Validated risk assessments were used to develop care plans. Overall, care plans were person-centred and were seen to be reviewed at least four monthly, in line with the regulatory time frames. However, the care plans for some residents did not reflect their current health care needs, which could pose a risk that staff would not be sufficiently guided to provide the relevant care and support to meet the residents' needs.

Residents' records showed good access to healthcare through weekly general practitioner visits to the centre and where specialist health and social care professional services were required, relevant referrals were made in a timely manner.

Residents' rights and choices were seen to be respected throughout the inspection. The inspector spent time within communal areas observing resident and staff interactions and found them to be kind and respectful. There was a good sense of community between residents who were seen to be involved in plenty of friendly chat.

There was a variety of social activities available to residents' to occupy their day hosted by a part-time activity staff member who facilitated activities Wednesday to Friday and with additional external facilitators such as daily mass and music. On the day of the inspection, due to the outbreak of COVID-19, activities were seen to mostly be one-to-one with the activity coordinator supporting residents to enjoy crosswords and walks around the designated centre.

There was no evidence of resident consultation available, however the inspector was assured that the registered provider had plans to address this. A recent satisfaction survey was issued to residents in May 2022 and due to be collated. Two recent resident committee meetings had been cancelled due to the outbreak of COVID 19 with a new date planned for the end of June 2022.

Due to the recent outbreak of COVID-19 within the designated centre, visiting was available for the nominated support person. The inspector was told that when the outbreak is officially closed, normal unscheduled visiting will resume. Screening and infection control measures were in place for residents receiving visitors.

Action was required with regard to the oversight of the premises and maintenance to ensure it provided a homely environment to residents and was kept in a good state of repair to allow for sufficient and affective cleaning. A number of areas such as paint work, flooring and equipment were seen to be in disrepair. For example, new hand sanitisers were wall mounted however the wall beside these were seen to be damaged and not repaired. The inspector also reviewed the configuration of the twin bedroom and found that the layout did not allow residents to access their belongings in private. This is further discussed under Regulation 17: Premises.

There were some good examples of infection control practices within the centre, for example, staff adherence to hand hygiene and PPE was appropriate. The registered provider recently had an outbreak of COVID-19 where records showed the management team set up an outbreak control meeting where they met regularly. In addition, the person in charge reviewed the self-assessment framework for the preparedness of designated centres for older persons for a COVID-19 outbreak. However, the registered provider had not ensured there were sufficient cleaning resources in place and the inspector observed numerous areas which were unclean and gaps in cleaning oversight were found. Further gaps in infection control within the centre will be discussed under Regulation 27: Infection Control.

The registered provider had contracted a competent person to complete a fire risk assessment in December 2021 and the inspector was told the provider had received the report the week prior to the inspection. The registered provider planned to meet with the competent person to discuss the findings. The inspector requested that an action plan is submitted to the Chief Inspector with timelines to respond to all

identified risks. Despite some measures in place, the inspector found that the provider was failing to fully protect residents from the risk of fire which will be further discussed under Regulation 28: Fire Precautions.

Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate visits for residents with family and friends in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents. For example:

- The configuration of the twin bedroom did not allow residents to access all of their personal storage units in private.
- Paintwork on the doors and architraves of a number of bedrooms and communal areas was chipped.
- The external courtyard required more oversight to ensure these areas were clean and tidy as a number of weeds were seen in the plant beds and on the patio.
- Items of poor repair were seen which prevented effective cleaning. For example, a shower chair had rust on it, stainless steel shelves within cleaner store rooms had rust. The nurses station desk was chipped and cloth chair had a tear in the fabric. Flooring in communal and staff areas was damaged, tiles were chipped in the staff shower room and a shared bathroom, and damage was seen to the wall of a residents en-suite.
- Areas of poor repair had not been identified on the centre's maintenance log. For example, the cabinets within the laundry room and damaged ceiling tiles in a number of areas.

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with National Standards for Infection Prevention and Control in Community Services 2018

and other national guidance. For example:

- There was a large amount of cloth chairs and while the registered provider had a process for cleaning these chairs on a weekly basis, the fabric would not lend itself to wipeable cleaning between resident use.
- The current layout of the laundry did not fully support the functional separation of the clean and dirty phases of the laundering process.
- Cleaning processes required review. For example, hand soap dispensers within resident en-suites and shared bathrooms were refilled from a bulk container without adequate cleaning processes. The inside of a number of these dispensers were unclean with residue build up. The inspector was also told that spray bottles used were not washed out in between uses.
- Toiletries including shampoos, body wash and a hairbrush were unlabelled in shared bathrooms and the hairdressing room and therefore staff could not be assured who these items belonged to and it created a risk of cross-contamination.
- There was insufficient compliant clinical hand washing sinks.

Judgment: Not compliant

Regulation 28: Fire precautions

The arrangements in the centre did not support effective arrangements for evacuation of residents. For example:

- Some bedroom doors did not have fire automatic door closures and three staff spoken with were not aware of the correct fire evacuation procedure to ensure staff were aware that in the event of a fire in a bedroom the door shall be closed after evacuation of the occupants.
- The fire evacuation policy dated November 2021 stated that all fire doors shall be fitted with a self-closing device which was not seen to be in place. The provider did not have sufficiently robust arrangements in place to monitor fire doors and evacuation routes to ensure that they were kept clear of all obstructions. For example, there was inappropriate storage in place within two stairwells and some of this storage prevented access to fire extinguishers.
  Personal emergency evacuation plans (PEEPs) required more oversight. For example, a newly admitted resident did not have a personalised PEEP in place and another residents' PEEP had not been reviewed since November 2021.
- The weekly fire drills did not include enough information to provide assurance that staff were adequately prepared for the evacuation of residents in the event of a fire. The report did not detail whether the drill simulated a single room or compartment evacuation or the time taken to complete the drill.
- The inspector viewed two night time simulated fire evacuation drills from June 2021 and October 2021 which did not provide assurances that the registered provider was prepared to evacuate residents incorporating the

lowest staffing levels at night time given the size of the compartments and the current dependency of residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector found that not all care plans were updated to clearly guide staff on residents current care needs. For example, although tissue viability nursing was involved within two wound care plans, the advice provided was not documented clearly in the care plans and therefore both care plans did not contain sufficient detail regarding the management of these wounds.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by a general practitioner. Referrals were seen to be made to specialist professionals as required. Residents were also supported to access the services available through the National Screening Programme.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with a variety of recreational opportunities and feedback from residents spoken with was that they were happy with these arrangements. Recreational care plans were seen to be in place to outline residents' preferences on how they like to spend their day.

Residents had access to television, radio, newspapers and the internet.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marian House OSV-0000693

Inspection ID: MON-0037207

Date of inspection: 15/06/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have been actively recruiting health care assistants since July 2021 and are awaiting three HCA's to commence since April 2022. However, their work permits have been delayed. They are finally due to commence duty here within next four weeks. Two new HCAs hired locally have recently commenced employment. We have recruited one staff nurse who is awaiting successful completion of RCSI Aptitude Test. A CNM is on unexpected extended leave of absence, and we have a recruitment process to replace her for a fixed term. The imminent commencement of the new HCAs will enable the care team to revert to their own clinical areas, which will allow for proper management oversight of the nursing home. We have been actively recruiting for Kitchen and Cleaning staff since November 2021 and interviewed many prospective candidates, without success. This continues to be an ongoing process and we are presently in the process of employing a new Kitchen Assistant. We continue to advertise for cleaning staff, and it is our priority to increase cleaning hours as soon as possible. In the short term we have employed an external cleaning company who have completed a deep clean out of the Centre.	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed Safeguarding Vulnerable Adults Training.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Clinical Governance Meetings are now held monthly, minutes recorded and printed. The Risk Register has been updated to include the Fire Risk. An audit calendar has been commenced to ensure that all specified audits are completed as scheduled. Water sampling has been taken. Report received stating "Results are clear. The water is fit for use." Bedpan washer service was scheduled on 13/7/2022 but the engineer did not come. Currently contacting them and waiting for another date of the service. The Annual Report for 2021 was completed, was circulated amongst our residents and copies are freely available throughout the Centre. Going forward we will ensure to include a section with the resident's specific feedback on the report. As explained to the Inspector on the day, the Annual Resident Survey had been given to our residents in May 2022 seeking their opinions on the Centre and the service provided. This will be included in the Annual report for 2022. New Environmental Audit will be completed by end of July 2022. Staffing levels are being addressed as follows: We have been actively recruiting health care assistants since July 2021 and are awaiting three HCAs to commence since April. 2022. However, their work permits have been delayed. They are finally due to commence duty here within next four weeks. Two new HCAs hired locally have recently commenced employment. We have recruited one staff nurse who is awaiting successful completion of RCSI Aptitude Test. A CNM is on unexpected extended leave of absence, and we have a recruitment process to replace her for a fixed term. The imminent commencement of the new HCAs will enable the care team to revert to their own clinical areas, which will allow for proper management oversight of the nursing home. We have been actively recruiting for Kitchen and cleaning staff since November 2021 and	

interviewed many prospective candidates, without success. This continues to be an ongoing process and we are presently in the process of employing a new Kitchen Assistant. We continue to advertise for cleaning staff and it is our priority to increase cleaning hours as soon as possible.

In the short term we have contracted an external cleaning company who have completed a deep clean out of the Centre.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Centre has extensive gardens and flower beds, with a gardener employed separately by the Holy Faith Sisters. Due to their scale, he maintains the gardens on a scheduled rota and has now addressed the weeds observed by the inspector.
An active maintenance log has commenced based on the Environmental Audit.
A painting schedule for the Centre has been commenced.
Damaged ceiling tiles have been replaced.
The cabinets in the laundry room have been refurbished.
The stainless-steel shelves in the cleaner's storeroom have been replaced.
Wall repaired in a resident's en-suite.
The configuration of the twin room will be changed to ensure the residents have access to their personal storage units in private.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
As agreed on our previous inspection 12/11/2020, a risk assessment of the fabric covered seating was undertaken in consultation with our residents. Residents' preference was for fabric covered seating. We had sourced a fabric and upholstery disinfectant formulated with active ingredients that comply with EN1276 and EN14476 and a cleaning regime was successfully commenced. However, following ongoing consultation with our residents, they are happy to replace the majority of the cloth covered chairs with vinyl covered chairs and armchairs.

The laundry was reconfigured following previous inspections and we are now limited as to what we can further configure as there is only one entry and exit point. However, there are separate clean and dirty areas within the laundry itself. The laundry has been upgraded with new painting and a deep clean. We will keep this under review.

Hand dispensers have been replaced with wall dispensers in all bedrooms.

On the day of the inspection, the inspector commented on damage to the walls of hand sanitizer dispenser. The inspector was informed that the wall mount hand sanitizers had been only fitted the previous day following the recent change of supplier. The inspector was also informed that the damage on the wall will be fixed as soon as the fitting of all new wall mount dispensers are completed. This is now fixed.

All residents now have clearly identified toiletries.

A new compliant clinical hand washing sink has been ordered.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Automatic door closures will be placed on all bedroom doors.
All staff will receive updated fire training.
Two chairs have been removed from an evacuation route and this will be monitored by managers to ensure compliance.
All PEEPs were reviewed and updated.
Weekly Fire Drills will be more detailed, timed and all required information recorded as specified.
Simulated Fire Evacuation for nighttime evacuation has been commenced.
Fire Consultant has been employed to assess, advice, and oversee Fire Safety within the Centre and an action plan commenced on foot of his fire risk assessment.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
We are presently in the process of moving from paper-based documentation to EpicCare.
Resident's care plans are currently being updated.
Care Plan audits are ongoing. Managers will monitor compliance.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/10/2022
Regulation 23(a)	The registered	Substantially	Yellow	30/10/2022

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
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	31/10/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	14/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2022
Regulation 28(1)(c)(i)	The registered provider shall	Not Compliant	Orange	14/07/2022

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	30/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the	Not Compliant	Orange	14/07/2022

	procedure to be followed in the case of fire.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2022