



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:	27 September 2022
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0037877

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 64 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 48 single rooms, nine of which have en-suite shower, toilet and wash-hand basin while three 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 small oratory, 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:	40
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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 27 September 2022	11:00hrs to 17:30hrs	Mary Veale	Lead
Wednesday 28 September 2022	09:30hrs to 15:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Firstcare Earlsbrook House. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents told the inspector that the staff were kind and caring, that they were well looked after and they were very happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the days of inspection. The inspector greeted the majority of the residents and spoke at length with 16 residents and four visitors. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

On arrival the inspector was met by one of the centre's clinical nurse managers. Following an introductory meeting with the clinical nurse manager, the inspector was accompanied on a tour of the premises by the person in charge. The inspector spoke with and observed residents' in communal areas and their bedrooms.

The centre was located close to the sea front and train station in Bray town. The premises was originally two period buildings which had been adapted and extended across three floors. The front of the centre had retained some of the Georgian features, for example; fireplaces, high ceilings and staircases. The centre was divided into four functional homesteads. At the time of inspection the centre was operating at a reduced occupancy. Part of the reason for reduced occupancy was that one area of the centre which was over three floors was not easily accessible for residents with mobility issues. The ground floor bedrooms were difficult to access due to a narrow corridor and the other floors were accessible by a stairs which had a stair lift. The other areas in the centre were accessible by a two passenger lifts which were fully available to residents.

There was a choice of communal spaces on all floors. For example; there were two day rooms, a dining room, a family room and a lounge on the ground floor. The first floor had a multipurpose day room. The ground floor had access to an enclosed garden courtyard area and a front garden. The ground floor had a smoking room with access to an outdoor area for residents who smoked. There was a small sensory room and ample space within the centre for residents to mobilise. Corridors were free of clutter and new flooring had been installed in some of the bedrooms and corridor areas. There was an on-going schedule of works taking place to upgrade the premises. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

Bedroom accommodation comprised of single and twin rooms, many bedrooms had ensuite facilities or wash hand basins. Due to the reduced numbers of residents in the centre most bedrooms regardless of their capacity were single occupancy. Resident's 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. Many of the resident's bedrooms had fresh decanters of water, flowers and personal items brought from home. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the resident's bedrooms.

Personal care was being delivered in many of the resident's bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the days. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents were very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

The majority of residents' spoken to said they were very happy with the activities programme in the centre. Some residents preferred their own company but were not bored as they had access to books, televisions, wi-fi, and visits from friends and family. The activities programme was displayed in the centre and residents' had a choice of attending activities each day. For residents who could not attend group activities, one to one activities were provided. Over the inspection days, residents were observed partaking in an exercise class, bingo, art and crafts, and live music entertainment. 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 noted many residents had built up friendships with each other and many examples of good camaraderie was heard between residents. The inspector observed many residents walking around the centre. The inspector observed residents reading newspapers, watching television, knitting, listening to the radio, and engaging in conversation. Books and board games were available to residents. The centre had recently provided the residents with an on line social engagement platform to compliment the meaningful activities programme in the centre, and to enhance engagement, and keep residents connected with family and friends. The hairdresser attended the centre weekly.

Residents took part in regular meetings where they had opportunity to raise questions, discuss and suggest ideas for improving the service and their lived experience. Minutes of these meetings showed that residents were very satisfied with the staff, the activities and menu choices available.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Many residents told the inspector that they had a choice of having meals in the dining room or in their bedroom but most preferred to have their meals in the day rooms or dining room. The residents were particularly appreciative of the deserts served. Residents told the inspector that snacks were available at any time. The inspector observed the dining experience at tea time and dinner time. Both meals was appetising and well presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with four family members who were visiting. The visitors told the inspectors that there was no booking system in place and that they could call to the centre anytime. Most of the visitors spoken to were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and had no hesitation to contact the person in charge if they had any cause of concern.

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 inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in November 2021. Improvements were found in relation to Regulation 28; fire precautions and areas of Regulation 17; premises, and Regulation 27; infection prevention and control. The centre had completed works to its laundry facility and a programme of refurbishment works to the premises were on-going. On this inspection, actions were required by the registered provider to address areas of Regulation 21; records, Regulation 17; premises and Regulation 27; infection prevention and control.

Firstcare Earlsbrook House Limited was the registered provider for Earlsbrook House Nursing Home. The company is part the Orpea group and has three directors. The person in charge worked full time and was supported by a team of clinical nurse managers, staff nurses, health care assistants, housekeepers, a social care leader, administration and maintenance staff. Since the previous inspection there were changes in the senior group management structure and a new regional director of care supported the person in charge. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The centre had an established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. Staff were supported to perform their respective roles

and were knowledgeable of the needs of the older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector noted that a large proportion of staff had completed end of life training. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Overall electronic and paper based records were well maintained. Requested records were made available to the inspector throughout the inspection days and most records were appropriately maintained, safe and accessible. Improvements were required in staff records and this is discussed further under Regulation 21: records. Policies and procedures as set out in schedule 5 were in place and up to date.

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 of care. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls prevention and restrictive practice. Audits were objective and identified improvements. Records of management meetings showed evident of actions required and completed from audits which provided a structure to drive improvement. Monthly management meeting agenda items also included; key performance indicators, complaints, restrictive practice, and on-going refurbishment plans. The annual review for 2021 was submitted following the inspection. The review was undertaken against the National Standards. It had been prepared in consultation with the resident and set out an improvement plan with time lines to ensure actions would be completed.

There was a complaints procedure displayed in 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 were 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 a good knowledge of the residents needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents over the two days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed safe guarding , fire safety and responsive behaviour training. Staff had also completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of personal protective equipment (PPE) and hand hygiene. 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

Actions were required in respect to the documentation held for each member of staff as set out in schedules 2 of the regulations.

Of a sample of four staff files viewed , one staff file had gaps in their employment which was not in line with schedule 2 requirements. The registered provider must ensure a full employment history with a safe satisfactory history of any gaps is provided to ensure that safe and effective practices are in place for staff recruitment.

Judgment: Substantially 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, restrictive practice and quality of care and 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 3: Statement of purpose
The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.
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
Regulation 4: Written policies and procedures
Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.
Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in Firstcare Earlsbrook House. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Since the previous inspection, the centre had reviewed its staff training matrix. A process was in place to ensure that staff who were due refresher training were identified and training was provided. Fire safety training had been provided to all staff and there was evidence of an on-going fire safety training schedule. Improvements were found to the residents' personal emergency evacuation plans (PEEP'S) and there was evident to show if residents required supervision or not at the evacuation assembly area. The centre had an on-going programme of premise refurbishments works. The person in charge had completed environmental audits and had regular meetings with the maintenance department to ensure that the areas of wear and tear to the premises were prioritised. On this inspection improvements were required in the area of infection prevention and control.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place for example; temperature checks. Residents could receive visitors in their bedrooms, the centres communal areas and outside garden areas. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for a number of the residents. There were robust accounting arrangements in place and monthly statements were available. Resident's 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. All transactions were accounted for and signed by the resident/representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site and some residents chose to have their clothing laundered at home.

Improvements had been made to the premises since the previous inspection, for example; some bedrooms had been redecorated, had new curtains and flooring replaced. The centre was free of clutter and some vacant bedrooms were currently used for storage. There was an on-going plan of preventative maintenance works which included painting, upgrading to bathroom facilities and decorating bedrooms. However, parts of the centre were showing signs of wear and tear, for example; areas of the centre where corridors were narrow had scuffed and damaged walls, door frames and radiator covers. Walls in some of the bedrooms were damaged and required painting. The condition of the premises is intrinsically linked to infection prevention and control as damaged and scuffed surfaces cannot be cleaned and pose a risk to the spread of infection. All ensuite toilets had grab rails and call bells fitted. Communal spaces were recently decorated and were bright, comfortable and

met the needs of the residents on the two days of inspection. Improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were displayed in all dining rooms, menu displayed were changed daily and outlined the choice of meals for that specific day. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times.

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 centre's risk register contained information about active risks and control measures to mitigate these risks. The risk registered contained site specific risks such as restrictive practice, risk of smoking and shared accommodation.

Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. 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. The centre had a curtain cleaning schedule. Improvements had been made to the layout of the laundry since the previous inspection. Used laundry was segregated in line with best practice guidelines and the centres laundry now had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence of infection prevention control (IPC) meetings with agenda items such as covid-19 and actions required from specific IPC audits. However, some improvements were required in relation to infection prevention and control, this will be discussed further in the report.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the first day of inspection and all were in working order , a defect was identified on one compartment door which was addressed on the second day of inspection. Fire training was completed annually by staff and there was evidence of an on-going schedule for fire safety training. There was evidence that fire drills took place monthly. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres 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 were 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 an indoor smoking room available for residents. On the days of inspection there were three residents who smoked and detailed smoking risk assessments were available for these residents. A fire extinguisher, fire blanket, suitable ashtrays, and a call bell were in place in the centres smoking room .

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently 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. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre weekly to provide individual assessments and group exercises. The centre had access to a mobile x-ray service and emergency care in the home. 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.

There was policy in place to guide staff in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents' had access to psychiatry of later life. There was low use of bed rails as a restrictive device. Bed rails risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was electronically locked. The intention was to provide a secure environment, and not to restrict movement for residents . Residents' were seen assisted by family to leave the centre and visitors accessed the centre throughout the days of inspection.

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' rights and choice were promoted and respected within the confines of Firstcare Earlsbrook House. 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.

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.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Ongoing actions were required to ensure the premises conformed to the matters set out in schedule 6. For example;

- Parts of the centre required painting and repair to ensure it could be effectively cleaned, such as radiator covers, some bedroom sink cabinets, walls, and skirting boards.
- Improvements were required to the signage in the centre. Word font on the signage was small and required directional information to ensure residents could find their way around the centre.
- Wall tiles require fixing in the toilet adjacent to room 85.
- Toilet roll dispensers were required in the ensuite of bedroom 25 and the

bathroom beside room 32.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home- baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water decanters were seen to be replenished throughout the day in residents' rooms and communal areas.
Judgment: Compliant
Regulation 26: Risk management
<p>Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.</p> <p>A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.</p>
Judgment: Compliant
Regulation 27: Infection control
<p>Some actions were required to ensure the environment was as safe as possible for residents and staff and in line with IPC. For Example;</p> <ul style="list-style-type: none"> • A review of the centres shower chairs was required as a number of shower chairs contained 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.
Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, skin care, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare 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 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in

their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

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

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 service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. There was evidence that the centre had returned to pre-pandemic activities, for example; a movie night at the local bandstand, afternoon tea and pub night in the centre, a visit to Kilruddery gardens and the sea front in Bray had taken place. Group activities of arts and crafts, bingo and live music entertainment took place throughout the days of inspection. Residents has access to daily national newspapers, wi-fi, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0037877

Date of inspection: 28/09/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• An audit of all staff CV's has been completed.• Gaps in CVs will be clarified at interview stage. Complete and ongoing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Touch up to paintwork and other areas including radiator covers will be completed by end of 4th Quarter 2022.• A review of our current signage is underway with actions in place for end of 1st Quarter of 2023• Capex for 2023 includes refit of one bathroom. To be completed by Q2, 2023.	
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">• A review of all shower chairs has taken place and plans are in place to replace all by end of 2nd Quarter of 2023	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/06/2023

	infections published by the Authority are implemented by staff.			
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