

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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	31 October 2024
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0045218

About the designated centre

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

The centre is registered to accommodate 63 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 47 single rooms, eight of which have en-suite shower, toilet and wash-hand basin while five others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a relaxation room, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided. According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 October 2024	08:05hrs to 16:15hrs	Aislinn Kenny	Lead
Thursday 31 October 2024	08:05hrs to 16:15hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

From what inspectors observed and from what residents told them Earlsbrook House was a nice place to live. Residents spoke highly of management and staff in the centre. They described the centre as homely and told inspectors that staff were very good and looked after them well. Residents appeared to be well-cared for and were neatly dressed according to their preferences.

The centre was decorated for Halloween and decorations were on display both inside and outside the centre. The main entrance hallway contained a wall of residents' portrait photographs which provided a homely and welcoming feel. A photography exhibition with photos taken by the residents themselves was also on display in the family room. These were accompanied by paragraphs of the residents' life histories which provided a friendly and inviting environment.

The atmosphere in the centre was calm, quiet and relaxed. The centre was made up of two period buildings which had been adapted and extended across three floors. There was one entrance to the centre where staff, visitors and residents were seen coming and going on the day of inspection. Inspectors walked around the centre with the clinical nurse manager who was deputising for the person in charge and saw that areas used by the residents were in general clean and maintained. However, inspectors visited the Oaklands unit which was located in a separate house connected by link corridor to the main centre. There were no residents accommodated in this area, which was in accordance with previous commitments given by the registered provider following the inspection of April 2024.

The Oaklands unit contained a hallway, lounge area, six single bedrooms, an assisted bathroom and a toilet on the ground floor. On the first and second floors there were four single bedrooms, a twin bedroom and two toilets. While the area was generally kept clear, there were a number of maintenance items stored in the ground floor rooms as there was some work taking place there. Remedial work such as replacement flooring in one of the ground floor bedrooms had been completed in an effort to keep the area maintained. The registered provider had arranged a structural assessment of the Oaklands unit by a competent person as part of their compliance plan; the results of the assessment had recently been received by the provider and further investigation was required in some areas. Inspectors were told by management that the lounge in Oaklands unit was sometimes used for residents activities and this area was observed to be well laid out, maintained and clean.

Inspectors observed that first floor bedrooms in Oaklands had been cleared of storage and were nicely presented however, the flooring in some bedrooms and bathrooms on the upper levels was significantly slanted as per the findings of the last inspection. Inspectors saw that bedrooms on the ground floor of the Oaklands unit, which had not accommodated any residents for a number of years, had not been appropriately cleaned and still contained some previous residents' belongings. There was dust observed on windowsills and floors, and the area in general was

unclean and required a deep clean. The external escape route located at the end of a corridor on the ground floor of the Oaklands unit was observed to be blocked by significant amount of debris such as leaves and vegetation. An immediate action was issued to the provider and this was cleared by the end of the inspection. In addition, the courtyard area outside the ground floor of Oaklands unit was not well-maintained, the decking in this area was loose and uneven and was a trip hazard. The inspectors were informed that although this area was also accessible from the main building it was not in use by residents. Inspectors saw that an external fire escape stairs from the second floor of the Oaklands unit was clear of debris, however there was a large crack observed on the exterior of the building in this area which required further investigation.

Inspectors observed that improvements had been made to the storage arrangements in the main house since the previous inspection. The main house was warm and welcoming and residents had free access to a large internal courtyard from several areas of the centre. Hand hygiene sinks in the centre had been replaced and upgraded and extra hand hygiene sinks had been installed in the centre. The main house was largely well-maintained however, some improvements were also required to cleanliness in this area, as there were vacant bedrooms that had not been cleaned to a high standard and required a deep clean.

The residents' dining experience was observed to have improved since the last inspection, condiments were readily available for residents to help themselves and there was a calm relaxed environment in both dining areas. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind, discreet and respectful. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

During the walk around the building inspectors reviewed the fire safety arrangements for the centre and requested further assurances from the provider in relation to the safe evacuation of residents from the first and second floors of the original house. The first floor bedrooms and areas were accessible to residents' via staircase or by passenger lift. Although horizontal evacuation had been practiced by staff, vertical evacuation fire drills had not taken place in these areas to show that residents could be safely evacuated in a timely manner. This and other findings are further discussed under Regulation 28: Fire Precautions.

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

Overall, the centre was well run and had a governance and management team that were well known to residents and staff and which worked hard to provide a good quality service. There were processes in place to ensure the centre was monitored on an ongoing basis. Some areas required further attention such as supervision of housekeeping and cleaning, and oversight and management of the premises. Inspectors were not assured that management systems in respect of fire safety in the centre were sufficient and the areas of concern are further detailed under Regulation 28: Fire Precautions.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in April 2024 and on the statutory notifications received since the last inspection.

Earlsbrook House Limited is the registered provider of Earlsbrook House. The provider is part of a wider group of designated centres within Ireland. The person in charge reported to a regional director. The person in charge worked full-time Monday to Friday in the centre and was supported by a clinical nurse manager. In addition the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering and maintenance staff. The clinical nurse manager deputised for the person in charge as they were on planned leave.

The provider had a range of systems in place to monitor and review the service provided, these included a schedule of audits, team meetings, clinical governance meetings and residents meetings. These were seen to happen regularly and any actions identified had a plan in place to address them.

In general, adequate staffing arrangements were in place in the centre to provide high quality care to residents. However, the allocation of resources to ensure the cleanliness of the environment was upheld to a high standard was not sufficient. The Oaklands area and some areas of the main centre were observed to be unclean and while housekeeping staff were assigned to various cleaning roles the housekeeping staff role also incorporated the role of laundry staff. Cleaning records reviewed by the inspectors were unclear and at times were not complete. The housekeeping supervisor role was vacant at the time of the inspection and cleaning checklists were not being reviewed by a senior staff member in a supervisory capacity.

Records reviewed by the inspectors confirmed that staff training was provided through a combination of in-person and online formats. All staff had completed role specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

The person in charge held responsibility for the review and management of complaints. A review of complaints management found that all complaints, apart from one, had been appropriately managed, in line with the centre complaints management policy.

Oversight of fire safety issues required significant improvement. A fire safety risk assessment had been carried out by a competent person in December 2021. A review of this and a corresponding action tracker document compiled by the provider found that not all of the risks identified in 2021 had been addressed. This, as well as concerns relating to the evacuation of residents in a vertical manner from the first floor of the main building required full review by the provider and is discussed further in the report.

Regulation 15: Staffing

Improvements were required to ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with the size and layout of the designated centre concerned. For example; there was no housekeeping supervisor employed and adequate resources had not been allocated to ensure sufficient oversight in this area as outlined in Regulation 27.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records were up-to-date and staff were offered a variety of face-to-face and online trainings pertinent to their roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored specifically in the areas of fire safety, and oversight of premises and cleanliness. For example:

- Supervision of cleaning practices was not effective; improvement of oversight was required in this area to ensure the centre was cleaned to a high standard. This was a repeat finding from the previous inspection.
- The fire safety risk assessment organised by the provider which was carried out by a competent person in 2021 had not been fully addressed, reviewed or effectively monitored as red-rated risks (requiring immediate action) had not been identified on the provider's internal compliance checklist. This meant that significant risks which required immediate action had still not been addressed by the provider.
- There was a lack of premises and environmental oversight and how this impacted the overall safety. Inspectors issued an immediate action in respect of ensuring the means of escape were maintained appropriately and requested further assurances in respect of evacuation practices and the fire alarm system, which were received after the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that they were promptly managed and responded to, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs. Inspectors observed a high quality service being delivered to residents. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However, further assurances and improvements were required from the provider around fire safety precautions and the management and maintenance of premises.

Overall, the design and layout of the premises in the areas occupied by the residents, met the residents' individual and collective needs. The provider had addressed some maintenance issues that had been identified on the previous

inspection, such as the upgrading of one of the shared bathrooms, removal of storage from under stairs and improvements to the hairdressing room. Maintenance was ongoing and included painting works and the replacement of floors in some areas. The registered provider had also submitted an application to vary the footprint of the centre and change the use of the smoking room into a maintenance store room to provide more appropriate storage arrangements. However, on this inspection the inspectors identified further storage issues in some areas, such as linen skips stored inappropriately in a communal shower room and toilet and effectively obstructing residents' safe access to these facilities. Items were also being stored in the unused rooms of the Oakland's unit on the ground floor.

There were cleaning records in place for the bathrooms in the Oaklands unit however, inspectors were not assured that flushing of the water systems to prevent Legionella bacteria developing in the water systems was being carried out and the bathrooms were observed to be unclean.

Inspectors reviewed the provider's last fire safety risk assessment that had been completed in 2021 by a competent person. The provider had their own accompanying action tracker document which detailed the action taken for each risk identified, all of the items apart from one on this document were listed as closed. Review of this document by inspectors found that not all risks identified on the fire safety risk assessment had been transferred and reflected on this tracker document, and that not all identified risks had been addressed by the provider. In particular inspectors saw a main fire exit door that exited out onto a residential street. The means of escape contained a very steep step which would not be suitable for residents with mobility issues. This had been identified on the fire safety risk assessment as a red risk with immediate action required in 2021 however, it had still not been addressed by the provider. In addition, fire compartment lines which help to contain or slow the spread of fire and smoke in the building were not known by staff or management or clearly available. Inspectors requested an updated fire safety risk assessment of the building to be completed as soon as possible and assurances around the containment arrangements. Further findings are discussed under Regulation 28: Fire Precautions.

A sample of residents' care plans were reviewed which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Care plans were initiated and reviewed in line with regulatory requirements. Care plans generally were observed to be person-centred and sufficiently detailed to guide the delivery of care. Residents identified as having a communication difficulty had up-to-date and individualised care plans in place which were being used to guide staff in providing care.

Residents had end of life care provided on their assessed needs, and were supported to maintain and enhance their quality of life. Most residents' end of life care plans detailed care which respected their dignity and autonomy and met their needs however, some residents care plans were generic and lacked sufficient detail

in this area. This area required improvement to ensure the end of life policy was being implemented in practice.

All staff had completed up-to-date training in relation to the detection and prevention of abuse. Staff who spoke with the inspectors were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. The registered provider acted as pension-agent for a small number of residents. For these residents, arrangements were in place to support them to access, and manage their finances.

Regulation 10: Communication difficulties

Inspectors were assured that residents with communication difficulties were supported to communicate freely in the centre. They received individualised assistance and residents' individual needs were clearly documented in care plans.

Judgment: Compliant

Regulation 13: End of life

From a review of a sample of residents' records, not all end-of-life care plans outlined residents' wishes, where known, with regard to arrangements to be put in place or in respect of the religious and cultural needs of the resident.

This meant that where a resident was approaching the end of their life staff were not aware of their preferences

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider did not ensure that the premises was appropriate to the number and needs of the residents of the centre and in accordance with the statement of purpose of the registered centre;

The premises were not well maintained in all areas, with one part of the premises specifically, the Oaklands unit, not fit for purpose. Notwithstanding the fact that the provider had voluntarily committed to not accommodate residents in this area further action was required by the provider to bring all areas of the premises into compliance with the regulation and ensure that all areas were appropriate to meet residents' needs in accordance with the statement of purpose.

Areas of the premises did not conform to the requirements outlined under Schedule 6 of the Regulations;

- There was inadequate storage available in the centre, specifically in respect of storage of hoists and linen skips, which were observed obstructing access to communal facilities on the first floor.
- Areas of the premises were not clean such as the bedrooms in the Oaklands unit and some vacant residents' bedrooms in the main house.
- External grounds were not appropriately maintained in one of the courtyards. For example: a courtyard area that should have been available for use by residents was not well maintained and was not safe for residents to use as it posed a trip hazard.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of food and drink which were properly and safely prepared, cooked and served and were seen to be wholesome and nutritious.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: 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 is required to be fully compliant. This was evidenced by;

- Vacant bedrooms in Oakland's unit and the main building had visible dust and staining on walls and equipment; this meant that some rooms were not being deep cleaned to reduce the risk of infection transmission from surfaces to the residents.
- Flushing records were not being maintained to prevent Legionella bacteria developing in the water systems.
- Linen skips were being regularly stored in a communal shower rooms and toilet used by the residents. This posed a risk of cross-contamination to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate arrangements were not in place for providing and maintaining adequate means of escape;

- An immediate action was issued to the provider on the day of inspection to remove debris from a final exit door used as a fire exit.
- There was a lack of assurance in respect of an external means of escape that had a deep step and would not be accessible for residents with impaired mobility or who required equipment for transfer.

Fire precautions in the centre required action;

- Not all items arising from a fire safety risk assessment completed in 2021 had been actioned, these included red-rated risks that required immediate action at the time of the assessment.
- The smoking area for residents was located beside the oxygen storage and did not contain a call bell or fire blanket.
- The area around the generator was cluttered and items were stored up against it.

Further assurance was required on the arrangements in place for detection, containing and evacuating in the event of fire. For example:

- There was a lack of knowledge and assurance in respect of the size of each compartment which could compromise the safe evacuation of the residents in the event of fire. There was no compartmentation map available to indicate the compartments within the centre and the evacuation plans on display in the centre were not accurate.

- There had been changes made to the laundry room to expand it. There was a lack of assurance that those changes ensured safe compartmentation of this high risk area, which was adjacent to a resident's bedroom. In addition, in this area there was also a lift which opened onto a bedroom corridor with no lift lobby in place. This required further review to ensure there were appropriate arrangements in place to contain fire and smoke in the event of a fire and inspectors requested that the provider carries out a fire safety risk assessment and provides further assurances around compartmentation.
- Fire doors required a full review to determine the fire rating of the doors. This further contributed to concerns around the effective compartmentation in the event of fire.
- It was unclear if the fire alarm system in the centre was an L1 system as there was no certification recorded in the registered provider's equipment service reports. The provider could not evidence on the day of inspection the arrangements in place in the designated centre in respect of detection.
- Notwithstanding the fact that fire drills were carried out in respect of phased horizontal evacuation, the building was laid out over three stories. Fire drills had not taken place in a vertical manner to ensure that staff were trained and knowledgeable in the event of vertical evacuation being required for residents accommodated on the higher floors.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required. Overall, care plans were person-centred and detailed to inform the care to be provided to the resident.

Judgment: Compliant

Regulation 8: Protection

There was an appropriate safe-guarding policy in place in the centre. Staff had access to training in relation to the detection and prevention of and responses to abuse and were knowledgeable in this area. The provider was a pension agent for seven residents and appropriate arrangements were in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0045218

Date of inspection: 31/10/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A housekeeping supervisor has been recruited and commenced working in the centre on the 12th November 2024 – Complete</p> <p>A review of housekeeping has taken place to ensure there is appropriate resources to provide daily and deep cleaning to all parts of the designated centre. The housekeeping supervisor will provide daily support and oversight of cleaning practices and provide audit results, feedback and action plans at weekly meetings to the Director of Nursing. This will be fully implemented by 31 December 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 housekeeping supervisor has been recruited and commenced working in the centre on the 12th November 2024 – complete</p> <p>A review of housekeeping has taken place to ensure there is appropriate resources to provide daily and deep cleaning to all parts of the designated centre. The housekeeping supervisor will provide daily support and oversight of cleaning practices and provide audit results, feedback and action plans at weekly meetings to the Director of Nursing. This will be fully implemented by 31 December 2024.</p> <p>A review of the fire risk assessment completed in 2021 has been completed and any identified outstanding actions will be completed by 31st January 2025.</p>	

An updated Fire Safety Risk Assessment is scheduled to be completed before 31st March 2025.

A check of all escape routes is conducted daily by facilities staff and this is recorded in the fire register and overseen by the Director of Nursing. In addition, all staff have been reminded of the importance of maintaining clear escape routes and the Director of Nursing and nursing management team are responsible for spot checking compliance on a daily basis in the nursing home—complete and ongoing

Regulation 13: End of life

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life: All end-of-life care plans will be reviewed and updated with each resident's end of life wishes by 15th December 2024.

The Director of Nursing has introduced a conversation guide to assist staff nurses in supporting residents to formulate their individual care plan – Complete and ongoing

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Flooring replacement and works to rectify the uneven floor surface in the identified bedrooms (45 and 56) will be completed by 31st March 2025. Where physically possible, a solution to even the floor can be implemented.

Appropriate storage has been identified for linen skips on the first floor. This requires a change in the function of 2 rooms (24 and 27) on the 1st floor. An application to vary to facilitate this change will be submitted by 31st January 2025 and the works to facilitate the change will be completed by 31st March 2025.

A review of housekeeping has taken place to ensure there is appropriate resources to provide daily and deep cleaning to all parts of the designated centre. The housekeeping supervisor will provide daily support and oversight of cleaning practices and provide audit results, feedback and action plans at weekly meetings to the Director of Nursing. This will be fully implemented by 31 December 2024

A full review of the external courtyard will be completed and all decking will be repaired to ensure a safe area for residents to utilize by 28th February 2025.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review of housekeeping has taken place to ensure there is appropriate resources to provide daily and deep cleaning to all parts of the designated centre. The housekeeping supervisor will provide daily support and oversight of cleaning practices and provide audit results, feedback and action plans at weekly meetings to the Director of Nursing. This will be fully implemented by 31 December 2024</p> <p>From 1st December 2024, the housekeeping supervisor will ensure that accurate flushing records are maintained in line with the agreed water safety management programme – complete and ongoing.</p> <p>Education on the prevention of Legionella policy will be provided to all housekeeping staff- This will be completed by 15 December 2024.</p> <p>Additional training on an enhanced water safety management process will be delivered to the Director of Nursing to ensure compliance with best practice and robust oversight to ensure that all records are maintained by 31st December 2024.</p> <p>Appropriate storage has been identified for linen skips on the first floor. This requires a change in the function of 2 rooms (24 and 27) on the 1st floor. An application to vary to facilitate this change will be submitted by 31st January 2025 and the works to facilitate the change will be completed by 31st March 2025.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Debris was removed from a fire exit on day of inspection and from 1st November 2024, daily walkabouts by the Director of Nursing and nurse managers will include spot checks to ensure that escape routes are maintained clear of any obstacles or debris – complete</p> <p>From 1st November 2024, escape routes are included in a daily check completed by the maintenance operative to ensure there is clear access. –complete and ongoing</p> <p>By 20th December 2024, a portable ramp will be available for the external means of</p>	

escape to ensure it is accessible for residents with impaired mobility or who required equipment for transfer.

A review of the fire risk assessment completed in 2021 has been completed and any identified outstanding actions will be completed by 31st January 2025.

An updated Fire Safety Risk Assessment is scheduled to be completed before 31 March 2025.

Call bell and fire blanket have been installed in the outside area to enhance resident safety – complete

The area around the generator has been decluttered and all staff have been made aware of the importance of adhering to agreed storage areas. The daily walkabout by the Director of Nursing and nurse managers will include reviewing compliance with this- complete and ongoing

A review of the compartment and evacuation maps is currently underway and these will be completed and on display by 31st March 2025.

A review of all fire doors will be completed by 28th February 2025 and evacuation maps will be updated with findings by 31st March 2025

A site visit completed on 19 November confirmed that the laundry renovation was completed to include maintaining a 60 minute compartment around the laundry- complete.

A review of the lift area adjacent to the laundry has been completed and due to the width of the area, it is not possible to install an additional fire door, as it would present significant restrictions in movement in this area, for residents. Furthermore this was not a requirement of the fire certificate- complete.

To further enhance protection in this area, a 60minute fire door will be added to the new laundry opening by 31st March 2025

A review of all fire doors will be completed by 28th February 2025 and evacuation maps will be updated with findings by 31st March 2025

Works to ensure that the fire alarm complies fully with L1 standards will be completed and certified by 31st January 2025

From 1st December 2024, announced and unannounced fire drills will include both horizontal and vertical evacuations to improve staff knowledge and confidence in relation to evacuation of residents – complete and ongoing

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	15/12/2024
Regulation 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Substantially Compliant	Yellow	15/12/2024
Regulation 15(1)	The registered provider shall	Substantially Compliant	Yellow	31/12/2024

	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.			
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.	Not Compliant	Orange	31/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	31/12/2024

	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	31/03/2025
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	31/03/2025
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.	Not Compliant	Orange	31/03/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Not Compliant	Orange	31/03/2025

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/03/2025