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:	Carechoice Swords
Name of provider:	Carechoice Swords Two Ltd.
Address of centre:	Bridge Street, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 August 2023
Centre ID:	OSV-0007752
Fieldwork ID:	MON-0039507

About the designated centre

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

Carechoice Swords can accommodate up to 158 residents whose care dependency levels range from low to maximum dependency care.The nursing home has a total of 5 floors providing care for different categories of residents, including includes frail elderly care, dementia care, general palliative care as well as convalescent and respite care with varying dependencies. 24 hours nursing care may be provided to both male and female residents, generally aged 18 years and over.

Accommodation is provided in 144 single and seven twin rooms, all with en-suite facilities. Residents have access to outdoor space in the main courtyard and terrace located on the ground floor as well as safe terraces located on the third and fourth floor. There are a number of communal facilities available which include an oratory, visitors' room, dining and lounge areas available on each floor, activities room, and quiet spaces.

The centre's stated aims and objectives are to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their quality of life, health and wellbeing. The designated centre is located in a tranquil urban area within the Swords Village, close to local amenities. Underground car parking is available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	123

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 23 August 2023	08:30hrs to 18:00hrs	Lisa Walsh	Lead
Wednesday 23 August 2023	08:30hrs to 18:00hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Inspectors met several residents and spoke with some of those residents in more detail during the day to gain insight into their experience of living in Carechoice Swords. Overall, residents spoken with told inspectors how happy they were living in the centre. Residents were were highly complimentary of staff informing inspectors 'the staff are so lovely, staff are always there when we need them and there is so much going in activities the days go so quickly'.

Following an introductory meeting, inspectors walked around the centre with the person in charge and a clinical nurse manager. Inspectors also viewed bedrooms on the ground, first and third floors of the centre where changes were proposed to return some bedrooms to twin occupancy from single occupancy.

The centre was set out across six floors, which are accessible by stairs and lifts. The basement was used for staff facilities. The forth floor has a café and a roof top balcony which was used by residents and visitors to meet and socialise. Residents bedrooms were set out on the ground, first, second, and third floors; each of these floors also had its own activity, lounge, dining and quiet room for residents to access. On the ground floor there was a hairdressers which was opened two days a week.

Outside, residents had access to an enclosed, well-maintained garden with raised flower beds, decorations, a gazebo and plenty of seating that provided a pleasant space for residents to sit out or to take a walk. The garden was tended to by some of the residents who spoke about how much they really enjoyed spending their day watering and planting flowers.

The centre was warm, welcoming and nicely decorated. The communal rooms throughout the centre were well decorated and very homely. The inspectors observed the centre to be mainly clean, however, some storage and sluice rooms in some floors required review. Bedrooms were found to be well organised with many personal effects making them feel homely. Relatives who spoke with the inspectors did say they were concerned about the temperature in the building in particular on the third floor. This was brought to the attention of the service manager who said they would review this and monitor the temperatures. However, residents did not have any issues with the temperature and said they were very comfortable.

On the day of inspection, there were two activity staff who planned activities for residents Monday to Saturday and staff facilitated activities on Sunday. There was an activity programme in place where events were arranged on each floor of the centre. Residents could choose to attend any activity on any floor and this was facilitated by staff. Numerous residents spoke about a garden party where they had food in the garden and music, 'we had such a joyful day and there was great crack'.

Many of the residents were observed to eat in the dining rooms throughout the centre for their meals. Menus were available on each table for residents to choose their meals from with a visual menu available on large notice boards in each dining room. While residents ate their meal there was soft music playing in the background and several staff available to assist residents with their meal. Overall, residents spoken with said the food was good, there were lots of options for them to choose from and the food options changed everyday. One resident said they had been on a two week respite stay and that 'they had put on weight from all the lovely food and never got a minute with all the activities'.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors spoken with were very complimentary of the care their friends and relatives received.

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 were established management structures to support staff in this centre, inspectors found that some improvements were required in the management systems for the effective oversight of the fire precautions, restrictive practices, audits, medicines and pharmaceutical services, premises and notification of incidents.

This inspection was unannounced to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and to inform a decision on an application to vary Conditions 1 and 3 of the centre's registration. The inspection was also to follow up issues of concern received on different occasions from members of the public since the last inspection.

Carechoice Swords is operated by Carechoice Two Limited who is the registered provider. There was a clearly defined management structure in place, with clear lines of authority and accountability. The person in charge was supported in their role by two assistant directors of nursing and a general service manager who oversees non-clinical aspects of care. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. The assistant director of nursing deputises in the absence of the person in charge. Other staff members included nurses, activity coordinators, healthcare assistants, reception, domestic, catering and maintenance staff.

The registered provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement, were assigned to a responsible

person, with times for completion noted. Updates on these actions were discussed in management meetings.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. The centre's staffing rosters for the previous two weeks, the week of the inspection and the week following the inspection were reviewed. There was a full complement of staff in place.

Inspectors reviewed the training plan in place for 2023, which included both mandatory and supplementary training for all staff. Dates for fire safety, manual handling, safeguarding vulnerable adults from abuse, managing behaviours that challenge, infection prevention and control practices training were set. Training for food safety and medication management was also scheduled for relevant staff who required this training.

The management of notifications required review. There were restrictive practices in place in the centre that were not notified to the Chief Inspector of Social Services. There were peer-to-peer incidents of abuse that were not notified in all instances within the required time-frame. These are detailed further under Regulation 31; Notifications.

An annual review of the quality and safety of care delivered to residents had taken place for 2022. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey and residents' committee meetings.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and 3 of the centre's registration was received by the Chief Inspector. The application was complete and contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities. Inspectors found that the person in charge knew the residents and was familiar with their needs.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. 17% were due refresher training in fire safety and 8% were due refresher training in safeguarding the vulnerable adult, however, inspectors saw evidence that these staff were booked to attend updated training in the coming days.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure the service was safe, consistent and appropriately monitored were not always effective and some gaps were found on this inspection. For example:

- Five staff members were not aware of the means of escape should the need arise. Staff asked, were not aware that the garden gate was pad locked with no key easily accessible and were not aware that the key was held at reception.
- Institutionalised and excessive restrictive practices were identified in one unit, as further described under Regulation 7: Behaviours that challenge.
- Incidents and restrictive practices that occurred within the designated centre were not always notified to the Chief Inspector. For example, peer-to-peer incidents of abuse were not always notified. Inspectors were however, satisfied that appropriate action had been taken in response to the alleged abuse.

- Improvements to the oversight of the premises were required. Some equipment and sluice rooms in some floors were found to be dirty. There was also some issues in relation to inappropriate storage within the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The management of notifying the Chief Inspector of Social Services required review. For example:

- The practice of locking bedrooms doors on one floor during the day was not reported.
- Peer-to-peer abuse was not notified in all cases.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the complaints officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall the residents received a good quality of care from a dedicated team of staff. Residents told the inspectors that they felt safe living in the centre. Improvements were required in relation to residents' rights and medication management.

Residents on one floor were restricted in relation to access to their own personal bedrooms. Once the residents were up in the morning and had left their bedrooms the majority of bedroom doors were locked. Staff reported that this was to prevent residents from entering other residents bedrooms. Residents did not have appropriate individualised risk assessments in place to validate this practice.

Measures were in place to safeguard residents against all forms of abuse and the safe guarding policy was reflected in practice. Staff in the centre had completed safeguarding training and the centre's policy was up-to-date. Details of advocacy services were displayed around the centre for residents and visitors access.

The inspectors were assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements. Residents were offered various choices at each meal time.

Resident had access to appropriate health and medical care professionals. Residents had access to their general practitioner (GP) when required. There were a team of health care professionals available following a referral being submitted such as; tissue viability, dietitian and speech and language services to name a few. Following the review from members of this team a care plan was developed to guide practice. Staff on duty on the day of the inspection were aware of their residents needs in relation to special dietary requirements and consistency of food and drinks for each of the residents in their care.

Residents' records were made available to the inspectors to review. All residents were assessed within 48 hours of admission and had personalised care plans in place. However, improvements were required in relation to these care plans being reviewed when changes in the residents condition occurred. In one residents care plan it had specified the residents required one-to-one care following an incident. This was not in place on the day of the inspection and the nurse on duty informed the inspectors that this was no longer required.

Medication management required review, including the time frame for the administration of medication. Residents were receiving their 9am medication at 10.30am, this was out side the one hour window as per professional guidelines.

Regulation 18: Food and nutrition

The person in charge ensured that each resident was offered choice at meal times. Food appeared wholesome and nutritious. There was access to a safe supply of fresh drinking water.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While prescribing, dispensing and storage of medication was appropriate, the person in charge did not ensure that all medicinal products were administered in

accordance with the directions of the prescriber of the residents concerned. For example;

- Medicines were being administered one hour and 30 minutes after the prescribed time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessments and care plans were in place for all residents. However, care plans were not always revised following changes in the residents' condition, which could lead to confusion. For example, one resident was stated to have one-to-one but this was not in place on the day of the inspection, and staff stated that they no longer required one. The relevant care plan had not been updated to reflect the residents' current condition.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices were in use with no valid rationale for the use of such restrictions on one floor. For example:

- Bedroom doors on one floor were locked once the residents had left them in the mornings. This impacted resident's rights to access their own private space without permission from staff.

There was no individualised risk assessments in place to reflect the rationale for these practices.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. The process for managing residents' pensions was safe.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents could exercise choice or undertake personal activities in private as residents could not return to their room when they wished as these doors were locked.

Judgment: Substantially compliant

Regulation 17: Premises

Inspectors found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required for example:

- Storage and oversight of equipment required review. Some equipment rooms were found to have dirty wheelchairs, mats, cushions and slings, with residents names on them, stored. Inspectors were informed that this equipment was no longer in use.
- Some sluice rooms were also found to be dirty. For example, soiled linen was found to be stacked on top of a bin in the sluice room and floors were visibly dirty.
- There was inappropriate storage of supplies in an assisted bathroom. Boxes of incontinence wear were stacked against a wall next to the bathtub on the ground. This poses a risk of cross-contamination and such storage of boxes on the floors prevents effective cleaning.
- Ventilation required review. The third floor was found to be very warm on the day of inspection, relatives visiting reported this was an ongoing issue.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. For example: • Staff were not familiar with the evacuation procedures set out for the designated centre nor the escapes routes available.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Carechoice Swords OSV-0007752

Inspection ID: MON-0039507

Date of inspection: 23/08/2023

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The gate in the garden referred to as an escape route in the report is not indentified as a fire escape route as per the Fire Strategy . Following the inspection a break glass key box was installed near the garden gate to ensure easy key access. This is change was communicated to all staff members through staff meetings, briefings, and email notifications.

• Staff undergo a structured training program to guarantee their familiarity with evacuation protocols. This mandatory training is provided to all staff prior to commencing their employment and thereafter as annual refresher courses. Staff received debriefings sessions regarding inspection findings. Additional training sessions will be arranged for all staff to enhance their awareness of fire risks and procedures.

• Gaps identified in the report related to medication administration was revewied and a number of actions taken, this is further explained under regulation 29: medicines and pharmaceutical services. CMT will continue to do spot checks and audits to maintain effective oversight of medication management systems and practises.

• A full review has been completed and residents' rooms are now accessible at all times staff and families informed. Garden access has also been assessed and fitted with butterfly codes to allow unrestricted entry. Staff are readily available to provide assistance at any hour.

• The clinical management team regularly reviews incident reports, behavioural logs, restraint registers and complaints to ensure that all incidents are notified to HIQA in a timely manner complying with HIQA notification standards. Quaterly notifications will include all types of restraint in use (including the restriction in place to access the garden).

• A full review of all equipments and sluices completed. Cleaning schedule for sluice rooms, linen rooms, and equipment rooms reviewed and gaps addressed with staff through huddles/ staff meetings. Spot checks completed by CMT to address any gaps in cleaning and storage within units. There is an ongoing emphasis on raising awareness about the significance of Infection Prevention and Control, cleaning protocols, and the proper, secure storage practices.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• A full review has been completed and residents' rooms, are now accessible at all times. Families who had previously requested locked rooms have been notified about the changes and the care plans have been revised accordingly. All residents have the freedom to enter their rooms at any hour of the day. Regular comfort checks are conducted, and enhanced supervision has been put in place.

• Residents have had and continue to have entry to the garden through a keypad lock system. The doors are secured for safety reasons, the butterfly codes are on display for residents and families to use. Staff are available to help residents and their families as needed. The entrance to the garden is visible from the nurse's station, ensuring that nurses can promptly respond and supervise access to the garden. Going forward, this restriction will be reported in quarterlies.

• Resident behaviours and related changes are documented in the electronic recording system and subsequently reviewed by the clinical management team. Incident forms are raised and revewied to ensure all actions are taken in response to any alleged abuse. Where a peer to Peer Incident is ruled out, it is notified to HIQA in line with the regulations.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• Clinical Management Team will carry out regular audits of the timings of medication administration to ensure adherence to Medication Guidelines (medication administration within the specified timeframe i.e., 1 hour either side of prescribed time).
Additionally, nurses are educated on the gaps identified in the report related to

medication administration, through nurse meetings and weekly huddles. All nurses have completed medication management training.

• Review of medication cardex completed. All residents with medical conditions and restrictions that require crushed medications have their status marked as "crushed" in their electronic cardex categories. In cases where there is a need for discreet medication administration (covert), this information is recorded in the Medication Guidelines within EMARS.
A paper form is utilized, which must be signed by the GP, the patient/representative, and the pharmacist. This form clearly outlines the reasons for covert administration and the methods involved. All of this pertinent information is documented within the residents' care plans, and a thorough review of these procedures is conducted by the Management Team.

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:
• A full review of all careplans has commenced, the specific care plan flagged in the report is revised to reflect the current status of the resident.

• Nurses are allocated to complete full review of all careplans, to reflect resident's current condition. Careplans will be revewied at a minimum of 4 monthly or as resident baseline changes.

• Regular care plan audits will be carried out by Senior Nurses, CNMs, and ADONs, actions created are assigned to the allocated nurse to complete and CMT to ensure all the actions are closed.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• A full review has been completed immediately after the initial inspection and residents' rooms were made accessible at all times. Families who had previously requested locked rooms have been notified about the changes and the care plans have been revised accordingly. All residents have the freedom to enter their rooms at any hour of the day.

Regular comfort checks are conducted, and enhanced supervision has been put in place. The management team has met with the staff on the floor to discuss risks associated with locking residents' rooms. Care plan updated to reflect on increasing meaningful activities and addressing supervision needs to effectively monitor the residents.

• Residents have had and continue to have entry to the garden through a keypad lock system. The doors are secured with butterfly codes which is on display. Staff are readily accessible to provide assistance to residents and their families whenever required. The entrance to the garden is visible from the nurse's station, ensuring that nurses can promptly respond. Families are provided with information regarding how to access the garden and are actively encouraged to utilize this amenity. Individual risk assessments shall be completed as the need arises.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A full review has been completed and residents' rooms, are now accessible at all times. Families who had previously requested locked rooms have been notified about the limitations associated with locked access, and the care plans have been revised accordingly. All residents have the freedom to enter their rooms at any hour of the day. Regular comfort checks are conducted, and enhanced supervision has been put in place. The management team has met with the staff on the floor to discuss risks associated with locking residents' rooms. Care plan updated to reflect on increasing meaningful activities and addressing supervision needs to effectively monitor the residents.

• Residents have had and continue to have entry to the garden through a keypad lock system. The doors are secured with butterfly codes, eliminating the need for traditional keys. Staff are readily accessible to provide assistance to residents and their families whenever required. The entrance to the garden is visible from the nurse's station, ensuring that nurses can promptly respond. Families are provided with information regarding how to access the garden and are actively encouraged to utilize this amenity.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Any surplus equipment has been promptly disposed of, and a thorough cleaning of the equipment room has been completed. CMT will conduct weekly inspections of the equipment. The storage area in equipment rooms will be supervised by CNM’s to maintain the appropriate level of stock supplies and equipment.

• A cleaning schedule has been commenced for sluice rooms, linen rooms, and equipment rooms. Staff meeting was held to address identified issues and increase staff awareness regarding the importance of Infection Prevention and Control and cleaning procedures. Storage is prohibited in the assisted bathroom, and lockable storage solutions have been provided. Additional signages in place to remind staff of the same.

• Assisted Bathroom flagged in the report was further revewied, all inappropriate storage removed, additional spot checks in place to prevent storage in assisted bathrooms. Additional signages in place to remind staff of the same.

• The issue regarding ventilation on third floor was revewied. A portable air-cooling system has been introduced for the third floor to enhance the comfort of residents and visitors. Additionally, windows and doors in adjacent rooms can be opened to promote ventilation.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The gate in the garden referred to as an escape route in the report is not indentified as a fire escape route as per the Fire Strategy. Following the inspection a break glass key box was installed near the garden gate to ensure easy key access. This is change was communicated to all staff members through staff meetings, briefings, and email notifications.

• All staff undergo a structured training program to guarantee their familiarity with evacuation protocols and escape routes. This mandatory training is provided to all staff prior to their commencement of employment, and as annual refresher courses. Fire drills completed to ensure that staff possesses the knowledge and capability to comprehend and adhere to fire safety procedures, escape routes, and evacuation protocols. Staff members also receive debriefings regarding inspection findings and identified issues on the day of the inspection. Additional training sessions will be arranged for all staff to enhance their awareness of fire risks and procedures.

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 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	31/12/2023
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	31/12/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/08/2023

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/08/2023
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.	Substantially Compliant	Yellow	31/12/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that	Substantially Compliant	Yellow	31/12/2023

	resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	23/08/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/10/2023
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	31/12/2023
Regulation 7(2)	Where a resident behaves in a manner that is	Not Compliant	Orange	31/12/2023

	challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	23/08/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	23/08/2023