



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

Issued by the Chief Inspector

Name of designated centre:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0044027

About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83
--	----

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 20 June 2024	08:25hrs to 16:50hrs	Geraldine Flannery	Lead
Thursday 20 June 2024	08:25hrs to 16:50hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Cara Care Centre. The inspectors observed that the registered provider had made some positive changes in response to the previous inspection to improve the delivery of services, including engaging with fire experts to improve fire safety arrangements in the centre and installation of additional hand washing sinks. However, further improvement was required to meet the requirements of the regulations and will be discussed further in the report.

From the observations of inspectors and from speaking with residents and their families, it was evident that residents were generally happy living in the centre and were supported by kind and dedicated staff, albeit in insufficient numbers. For example, residents told the inspectors they appreciated the care they received by staff who were helpful and caring. However, one resident said 'staff are always so busy and I know I have to wait until they are ready', another resident said 'staff are run off their feet' while another said 'some days there is nothing to do'.

Inspectors spoke with visitors who had relatives living in the centre and the majority were happy with the care their loved one received, with one saying residents are 'well looked after' and 'staff are lovely'. However, one visitor discussed their concerns about insufficient staffing levels with inspectors and said 'staff do their best but there needs to be more of them'. Another visitor informed inspectors that they have witnessed a lot of changes in staff personnel saying, 'sometimes you only get to know the staff, and then they are gone'. Complaints records reviewed showed that a number of complaints received from families expressed concerns about insufficient staffing levels. Annual satisfaction survey results referenced poor staffing levels, increased staff turnover and limited activities for residents.

Inspectors walked around the centre and observed the morning routine for residents. They saw that many residents were up and dressed, while others were still in bed. Staff were observed busily attending to residents' requests for assistance in a courteous and respectful manner.

The centre provided accommodation for a maximum of 102 residents and was laid out across five floors with access to each floor by lift and stairs. The design and layout of the home promoted free movement and relaxation. Corridors were wide with assisted handrails throughout. However, inspectors observed that on the day of inspection, one fire escape route was partially obstructed with trolleys and aspects of the upkeep of premises required attention across all floors. These and other areas that required attention will be discussed further in the report.

There was sufficient private and communal space for residents to relax in. Communal spaces on the ground floor included an oratory, activity room and dining room. Each floor had a sitting room, dining room and visitor room for residents' use.

Residents and family spoken with were very happy with the visitor facilities on each floor.

The reception area was spacious with comfortable seating areas for residents and their visitors to enjoy. There were daily newspapers delivered and these were available in the reception area. An activity schedule was displayed on a large notice board and detailed activities including scheduled outings to a local coffee shop.

There was plenty of accessible outside space for residents to use around the centre. A well-maintained Japanese themed garden, had ample seating and lots of flowers and plants for residents to enjoy. There was an area of raised bedding in the garden where residents had planted their own seeds and enjoyed attending to their cauliflower, sweet pepper and red cabbage plants.

During the walk around on one of the floors, inspectors observed four residents sitting in their wheelchairs in one sitting room, with children's television on in the background. Residents told the inspectors they did not want the television on and requested to 'turn it off'. There was no supervision provided by staff in this sitting room. Inspectors were informed by staff that the daily routine was that after breakfast residents go to the TV room until dinner time, unless there were activities on. Inspectors queried if there was an activity planned for residents on that floor and staff were not aware. Inspectors asked staff to check the activity schedule however, it was not available.

An activity schedule was later made available and on review, the activity staff was providing one-to-one barbering of male residents which was scheduled for two hours in the morning. During this time there were no other activities taking place elsewhere in the centre as on the day of inspection, there was only one activity staff member to provide activities to all residents. Later in the morning that was changed to a music session for residents. A card game was scheduled in the afternoon and four residents were observed participating in this activity with the activity staff on the ground floor.

Inspectors were informed that care staff always helped out with activities, especially on days when there was only one activity staff. However, care staff were observed busy attending to residents' care needs. Care staff confirmed they would not have the time to provide activities for the residents during the day however, they would endeavour to spend time with residents in the evening, especially those who did not come out of their bedrooms. Care staff told inspectors that in the evening around 6 o'clock they would sometimes make residents a cup of tea and sit and chat with them, when possible.

Residents spoken with stated they enjoyed the outings organised by the staff. Inspectors saw minutes from a recent residents' meeting, identifying that they would like the opportunity to go shopping. This was facilitated by the centre with a visit to a shopping centre where residents and their loved ones met to go shopping.

Inspectors observed the dining experience and found that residents were offered a choice of meals and the food served looked wholesome and nutritious. The dining experience varied on each floor and residents on the ground floor were observed

having their soup in front of the television with one staff member present providing assistance for two residents who required it. Residents on the other floors were observed enjoying their meals together in the dining rooms and others were happy to eat in their room as was their preference.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

There was a clearly defined management structure in place however, inspectors were not assured that effective management systems had been implemented to protect residents, particularly in relation to the provision of sufficient resources to run a safe service. These and other concerns will be discussed under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed actions from the last inspection, the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider was Orbitview Limited. A regional management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by the assistant director of nursing (ADON).

Overall, inspectors observed that staff were very busy throughout the day. The staff spoken with expressed a commitment to making every effort to support the safety and welfare of residents. However, the staffing levels were found not appropriate to meet each residents' need and residents were sometimes observed to be left unsupervised, posing a safety risk. Due to insufficient activity staff, not all residents had access to meaningful engagements during the day. These and other concerns will be discussed later in the report.

Records of complaints were available for review and the inspectors reviewed a number of complaints received in 2024. Complaints were listened to, investigated and the complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Overall, the documents reviewed met the legislative requirements including written policies and procedures, insurance documents and the complaints procedure.

Regulation 15: Staffing

The registered provider did not ensure that the numbers of staff and skill-mix was appropriate having regard to the size and layout of the centre and the assessed needs of the residents. For example:

- There was no staff nurse allocated to the ground floor in the centre on any given day. In total, there were two health care assistants looking after 10 residents, with one of these carers providing one-to-one dedicated care to one resident and the remaining healthcare assistant caring for the remaining nine residents. A staff nurse from alternative floors provided medications to residents on the ground floor, resulting in no staff nurse available on the alternate floor during the medication round. On the day of inspection the medication round for the two floors took more than two hours to complete. This posed a risk in the event of a medical emergency on floors without the staff nurse. A staff nurse was allocated to the ground floor on three nights of the week namely, Friday, Saturday and Sunday. These arrangements were not appropriate and required review.
- On the day of inspection, there was inadequate supervision of residents in the communal areas. For example, on one floor four residents were sitting in their wheelchairs unsupervised and unable to access the call bells. This posed a safety risk to residents in the event of an emergency. On another floor, residents, due to increased dependency needs, often required the assistance of the two carers allocated on that floor particularly during the morning routine. Due to no other staff available on that floor there was a safety risk to vulnerable residents, as some residents had a history of displaying responsive behaviours.
- Only one activity staff member was available on the day of inspection to provide activities to 83 residents. In addition, this staff member was also responsible for covering staff breaks and providing care to residents in between activities. Rosters evidenced this was the case two days per week.
- Two staff absences on the day of inspection were covered by agency staff. The staff nurse on one of the floors was observed providing an induction to these staff during their medication round, which posed a safety risk.

Judgment: Not compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Significant action was required to ensure that the service provided was adequately resourced, safe, appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- The provider failed to ensure that there were sufficient resources to ensure the service was safe, as discussed under Regulation 15: Staffing.
- Oversight of fire precautions was not sufficient. Fire safety checks were carried out, however they did not identify any issues with door closures, as found on the day of inspection. An immediate action was issued to the provider on the day of inspection to ensure the fire doors were maintained free from obstructions at all times. In addition, there were gaps in the records showing that the daily fire safety checks were not always carried out. This was not picked up by the internal auditing system.

Judgment: Not compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in prominent positions within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Although residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, this inspection found that further improvements were required to the premises, infection control, fire precautions and residents' rights, and will be detailed in the report under the relevant regulations.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had dedicated care plans in place that identified triggers and distraction techniques to support each resident.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns.

Improvements were seen in the variety and options available for activities and outings since the last inspection and the activity staff was seen to try their best. However, the provision of activities was impacted by the staffing arrangements in the centre. Only one activity staff was available for 83 residents, which was the case two days per week. This did not ensure access to meaningful activities for all residents and in some of the units inspectors observed practices that were not person-centred. Residents had access to independent advocacy services and residents' meetings were well-attended by residents and happened frequently with adequate oversight provided by the person in charge.

Inspectors found that the premises was designed and laid out to meet the needs of residents. There was a refurbishment plan in place to respond to areas of wear and tear such as paint work and the registered provider had two maintenance staff working within the centre from Monday to Friday. However, areas of the premises required attention to ensure it was clean and well-maintained.

Inspectors identified some areas of good practice in the prevention and control of infection. The centre had a small amount of confirmed cases of COVID-19 on the day of inspection and were seen to follow best practice guidelines. Wall-mounted hand sanitisers were located along corridors and at point of care. Staff were observed to practise good hand hygiene techniques and clinical hand wash basins were available at each nurse's station on each floor. There was clear identification of residents that were colonised with a multi-drug resistant organisms (MDRO) and care plans had sufficient detail to enable person-centred care and safe practices. Infection prevention and control training and audits were in place however required review, as they did not identify any area for improvement. Further action were required in relation to cleaning in the centre and will be outlined under Regulation 27: Infection prevention and control.

An immediate action was issued to the provider on the day of inspection as there were trolleys lined up and blocking the exit from the laundry room. This was addressed by the provider on the day and the trolleys were removed. While inspectors saw that there had been works completed to address some fire safety risks within the centre, including the assessment of fire doors, further assurance was required in respect of fire safety this is discussed under the regulation.

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending the centre throughout the inspection. There was ample private space available for residents to receive a visitor outside of their room.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that some action was required to ensure the premises conformed to all of the matters set out in Schedule 6. For example;

- Wear and tear was observed throughout the centre with chipped handrails, heavily scored doors and some damage to walls observed and requiring maintenance.
- The floor covering in the lift was raised and bubbling, and required attention to ensure it was safe for residents' use.
- There was a strong odour in the hairdressing room. The base of the hairdressing sink was damaged and required repair. Inspectors were informed that this most likely was where the smell was coming from. This was attended to on the day of inspection.
- Storage arrangements required review to ensure it was suitable. The physiotherapy room was cluttered with wheelchairs and hoists blocking the physiotherapy exercise area. There were excess wheelchairs stored here and inspectors were told there was no other dedicated hoist storage area on this floor.
- Ventilation required attention to ensure it was adequate. Inspectors observed fans not working in some en-suites and in sluice rooms on two of the floors. This was also observed in the staff changing areas.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- Cleaning checklists were not signed throughout the day in some areas of the centre. This practice did not provide assurance that the areas had been cleaned and posed a significant risk of cross-infection.
- Deep cleaning was required in two of the staff bathrooms as they were visibly unclean and posed a health and safety risk.
- There was a large amount of dust observed on the ventilation duct in the staff changing area and no ventilation was observed in this area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire. For example;

- An immediate action was issued on the day of inspection as a row of trolleys were blocking the exit from the laundry room into the escape corridor and this was rectified on the day of inspection.
- There were gaps identified in the daily safety checks for inspection of escape routes where they did not take place on some days.

Improvements were required for the detection and containment of fire;

- Door closures were not fully operational in the linen store rooms on all floors which posed a risk to fire containment in the event of fire.
- Hoist batteries were being charged in the corner of each dining room on three floors which increased the risk of fire in this area. This practice required full review.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs, of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments. The use of restraint was a collaborative decision, involving the resident, general practitioner (GP), nursing staff and other allied health professionals.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff

files and all files reviewed had obtained Garda vetting prior to commencing employment.

The registered provider was pension-agent for eight residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that each residents' rights were being upheld at all times, as evidenced by the following;

- Action was required to ensure that all residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Inspectors found that due to lack of staff, residents were seen to spend long periods of time with limited stimulation other than the television playing in the background. Staff interaction was observed to be predominantly task-oriented, centred around activities of daily living and lacked meaningful engagement.
- Residents of high dependency levels who lacked the ability to access call-bells in a communal space were left unsupervised, meaning that these residents did not have the opportunity to seek help if required.
- As a result of insufficient staffing levels, residents could not always exercise choice, for example when to get up, or when to go to bathroom. Many residents said that they often had to wait for assistance as staff were busy providing care to other residents. This was also observed by inspectors on the day.

Judgment: Not 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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0044027

Date of inspection: 20/06/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of staffing levels has been completed. Allocations have been revised to provide enhanced nursing cover on ground floor from 1st July 2024- complete Weekly staffing reviews are conducted by the Person in Charge, and overseen by the regional manager to ensure adequate staffing in line with occupancy, dependency, emerging needs of residents and the layout of the facility-complete and ongoing The PIC and clinical management team have agreed a process to enhance their supervision of staff practice to ensure resident have their needs met in a timely manner and to ensure adequate supervision of residents in communal areas. This will be overseen on weekly visits to the home by the regional director-complete and ongoing The PIC will undertake a review of the activity roster and activity programme to ensure residents receive meaningful engagement in line with their preferences and abilities and that activity schedules are readily available to residents and their families by 31st July 2024.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of staffing levels has been completed. Allocations have been revised to provide enhanced nursing cover on ground floor from 1st July 2024- complete Weekly staffing reviews are conducted by the Person in Charge, and overseen by the regional manager to ensure adequate staffing in line with occupancy, dependency, emerging needs of residents and the layout of the facility-complete and ongoing The PIC and clinical management team have agreed a process to enhance their</p>	

supervision of staff practice to ensure resident have their needs met in a timely manner and to ensure adequate supervision of residents in communal areas. This will be overseen on weekly visits to the home by the regional director-complete and ongoing
 The PIC will undertake a review of the activity roster and activity programme to ensure residents receive meaningful engagement in line with their preferences and abilities and that activity schedules are readily available to residents and their families by 31st July 2024.

A review of the fire safety checks and records has been completed. An enhanced process is now in place to ensure improved quality of the checks by maintenance, improved oversight by the PIC and improved record keeping- complete and ongoing.
 Additional training on fire safety checks will be provided to the PIC and maintenance staff by 31st August 2024.

A review of the current audit programme will be completed by 30th September 2024 to ensure that audits are identifying all opportunities for improvement.
 Refresher training for auditors will be provided by 31st December 2024.
 An 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 regional director to ensure all matters are closed within a reasonable timeframe- completed

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 A review of storage in the centre has been completed and existing areas have been cleared and re-organised to facilitate their safe and appropriate use by residents and staff. A process has been agreed by the clinical management team to ensure that regular checks are in place to maintain appropriate storage in all areas- complete and ongoing

Handrails have been repaired and painted, floor covering in the lift has been reviewed and addressed and ventilation in sluice rooms and bathrooms has been inspected- complete

An 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 a reasonable timeframe- completed

Additional training will be provided to all staff on use of the above system to ensure timely reporting of maintenance tasks in the centre- by 31st October 2024.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A process has been agreed by the clinical management team and housekeeping supervisor to ensure that cleaning is completed in all areas daily and that checklists are signed to confirm oversight- complete.</p> <p>The regular housekeeping audits will be reviewed by the PIC once completed to ensure that they are identifying areas for improvement and where required, additional training will be provided to auditors and/or cleaning staff- by 31st October 2024</p> <p>Thorough cleansing and aeration of the ducts in the staff changing facility has been completed. The PIC supervises the cleanliness and maintenance of the area on a weekly basis- complete and ongoing</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the fire safety checks and records has been completed. An enhanced process is now in place to ensure improved quality of the checks by maintenance, improved oversight by the PIC and improved record keeping- complete and ongoing.</p> <p>Additional training on fire safety checks will be provided to the PIC and maintenance staff by 31st August 2024.</p> <p>A review of the current audit programme will be completed by 30th September 2024 to ensure that audits are identifying all opportunities for improvement.</p> <p>From 1st July 2024, the CNM/ADON will be responsible for conducting fire safety inspections on weekends.</p> <p>A re-audit of fire doors to ensure all are closing appropriately has been scheduled for July 2024.</p> <p>A review of storage in the centre has been completed and existing areas have been cleared and re-organised to facilitate their safe and appropriate use by residents and staff. A process has been agreed by the clinical management team to ensure that regular checks are in place to maintain appropriate storage in all areas- complete and ongoing</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC will undertake a review of the activity roster and activity programme to ensure residents receive meaningful engagement in line with their preferences and abilities and that activity schedules are readily available to residents and their families by 31st July 2024.</p>	

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	31/08/2024
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	31/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/12/2024

	effective delivery of care in accordance with the statement of purpose.			
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	31/12/2024
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.	Substantially Compliant	Yellow	31/10/2024
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	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	30/09/2024

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/07/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2024