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:	Brabazon House
Name of provider:	The Brabazon Trust
Address of centre:	2 Gilford Road, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0000017
Fieldwork ID:	MON-0043965

About the designated centre

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

Brabazon House Nursing Home is a 51-bed centre providing residential and convalescent care services to males and females over the age of 18 years. The service is nurse-led by the person in charge and delivers 24-hour care to residents with a range of low to maximum dependency needs. Admissions are primarily accepted from people living in the sheltered accommodation apartments in Brabazon Court and Strand Road, although direct admissions to the centre are accepted, in exceptional circumstances, subject to bed availability. The building is an original Edwardian House (circa 1902) that has been extended and refurbished while retaining some of its older features. It is located in a quiet road just off the Strand Road close to the strand and Dublin Bay. Local amenities include nearby shopping centres, restaurants, libraries and parks and also the strand. Accommodation for residents is across two floors. The centre contains 40 single bedrooms of which 34 have en-suite facilities. There are also three twin and two three bedded rooms. Communal facilities include assisted shower bathroom and toilets, dining room, two sitting rooms, an activity room, sensory room and a library. There are small rest areas situated on the ground floor at reception and on the first floor outside the hairdressing room which residents and visitors can enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 June 2024	10:00hrs to 17:00hrs	John Greaney	Lead
Thursday 20 June 2024	10:00hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Overall, inspectors found that residents' rights and choices were respected and promoted by kind and caring staff team. Inspectors availed of opportunities to meet with residents to gain their feedback on their experience of living in the centre. Many of the residents were busy going about their daily routines and participating in the programme of activities. The feedback from residents that spoke with inspectors was generally very positive. Staff and management were observed to be responsive to residents' needs and requests for assistance. While the overall standard of care was high and residents were seen to be relaxed, some improvements were required to enhance the the quality and safety of the service and these will be discussed under the relevant regulations of this report.

This was a one-day unannounced inspection. Following an opening meeting with the person in charge and the general manager, inspectors were taken on a tour of the premises by the person in charge.

Brabazon House is located close to Sandymount Strand in Dublin and is registered to accommodate 51 residents in 39 single, three twin and two triple bedrooms. It is a two storey premises with bedroom accommodation on both floors. Thirty five of the bedrooms have en suite facilities, some of which have a shower, toilet and wash hand basin while the others have toilet and wash hand basin only. The remaining nine bedrooms have a wash hand basin in the room. There are adequate shower, bath and toilet facilities at suitable locations for those residents that do not have en suite facilities.

For operational purposes the centre is divided into eight different areas; Lower Pax, Lower Albert, Lower Brabazon and Lower Kerr are on the ground floor; and Upper Pax, Upper Brabazon, Upper Albert and Upper Kerr are on the first floor. All of the communal space is on the ground floor and comprises a day room, a lounge, a dining room, a library and an activity room. There is a hairdressing salon on the first floor.

On arrival, inspectors saw that many of the residents were up and moving about the centre while others were being supported by staff with personal hygiene needs. There is a library immediately inside the main entrance that is comfortably furnished and the shelves were stacked with a large number of books. There were some residents seated in this area relaxing and reading books. Further in to the centre, there is a unit for storing residents' mail with cubby holes for individual residents that are able to collect their own mail.

Bedrooms were personalised with various memorabilia such as family photographs and ornaments. A number of residents had brought in items of furniture from home. Overall, this contributed to a sense of homeliness. There were three bedrooms that had private sitting rooms adjacent to their bedrooms. These were also suitably furnished and supported residents to have a sense of privacy and provide a homely

environment in their living area. There was adequate storage and wardrobe space within the bedrooms. Call bells located beside each bed allowed residents to seek care and attention when needed.

There was a need to review the configuration of one of the twin rooms to ensure that the privacy and dignity of both residents was respected. The curtains surrounding the outer bed would not support the privacy of the resident in that bed when accessing the inner bed. The wash hand basin for use by both residents in this room was situated within the bed space of the resident in the outer bed. There was also a need to review the tubing from an air mattress as this posed a trip hazard.

There was a variety of floor covering throughout the centre that included carpeted areas while other areas have a vinyl type floor covering. The carpet was loose in some areas and was a potential trip hazard while floor covering in other areas was worn. Inspectors were informed that the provider had recognised deficits in the flooring and plans were in place to replace the floor covering, where required.

There was adequate communal space for the 51 residents for which the centre was registered to accommodate. Residents also had access to a large enclosed garden. This was landscaped to a high standard with mature shrubs planted around the circumference of the garden. The grass on the lawn was cut short and was used as a putting green. Inspectors were informed that there are regular putting competitions and one was planned to take place in the coming weeks. While the garden is accessed from the centre, inspectors observed that there was key access to this area from the sheltered housing complex next door.

A large temporary structure in the garden was attached to the dining room of the designated centre to provide dining facilities for a service that was not part of the designated centre. This temporary structure facilitated access to the designated centre through the dining room. The kitchen of the designated centre was also used to provide meals for this service. Inspectors observed a large number of people arrive through the garden gate to the temporary structure at mealtimes. Inspectors observed an absence of safeguarding arrangements to verify who entered the garden through the gate. Inspectors were informed that the garden was a shared space between the sheltered housing and the designated centre. Discussions with the provider indicated that further clarity was required in relation to the boundaries of the designated centre. While the provider considered this garden area to be shared between the two services, inspectors were not assured the arrangements in place were adequate to ensure the protection of residents living in the designated centre.

From what residents told us and from what inspectors observed, it was clear that residents enjoyed a very good quality of life. Inspectors observed residents being treated with courtesy, respect and kindness from a dedicated team of staff.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that significant improvements had been made since the last inspection and many of the issues identified at that inspection had been addressed, particularly in relation to fire safety. Discussions with residents and staff, and the observations of inspectors, confirmed that residents were in receipt of a high standard of care. While mitigation measures had been put in place to address, on a short-term basis, the fire safety concerns associated with the temporary structure adjoining the dining room of the centre, oversight of access to the centre by people external to it had not been addressed to the satisfaction of the Chief Inspector. Areas of required improvements are discussed throughout this report and in more detail under the relevant regulations.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and to ascertain if areas identified for action following the most recent inspection conducted in November 2023 had been addressed. The inspection was also conducted to support the decision-making process for the renewal of the registration of the designated centre.

Brabazon House is owned and operated by The Brabazon Trust, which is the registered provider of the designated centre and is also a registered charity. The Brabazon Trust also own and operate sheltered housing adjacent to the centre and many of the residents living in Brabazon House transition from these facilities to the nursing home when their needs increase. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a management committee and the chief executive officer (CEO) is accountable to the chairperson of the committee. The director of nursing is the designated person in charge of the centre and has oversight of the clinical care of residents. There is a general manager that provides operational oversight of non-clinical issues. Both the person in charge and general manager report to the CEO.

The person in charge is supported in the role by two clinical nurse managers, both of whom are supernumerary and generally work opposite each other, providing clinical oversight over seven days of the week. Management are supported by a team of staff nurses, healthcare assistants, activity coordinators and maintenance staff. The registered provider had outsourced housekeeping and the catering to an external organisation.

Following the inspection in November 2023 meetings were held with the provider on 15th November 2023 and again on 14th February 2024 to follow up on the findings of the inspection. The first meeting primarily focused on fire safety concerns associated with the temporary structure adjoining the designated centre. Following the meeting mitigation measures were put in place by the provider until a permanent solution was found. The primary focus of the second meeting was on the concerns of the Chief Inspector of unsupervised access to the centre through a gate

from the sheltered housing area. The benefits of residents from sheltered housing visiting the centre are acknowledged but the primary role of the Chief Inspector is to protect residents of the designated centre and current supervision arrangements in relation to access to the centre are not adequate. The provider was requested to ensure there was clear separation of resources between the two services, enhance oversight of access to the centre by non-residents and also to ensure that measures be taken to safeguard residents in the designated centre.

On this inspection it was found that some measures had been put in place to ensure that only residents and staff had open access to the designated centre. The practice of accessing the centre through the laundry had discontinued, and access in to the designated centre building was only through the front door, with sign-in arrangements in place. However, people, other than residents and staff, continued to have access to the garden, the marquee used as a dinning space, and rear of the centre through a rear garden gate. There continued to be no formal arrangements in place to monitor who came through the gate and potentially gained access to all areas of the designated centre.

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of medication management, falls management, infection control, and wound care. Accidents and incidents were trended to identify what measures should be put in place to minimise the risk of recurrence. Improvements noted since the last inspection were that medication errors and near misses were included in the trending process.

The complaints log was reviewed. Adequate arrangements were in place for the management of complaints. Details of each complaint, the investigation, outcome and the satisfaction or otherwise of the complainant was recorded.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed. A review of the floor plans submitted supporting the application to renew the registration and discussions with the provider indicated that clarity was required around the floor plans and what part of the premises and grounds constituted the designated centre. For example:

- the provider indicated that the enclosed garden to the rear of the centre formed part of the adjacent independent living facilities and was not solely for the use of residents in the designated centre
- there were some storage sheds at the back of the garden used to store equipment that were not included in the floor plan

Judgment: Substantially compliant

Regulation 23: Governance and management

Systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored required review. For example:

- the registered provider had not ensured the grounds were secure, and that residents were safeguarded by an effective system of monitoring of who was on the grounds. There were discussions with the provider in relation to the garden, which they stated was a shared space with another service. However, the regulations require that a designated centre must have external grounds which are safe for residents, and the national minimum standards set out that the premises should include safe, structured outdoor spaces which residents are supported in using and which provide positive sensory stimulation.
- while significant fire safety works had been completed since the last inspection, formal sign-off from a competent person was not available to confirm that all works associated with a fire safety risk assessment conducted in October 2022 were completed in accordance with the risk time lines identified in the report

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of accident and incident records identified that incidents were being investigated and notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an up-to-date complaints management policy to guide staff. Records of complaints reviewed indicated that complaints were managed in accordance with the policy. Staff were familiar with the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4. Each policy included the date is was issued, and the date for review.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents had a good quality of life in Brabazon House with their health and social care needs being met by the provider to a high standard. Nursing and care staff were knowledgeable of residents' care needs and supported them to maintain their independence. Staff were seen to respect residents' rights, including the right to privacy, dignity, and choice over their daily routine. There were some areas for improvement in relation to fire safety and with the premises.

From a review of a sample of care plans, inspectors found that validated assessment tools were completed by nursing staff that informed the development of care plans and these were found to be person-centred, individualised and sufficiently detailed to direct the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated in line with regulations or when residents' needs changed.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a homely way. There was adequate communal space for the 51 residents for which the centre was registered. Inspectors observed that residents had access to a large outdoor garden with plenty of seating, via doors from the communal rooms and the garden is landscaped to a high standard.

There continues to be a large temporary structure in the garden adjacent to the dining room of the designated centre. This structure, which is not part of the designated centre, adversely impacted fire safety in the designated centre. Measures had been put in place since the last inspection to mitigate fire safety concerns. These are short term measures, which included the installation of fire detection, connection to the main fire alarm panel, installation of additional emergency lighting and ensuring that passage from the dining room emergency exit is not obstructed.

Inspectors observed that the centre was generally clean throughout and staff had easy access to alcohol hand rub dispensers at the point of care. There was an adequate system in place to ensure that the centre was clean, including deep

cleaning. The laundry was arranged in a manner so as to minimise the risk of cross contamination through a dirty to clean flow system. There was an adequate system in place for ensuring that laundry was returned to residents following laundering through a labelling system. Areas of required improvement in relation to infection control are discussed under Regulation 27 of this report.

While the centre was generally clean and in a good state of repair, some improvements were required. These included the need to replace some floor covering. This was recognised by the provider and had commenced this process. There was also a need to review the design and layout of one of the twin bedrooms. This and other issues in relation to the premises are discussed under Regulation 17 of this report.

Inspectors reviewed fire safety arrangements in the centre. The findings of the previous inspection identified that significant improvements were required in relation to fire safety. These included structural issues and fire safety management systems. The structural issues were largely addressed and included the replacement of ironmongery such as door hinges and handles; the fire sealing of service penetrations in walls and ceilings; the repair of door closure devices; and the repair of a kitchen shutter. All staff had attended up to date fire safety training and demonstrated adequate knowledge of what to do in the event of a fire. Fire safety equipment had preventive maintenance conducted at the required intervals. Personal emergency evacuation plans were in place for residents and these were updated to reflect the changing needs of residents. There continued to be issues that required attention and these were predominantly in relation to fire management systems, such as fire drills, the storage of oxygen and the management of smoking. These are outlined further under Regulation 28 of this report.

Regulation 17: Premises

Action was required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- the floor covering in areas of the premises required replacement or repair. For example, the carpet in some areas of the centre was loose and could pose a trip hazard for residents that may have mobility impairment. The floor covering in other areas was significantly worn
- the design and layout of one of the twin bedrooms required review to support the privacy and dignity of both residents in the room. When the curtain surrounding the outer bed was closed, it would not protect the privacy of that resident should the resident in the inner bed wish to access their bed. Additionally, the wash hand basin in the room was within the bed space of the resident in the outer bed and did not support the privacy of that resident
- external grounds, which are safe for use by residents.

Judgment: Substantially compliant

Regulation 27: Infection control

While the centre was generally clean throughout, action was required to ensure full compliance with infection control standards. For example:

- there was no drip tray beneath the bedpan racking in at least one of the sluice rooms
- there was talcum powder visible on a shower chair in one of the communal bathrooms indicating that it had not been properly cleaned after use
- a wash hand basin in the used linen area of the laundry room did not have soap or facilities for drying hands

Judgment: Substantially compliant

Regulation 28: Fire precautions

It is acknowledged that significant fire safety works were completed since the last inspection. However, further action is required to ensure that all residents are protected from the risk of fire and that the registered provider has adequate arrangements in place for evacuating residents in the event of a fire. For example, inspectors could not be assured the registered provider had taken steps to ensure residents could be horizontally or vertically evacuated in a timely manner:

- while there were regular fire drills conducted, the same scenario was simulated at each drill. Using different scenarios would better prepare staff to respond quickly in the event of a fire
- fire drills did not incorporate the evacuation of a full compartment, which is what would be required in the event of a fire
  fire drills did not incorporate vertical evacuation from the upper floors or through the external stairwell

Other actions were required to support fire safety included:

- oxygen was stored inappropriately in the nurses' office close to an electrical outlet and the signage to indicate oxygen was stored in the office was not readily visible
- there was no call bell or fire blanket in the designated smoking area
- the door to a sitting room was held open with a door wedge. This would prevent the door from closing and minimising the spread of fire and smoke in the event of the fire alarm being activated

- confirmation that current fire safety management systems addressed the fire safety risks associated with the temporary structure attached to the dining room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Of the sample of care plans reviewed, all were developed using validated risk assessment tools. Care plans were person-centred, reflected the residents' assessed needs, preferences, and wishes and provided good guidance to staff on the care to be provided on an individual basis. Care plans were reviewed at a minimum of a four-monthly basis and when the residents needs and wishes changed.

Judgment: Compliant

Regulation 8: Protection

People, other than residents and staff of the designated centre, had access to the garden of the centre through a gate from the sheltered housing area, to which they had a key. Adequate arrangements were not in place to protect residents from the potential risk of harm should unauthorised persons gain access to the grounds of the centre through this access.

This is a repeat finding from the previous inspection, and has been discussed with the provider at two provider meetings.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were seen spending time in the range of communal rooms in the centre, and in the gardens to the rear. Those spoken with said there were things going on through the day, and the choose whether to join in or not. Some residents were in their rooms, enjoying their own books and music. One resident was playing the piano, which she said she liked to do regularly. In the afternoon, a number of residents were enjoying a black and white move on a large screen.

Activities included arts and crafts, Sonas, fun-fit classes, quizzes, and outdoor activities such as croquet, putting and bowling.

There was information displayed in the centre to provide information to residents on a range of topics, including advocacy services.

There were many books and DVDs available to residents, as well as music. There was also Wi-Fi available in the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially 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 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brabazon House OSV-0000017

Inspection ID: MON-0043965

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Registration Regulation 4: Application for registration or renewal of registration</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:
Please note that the Provider is exploring all options to ensure that Nursing Home Residents retain access to the rear garden and that their safety is assured. Furthermore, the Provider confirms that Sheltered Housing residents only access the designated centre as visitors and are required to sign the visitor book in the normal way.

The storage shed at the back of the property is used for maintenance purposes only and is not part of the designated centre – it is not included in the floor plan.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
The enclosed garden to the rear of the centre is secured with locked gates and the residents from the Nursing Home access the garden under the supervision of staff all the time. This allows good freedom of movement and promotes positive sensory stimulation for the residents and thus they do not feel being restrained in the Nursing Home.
There will also be a secure structured garden at the front of the Nursing Home where residents will be supervised – this also provides positive sensory stimulation and is exclusively for use by the residents in the Nursing Home. This is scheduled to be completed by 30th November 2024.</td></tr>
</table>

Significant progress has been made in addressing the fire safety concerns in the October 2022 fire safety risk assessment. We have completed many of the required works, demonstrating a strong commitment to ensuring the safety of all residents. To ensure full compliance and adherence to the identified risk timelines, we are actively engaging with a competent person. This professional is currently in the process of assessing the scope and quality of the completed works. A formal written confirmation from this component person is anticipated shortly, which we believe will confirm that all works have been executed in accordance with the fire safety risk assessment's recommendations – this is scheduled for 30th September 2024. This approach aligns with best practices as outlined in the relevant guidelines and ensures that all necessary precautions are taken to safeguard the residents effectively.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The floor covering in Corridors D, E & F will be replaced – scheduled by 31st October 2024.
The floor covering in Corridor A is scheduled to be replaced as soon as operationally possible.
The design and the layout of the twin bedroom highlighted has been reconfigured in order to support the privacy of both residents also taking infection prevention precautions into consideration. This work is completed.
The external garden grounds are safe for use by residents in the Nursing Home and it is monitored and supervised by staff all the time when a resident is out at the rear the garden.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A drip tray has been ordered for the sluice room concerned – scheduled delivery by Friday 6th September.
All equipment used for residents is cleaned and disinfected by the staff after every use.
All staff are informed to follow the protocols of infection prevention control and safe usage of equipment to prevent cross contamination. Regular checks and floor supervision are made by the Managers and Nurse-in-charge to supervise staff and coach them if non adherence to IPC protocols is noticed.
The Laundry area has a paper towel and soap dispenser thus facilitating staff to follow proper hand hygiene in the Laundry

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A variety of scenarios have been employed to ensure comprehensive staff preparedness. Both day and night-time fire drills have incorporated different fires scenarios to simulate various potential emergencies. This approach aims to enhance staff readiness to respond effectively to any fire event, regardless of the time or situation. Furthermore, these drills and scenarios utilised have been reviewed and certified by an external consultant, ensuring that the fire safety training meets the highest standards and complies with the best practises.

While fire drills have been successfully conducted, it is acknowledged that they have not included the full evacuation of a compartment, as may be necessary in the event of an actual fire. In response, management has completed an evacuation drill of the largest compartment, specifically designed to stimulate a night-time scenario with the minimum staff available. This drill was completed on the 25th August 2024 and is scheduled to take place once a month. This exercise is intended to ensure that all staff are adequately prepared for a full compartment evacuation under realistic conditions.

It is important to clarify that only one oxygen bottle is present in the nurse's office, and it is not stored but is an essential component of our emergency response plan. This oxygen bottle is kept in the office specifically for immediate use in emergencies and is therefore considered necessary equipment rather than storage. This procedure has been reviewed and approved by an external fire consultant, ensuring it adheres to safety standards. Additionally, steps have been taken to ensure that appropriate signage indicate the presence of oxygen is now clearly visible.

A call bell and fire blanket have been installed in the designated smoking area to enhance safety. Our staff are trained and confident in the use of portable fire extinguishers, which have been identified as the preferred method for extinguishing clothing fire.

The importance of not wedging doors open has been re-emphasised to all staff to ensure that fire safety protocols are strictly adhered to. The door to the Dayroom/Sitting room was checked and is being replaced by Friday 13th September. Additionally, we have engaged with a maintenance company that has completed extensive fire door refurbishment works. These works are currently under review by our fire safety consultant to ensure that all measures, including the proper functioning of fire doors, are compliant with safety standards and effectively minimise the spread of fire and smoke in the event of an emergency.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Access to the Designated Centre is strictly controlled by entry through the front door, the dining room door and the day room door. The day room door is used by nursing home residents for access to/from the enclosed rear garden – there is no access for Sheltered Housing residents through this day room door. Please note that the Provider is exploring all options to ensure that Nursing Home Residents retain access to the rear garden and that their safety is assured. Furthermore, the Provider confirms that Sheltered Housing residents only access the designated centre as visitors and are required to sign the visitor book in the normal way.

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended	Substantially Compliant	Yellow	30/11/2024

	registered provider.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2024
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(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	13/09/2024

	associated infections published by the Authority are implemented by staff.			
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 procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/10/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/11/2024