



**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:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0039400

About the designated centre

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

This centre commenced operations in September 2019. It is a renovated four-storey building which previously operated as a hotel. It is centrally located in Bunclody town and very near all local amenities. Bedroom accommodation on the three upper floors comprises 58 single and two twin room with full en-suite facilities. The first floor has an indoor garden area with walkways and access to a secure external garden area. Communal areas on the ground floor include several seating and dining areas, a large kitchen, an activity room, a coffee dock, a comfortably furnished reception area with a foyer. There are also communal rooms and a hair salon on the upper floors. According to their statement of purpose, SignaCare Bunclody is committed to providing high quality, person-centred care in line with best practice and continuous quality improvement. They aim to promote and enhance the quality of life for each resident, to enable each resident's independence for as long as possible and to provide a home from home where the resident feels safe and protected, where health and wellbeing are promoted. Care services provided at SignaCare Bunclody include residential care, convalescence, palliative care and respite. They provide care for male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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
Wednesday 22 February 2023	09:10hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, visitors, and staff; Signacare Bunclody was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities, and they were supported by a kind and dedicated team of staff.

On arrival the inspector carried out the necessary infection prevention and control precautions, such as hand hygiene and application of a face mask procedure. After an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. Alcohol hand gels and personal protective equipment (PPE) were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct PPE and frequently performing hand hygiene.

The centre was previously a hotel which had been carefully and tastefully decorated to accommodate 62 residents over three floors. The centre was homely with appropriately placed memorabilia and pictures across communal spaces and corridors. Bedroom accommodation was provided over three floors and comprised of 58 single rooms and two twin rooms. Some bedrooms had floor to ceiling windows which provided a panoramic view of the town. All bedrooms had en-suite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Resident's were supported to bring their preferred or sentimental items from home. The inspector observed that one resident had brought their own bed from home. Pressure relieving specialist mattresses and cushions were seen in residents' bedrooms.

Overall, the inspector observed that the premises was laid out to meet the needs of the resident's. The corridors were sufficiently wide to accommodate walking aids and wheelchairs. There were appropriate handrails and grab rails available in the bathrooms areas, and along the corridors, to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. There was a choice of communal spaces. For example; the ground floor contained an open plan dining room and sitting room, a coffee dock area, oratory room, activities rooms, and a quiet room. There was a designated outdoor smoking area. There was an open plan sitting room and dining room on the first, second, and third floors. Residents' who resided in the upper floors were supported to access the communal space on the ground floor via access to a passenger lift.

Residents' had access to an enclosed garden area to the rear of the building which was easily accessible. Since the previous inspection the centre had installed a canopy covered area to the front of the centre which was used as a smoking area for residents.

The inspector spoke with a total of nine residents in detail, over the course of the

the day and the feedback was very positive. Residents who the inspector spoke with said that staff were very good to them and treated them well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspector also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. The inspector was informed that there was no booking system for visits. Residents whom the inspector spoke with confirmed that their relatives and friends could visits anytime and that there loved ones did not require to book a visit.

Residents' spoken with said they were very happy with the activities programme in the centre. The weekly activities programme was displayed on all floors at the lift area. The inspector observed residents partaking in the rosary with nuns from a local order, and attending mass to celebrate Ash Wednesday in the centre. For residents who could not attend group activities, one to one activities were provided. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor area of the centre. Residents were observed coming and going from the centre during the day with relatives and friends. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books and games were available to the residents. Residents told the inspector that they had recently attended a country and western event in near by Enniscorthy town and a concert in the Wexford Opera House. The hairdresser attended the centre a number of times a week.

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

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in March 2022, and improvements were found in Regulation 23: governance and management, and Regulation 29: medicines and pharmaceutical services. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 5: individual assessment and care

planning, Regulation 17: Regulation, Regulation 27: infection prevention and control, and Regulation 28: fire precautions.

Signacare Bunclody LTD is the registered provider for Signacare Bunclody. The company is part of the Virtue Integrated Care group, which has a number of nursing homes nationally. The company had three directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and health care assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a director of clinical operations and a quality manager. The person in charge was also supported by shared group departments, for example, human resources. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The provider gave assurances that there were no volunteers working in the centre at the time of inspection.

Staff were supported and facilitated to attend training and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, resident moving and manual handling, and infection prevention and control. Staff were supervised by the person in charge and the clinical nurse manager.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. The centre had introduced an electronic auditing system since the last inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, falls, infection prevention and control, medication management and observational audits. Audits were objective and identified improvements. Records of governance and local staff meetings showed evident of actions required from audits were completed which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items included corrective measures from audits, key performance indicators (KPI's), training, fire safety, COVID-19 planning, and clinical risks. The person in charge completed a weekly review of KPI's with action plans for improvement which were presented to the group's quality and safety committee. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the entrance lobby of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 was viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, resident moving and manual handling, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3, & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Signacare Bunclody. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulations 17: premises, Regulation 27: infection prevention and control, and Regulation 28 fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, physiotherapy, dietitian, and speech and language, as required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas, quiet room or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre was not an agent for any residents pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. The centre had contracted its laundry service for residents clothing to a private provider.

Apart from improvements required outlined under Regulation 17: premises of this report, the premises was meeting the requirement of the regulations and appropriate to the needs of residents. The centre was bright, clean and general tidy. The centre was cleaned to a high standard, alcohol hand gel was available in all bedrooms. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk register contained site specific risks such as risks associated with individual

residents and centre specific risks, for example; risk to residents residing close to a busy road, risk of absconding, and risk of loss of telephone service.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included, the environment, hand hygiene, COVID 19 were evident and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the day of inspection and all were in working order. Fire training was completed annually by staff. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment and of a night time drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. There was a smoking shelter available for residents. On the day of inspection there were four residents who smoked and detailed smoking risk assessments were available for these residents. However; fire safety procedures required improvement, this is discussed further in the report under Regulation 28.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

Residents with communication difficulties were supported with assistive devices or where possible, staff could translate for them. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

There was a rights based approach to care in this centre. Residents' rights, and

choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to a SAGE advocate. The advocacy service details in the reception area and activities planner were displayed on all floors in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Roman Catholic and Church of Ireland clergy visited residents' in the centre regularly. A local order of nuns offered communion to residents weekly. Residents had access to a oratory room in the centre. Group activities of discussion of current affairs and an exercise class took place over the inspection day.

Regulation 10: Communication difficulties

Residents who had communication difficulties could communicate freely using specialist communication technology aids. A resident assessment and care plan was reviewed in relation to communication difficulties. There was a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements to enable them to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have their temperature checks and there was a checklist to ensure that visitors had appropriate PPE and had completed hand hygiene procedure on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control of their personal belongings and finances. Laundry was well managed in the centre and there was ample storage space in bedrooms for clothing and personal possessions.

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;

- A review of the centres call bells was required as call bells were missing from the en-suites of bedrooms 1 and 19 , and the centres communal toilets.
- Resident bedrooms 2,16,19, 24 and 58 did not have lockable storage space.
- There was no racking available to store urinal and bedpans in two sluice rooms, this was identified on inspection in March 2022.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centre's shower chairs was required as shower chairs in the en-suite areas of bedrooms 14,44, 47 and 52 had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs.

The following were repeated findings identified on inspection in March 2022 and this inspection:

- Boxes were stored on floors in storage rooms. This posed a risk of cross contamination and was not safe as the floor under these boxes could not be cleaned effectively.

- There was no hand- washing sinks in any of the domestic store rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example;

- An outdoor area used by a resident who smoked required review as it had no fire blanket, call bell or access to a fire extinguisher.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive and person-centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and wounds. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. However; it was not always documented if the resident or their care representative were involved in the review of the care plan in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SignaCare Bunclody OSV-0007221

Inspection ID: MON-0039400

Date of inspection: 22/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Call bell systems purchased and installed for the en-suites of bedrooms 1 and 19 as well as communal toilets in the Centre • Lockable storage space to be provided for bedrooms 2.16.19.24 and 58- additional locks and keys ordered • Racking for storage of urinals and bedpans in two sluice rooms purchased and awaiting delivery 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Shower chairs for the bedrooms 14,44,47 and 52 ordered and awaiting delivery of same • Items of equipment and boxes are now stored off the floors in storage rooms and clinical rooms to facilitate cleaning the floor beneath, reducing risk of contamination. • The Provider is in the process of changing all handwashing sinks to comply with standard 2.2 of the National Standards for Infection prevention and control in community services (2018), all domestic rooms and the laundry will have sinks that conform to HBN 00 – 10 Part C, sanitary assemblies 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire blanket and call bell system purchased for the outdoor smoking area. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Care planning training continues for Nursing staff to feel confident in writing comprehensive and person-centered care plans. Family meetings held and in progress to involve Residents and their care representatives in the care planning. Their involvement in the care planning process is documented. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/03/2023
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	31/08/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	31/05/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/03/2023