



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Unannounced
Date of inspection:	09 July 2024
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0039867

About the designated centre

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

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Tuesday 9 July 2024	09:20hrs to 18:20hrs	Aislinn Kenny	Lead
Tuesday 9 July 2024	09:20hrs to 18:20hrs	Niamh Moore	Support

What residents told us and what inspectors observed

This inspection took place in Sonas Nursing Home in Tullow, Co Carlow. Inspectors spoke with residents living in the centre and spent time observing resident and staff interactions. The overall feedback from residents was that they received good care within the centre. Residents informed inspectors that staff responded to their call bells promptly, they felt safe within the centre, enjoyed the food and were happy with the cleanliness of their bedrooms.

The centre is a single storey building. Residents had access to numerous communal spaces such as a lounge, individual dining rooms, a shared dining/lounge and an oratory. Residents also had access to enclosed courtyard gardens which they could freely enter. Inspectors observed the courtyard in use by residents throughout the inspection as this was the designated smoking area. The area had fire safety measures in place such as a metal bin, fire extinguisher and fire apron. However, the emergency call bell was not working in the smoking area when tested by inspectors. This was replaced by management on the day of the inspection.

The centre is registered to accommodate a maximum of 60 residents. On the day of the inspection 41 residents were living in the centre. Accommodation was provided in all single bedrooms with en-suite facilities. A number of residents' bedrooms were viewed and were seen to have been personalised with family photos, flowers, plants and other personal items such as blankets and ornaments. Residents said they were happy with their bedrooms.

There were two housekeeping staff members working on the day of the inspection, inspectors observed that they were busy cleaning residents' bedrooms and communal spaces such as the corridors. However, some areas such as the hairdresser room and storage areas were seen to contain dirt and debris and required a deep clean. Corridors were wide and clutter-free, however the flooring was damaged and broken in places, which resulted in areas of uneven flooring and areas where dirt gathered also.

Photos of residents attending activities within the centre were on display on corridors. There was an activity schedule available on display in the communal rooms. In addition, information was on display relating to independent advocacy services, complaints management and a box for suggestions relating to the centre were prominently displayed. Activity staff were working in the centre on the day of the inspection and there was bingo taking place in the day room. Residents' religious needs were met and a priest visited the centre every two weeks.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed outside dining rooms and was also presented on some of the dining tables. Menus showed that residents were provided with meals, refreshments and snacks throughout the day, ensuring choice was provided. Inspectors observed the lunch-time service in the dining rooms and saw

that residents sat together in small groups at dining tables where they were observed to chat with other residents and staff. Inspectors observed within the shared dining and day space, that some residents sat in arm chairs and used a foldaway table. Feedback from residents in relation to the choice and taste of food was good, with comments such as “the chicken was lovely”, however many residents commented that the portions were too big. There were adequate staff members to provide assistance and inspectors observed some occasions where staff facilitated and supported residents in a gentle, discreet and person-centred manner. However, some practices seen did not ensure meal times were person-centred for all residents. For example, many staff were seen to stand while assisting residents, some staff were swapping with each other to assist residents and there was a lack of communication between some staff and one resident in particular. Feedback related to the dining experience was raised with management on the day of the inspection who committed to responding to it.

During a walk around of the premises inspectors observed an external boiler room which was used to store various items such as timber panels, wheelchairs, chairs, paint and aerosols. This was an area of increased fire risk and an urgent action was issued to the provider following the inspection to clear the area.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, inspectors found that the registered provider strived to provide a good service and the overall care provided to the residents living at the centre was of a good standard. Improvements were made in the centre following the previous inspection and it was evident that the provider had taken steps to address the findings of the inspection in Dec 2023. Notwithstanding, further improvements in respect of the management systems and oversight of the premises, infection control and fire safety were required. This is further discussed under the relevant regulations.

This was an unannounced risk inspection carried out by inspectors of social services 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 followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in December 2023 and found that overall, the registered provider had taken action as outlined within their compliance plan.

Sonas Nursing Homes Management Co Limited is the registered provider for Sonas Nursing Home Tullow. There were established governance and management structures in place. The inspection was facilitated by the person in charge and their line manager, a quality manager.

The person in charge was supported in their role by an administration team and two clinical nurse managers. Other staff included nurses, healthcare assistants, housekeeping, laundry, catering, activity staff and maintenance. Inspectors found that the staffing levels and skill-mix of clinical staff were sufficient to meet the assessed needs of the 41 residents on the day of inspection, including a minimum of two registered nurses working day and night. However, inspectors were not assured that the numbers of housekeeping staff was sufficient to meet the cleaning requirements of the service, as inspectors observed that some areas were seen to be unclean during a walk around of the premises, although these areas were on a cleaning schedule they required more frequent cleaning. The centre had a current vacancy for a physiotherapy assistant and inspectors were assured this was a short-term vacancy.

There was an audit schedule in place and the registered provider had systems in place to monitor the clinical needs of the residents through a variety of audits that were conducted on a weekly and monthly basis. Governance and management meetings took place and there was monthly residents meeting which took place. Inspectors saw that recommendations arising from these meetings were implemented. Audit systems were in place to monitor risk, incidents and infection prevention however these required improvement to ensure they captured areas such as hand hygiene barriers. The registered provider had prepared an annual review for 2023 in consultation with residents and their families.

Records as set out in Schedules 2, 3 and 4 of the regulations were available to inspectors on the day of the inspection. Overall, actions required from the last inspection were addressed where records were seen to be stored securely, safely and appropriately, apart from one occasion where the lock to a filing cabinet was broken. A sample of records reviewed showed staff were employed following receipt of appropriate Garda vetting as set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

Regulation 14: Persons in charge

The person in charge held a full-time role based in the centre since 2022. They were a qualified nurse with the required nursing and management experience and qualifications. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive throughout the inspection process.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that there was a sufficient number of housekeeping staff available, given the size and layout of the designated centre to ensure the premises were clean in all areas. Findings in relation to this are further outlined under Regulation 27: Infection Control.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a sample of five staff files and found that overall they contained the required information outlined in Schedule 2. However, two staff files reviewed did not contain a full employment history, together with satisfactory history of any gaps in employment.

Resident records contained at one nurse's station were not kept in a manner that was safe and secure, as the lock to the file storage was broken.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not ensure that the service provided in relation to infection prevention and control were effectively monitored. For example:

- The registered provider had not reviewed their COVID-19 preparedness plan since January 2024, and therefore this document contained out-of-date information and was not in line with current guidance. For example, it referenced completing twice daily temperature checking for staff and residents' cocooning.
- There was no on-site infection prevention and control link practitioner with protected time and appropriate training to manage key areas of infection prevention and control and antimicrobial stewardship.

- The registered provider did not ensure housekeeping resources were sufficient at all times to ensure all areas of the centre were effectively clean and that contingency plans were implemented in practice. The centre had recently had an outbreak of COVID-19, the provider's contingency plan for all respiratory infections dated February 2024 had not been fully implemented during this outbreak. For example, this plan referenced additional housekeeping hours to allow for extra sanitising. Inspectors were told that this formed part of the rostered housekeeping staff.

The management systems in place did not ensure there was effective oversight of the fire safety in the centre, and that risks identified in the fire risk assessment of February 2024 had been effectively mitigated. Due to the immediate risks found within the boiler room, an urgent action was issued to the registered provider. This had been identified within the fire safety risk assessment due for removal by May 2024, although some action had been taken to clear the area, some risks remained. This is further discussed under Regulation 28: Fire Precautions.

The oversight of mealtimes required review to ensure that all residents were receiving an appropriate mealtime experience, which ensured assistance was provided in a respectful and dignified manner.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed five contracts of care between the registered provider and the relevant resident, and saw that they clearly set out the terms and conditions of the resident's residency in the centre, such as the bedroom number and the fees to be charged, including a weekly service charge.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers attending the centre at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of Social Services of any adverse incident occurring in the centre in line with Schedule 4. A sample of accidents and incidents were viewed and confirmed that, where relevant, the required notifications had been submitted.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were available and reviewed in line with the regulations, within the last three years.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be good and residents were supported and encouraged to have a good quality of life in the centre. Notwithstanding the positive findings, this inspection found further improvements were required to strengthen infection control practices and greater oversight of fire precautions was required, this is detailed in the report under the relevant regulations.

Inspectors found that overall the premises was designed and laid out to meet the needs of the residents, for example, appropriate sluicing and laundry facilities were available. However, some areas were not kept in a good state of repair internally. This is further discussed under Regulation 17: Premises.

Improvements had been made since the last inspection regarding residents' access to multi-disciplinary services. Inspectors found that most residents were seen by the general practitioner (GP) following their admission to the centre and further reviews were taking place with the GP visiting the centre more regularly. Referrals were made to other professionals such as tissue viability nurse, dietitian and occupational therapist as needed.

Residents' with communication difficulties were supported to communicate freely by staff and had appropriate care plans in place to reflect their needs. From a review of

residents' records it was evident that residents were afforded the opportunity to outline their wishes in relation to the care at the end of their lives, which included access to pastoral support

There were some good infection control measures in place. One recently installed clinical hand wash sink was on the corridor and hand sanitisers were available on corridors, with plans for the installation of another clinical hand wash sink in the future. In addition, cleaning staff spoken with during the inspection were knowledgeable on cleaning processes, and were seen to have sufficient cleaning products and stock to complete their roles. However, inspectors found that further oversight and action was required to be fully compliant with Regulation 27: Infection Control was required.

There was a risk management policy in place in the centre which had been reviewed in June 2024 and a safety statement was in place. The registered provider had ensured there was a plan in place for responding to major incidents in their emergency plan.

The registered provider had taken steps to address the fire safety management of the service since the previous inspection and a fire safety risk assessment had been carried out at the premises by a competent contractor in February 2024. This risk assessment found deficits in areas of fire safety such as deficits to fire doors, and housekeeping practices to include storage. These items required the registered provider to take action within set time frames ranging from immediate to six months. On the day of inspection, some work was completed and some was progressing, including the replacement of fire doors, with inspectors told four remained outstanding. However, despite the acknowledgements that the registered provider had commenced and work was ongoing, some work had not been completed within the time frames set out and therefore substantial risk was found under this regulation. This is discussed further under Regulation 28: Fire Precautions.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communications.

Judgment: Compliant

Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- Some doors did not have appropriate signage in place to support residents and visitors using the centre; for example, a communal bathroom did not have any signage to indicate to residents the use of the room.
- Some areas of the floor covering was unsafe. For example, flooring on corridors and within the staff canteen were uneven, dipped and in two areas there was raised "internal man-holes", which could pose a risk to mobilising residents.
- Oversight of maintenance required review. There had been a leak which caused damage to a sluice room and an unoccupied bedroom which were ongoing during the inspection.
- There were multiple areas which required repair such as paint work to doors and door frames, skirting boards, laminate had been damaged to the presses in the staff room and holes seen in some tiles. Inspectors saw the maintenance book which had "no open maintenance requests" on the day of the inspection. However, the registered provider had an action plan in place to respond to their premises and maintenance audit which overall had identified most of the maintenance items for completion by December 2024.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place. Identified risks (potential and actual) were assessed, and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to ensure the registered provider was in compliance with Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*, for example:

Barriers to effective hand hygiene practice were observed during the course of this inspection. For example:

- The sink in the treatment room was out of order on the day of the inspection. Hand hygiene facilities are necessary prior to the preparation of medication or preparing for an aseptic technique if hands are visibly soiled.
- A cleaners room used to make up cleaning products did not have a hand wash sink. Inspectors were told cleaning staff would use the staff bathroom to wash their hands. This was not appropriate.
- There was no bin at the handwash sink in the GP room, no bin in one sluice room and no bin liner on the bin in another sluice room
- Boxes of equipment and other items were stored directly on the floor in some storerooms and as such hindered effective floor cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to submit an urgent compliance plan to address the urgent risks identified. **The provider's response did provide assurance that the risks were adequately addressed.**

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

- The accumulation of flammable and combustible items noted within the boiler room included high risk items such as a power washer with a petrol tank, paint and solvents. These were stored alongside combustible items such as building materials and cardboard. This room was the designated boiler room and therefore should not contain any of these high risk items. Written assurance was received from the provider following the inspection that this area had been cleared.

The registered provider did not provide adequate means of escape including emergency lighting for example:

- The fire door in the boiler was obstructed through storage of materials. The provider took immediate action to reduce this risk during the inspection.
- One of the emergency lighting directional signage in place was not illuminated. This created the risk that residents would not be guided during an evacuation. In addition, the records of the daily emergency lighting noted that there were comments by staff dating back to January 2024 where not all emergency lighting was illuminated.

The registered provider did not make adequate arrangements for detecting or containing fires. For example, while it was acknowledged that some works were being done at the centre to address some containment issues, additional concerns were identified during the inspection:

- A fire door to the kitchen area was held open with a hook, which meant that this door would not close if the fire alarm activated and would not contain the spread of smoke and fire. Resident bedrooms were also noted as being left open while the residents were elsewhere in the centre.
- Some fire doors in the centre were noted with significant gaps around the perimeter or damage to the door. This would impact on their ability to contain fire and smoke in the event of a fire.

Judgment: Not compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care services when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were reflective of residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

Judgment: Compliant

Regulation 8: Protection

Staff had completed safeguarding training and staff spoken with confirmed that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse. The inspector found that all reasonable measures were taken to protect residents from financial abuse. Residents had lockable storage space in their bedrooms for their valuables. The registered provider was not a pension agent for any resident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0039867

Date of inspection: 09/07/2024

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: The Director of Quality & Governance and the Director of Human Resources review the staffing on a monthly basis and the PIC and the Quality Manager review fortnightly in advance of issuing the roster. The current staffing levels are appropriate for the current occupancy. The Director of Operations has revisited the centre since the inspection and worked with the housekeeping team on ensuring that all areas of the centre are cleaned to a high standard and that all areas are captured on the daily cleaning schedules. A full deep clean of the entire centre has also been undertaken. The PIC and the Clinical Management Team will supervise the standard of cleaning on a daily basis.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A full review of all staff files has been undertaken and the nursing home administration team together with the support office human resources team will ensure that all required information outlined in Schedule 2 of the regulations are compiled in each staff file. A new storage cupboard has been ordered and in the interim the records are being stored in the PIC office.</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Covid-19 preparedness plan has been updated. The Quality Team are preparing an updated plan for the entire group which will be issued in January 2025.</p> <p>We are awaiting a date for the next round of training for the Infection Prevention and Control Link Practitioner course and we will book a staff member onto same when it next becomes available. Meanwhile, we have three trained facilitators in the nursing home group who can assist where required and we liaise with our local HSE ICPOP.</p> <p>A full debrief on the recent outbreak has taken place in tandem with a review of the preparedness plan and now the entire team are clear on actions which need to be taken and/or implemented in the event of an infectious outbreak.</p> <p>The urgent compliance plan has been completed.</p> <p>As part of the "Enhancing Mealtimes" project which is taking place across the group, there is training provided in order to ensure that residents receive an appropriate mealtime experience. Further education has now been provided and the PIC and the Clinical Management Team will supervise this daily.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Additional signage is now in place. • The flooring contractor has ordered replacement floor coverings and this is due for completion at the end of September. • The leak has been fixed and remedial works to both rooms has been completed. The PIC meets with the maintenance person every Monday at a minimum, to discuss the plan of work for the week. The PIC and the maintenance person is supported by the facilities and maintenance team in the support office. • Painting and maintenance works are ongoing as per in-house maintenance audit plan. The progress of the works is reported on a live document which can be reviewed remotely by the Quality Manager and support office team. The implementation of the action plan is reviewed weekly by the PIC and also reviewed monthly at the home governance meeting – chaired by the Director of Quality & Governance and attended to by the Director of Facilities and Business Development. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The sink in the treatment room has been repaired. • A hand washing sink will be installed in the cleaners rooms. • Bins and bin liners in all required areas are now in place. The PIC and the Clinical Management Team will supervise this daily. • All floor areas are now clear of storage and the floors have been cleaned. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The urgent compliance plan has been completed. • The emergency lighting contractor has been on site and all remedial works and replacement works have been completed. • All works to fire doors have been completed. Final inspection and sign from an external fire company of all works is due by 30/08/2024. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	12/08/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	31/08/2024

	and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2024
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 the statement of purpose.	Not Compliant	Orange	12/08/2024
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	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2024

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	30/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	09/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/08/2024