



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

Issued by the Chief Inspector

Name of designated centre:	Prague House Care Company Limited By Guarantee
Name of provider:	Prague House Care Company Limited By Guarantee
Address of centre:	Chapel Street, Freshford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	07 March 2023
Centre ID:	OSV-0005447
Fieldwork ID:	MON-0038864

About the designated centre

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

Prague House is located on Chapel Street, Freshford, Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 15 people. The management of Prague House is overseen by a Board of six Directors. The centre caters for men and women from the age of 60 years. The statement of purpose states that the centre does not provide 24-hour nursing care, and provides low-medium dependency care 24 hours a day. The statement of purpose states that care is delivered in a homely, comfortable and hygienic environment. The centre manager is employed to work on a full-time basis. Residents do not require 24-hour nursing care, and care is provided by a team of trained healthcare professionals. According to the centre's statement of purpose, all applicants for admission must be mobile, and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 7 March 2023	09:45hrs to 17:50hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector arrived at the centre in the morning to follow-up on compliance with a restrictive condition on the registered provider's registration and to conduct an unannounced inspection to monitor ongoing compliance with the regulations and national standards. From the inspector's observations and from speaking to residents, it was clear that the residents received good quality care. Residents were complimentary about the staff, the care they received and were particularly complimentary about the food with one resident stating "the food is lovely, it is as good as you would get anywhere".

On arrival the inspector was greeted by the person in charge. Following an introductory meeting the inspector was guided on a tour of the premises. Prague House is a low support centre and is registered to accommodate 15 residents with 13 residents on the day of inspection. The inspector greeted and chatted to the majority of residents but spoke in more detail to 5 residents to gain an insight into their lives at Prague House. All resident accommodation was on the ground floor. The centre had two corridors - Achadh Úr and Cascade. 10 bedrooms were in Achadh Úr with eight residents occupying the rooms and five residents in Cascade which were all occupied. All rooms were single, containing a wash hand basin with shared toilet and showering facilities. Some residents had personalised their rooms with personal belongings from home, photographs and pictures. Communal space included an open plan sitting and dining room, oratory and a conservatory.

Resident activities were carried out by healthcare assistants. A review of the schedule of activities for the week of inspection included a movie night, bingo and a word search. One activity took place each day. Residents specifically spoke about the live music on a Monday and the inspector was informed about residents' participation in the live music. A small number of residents went to Kilkenny city on the bus for day trips and went to the local shops daily to purchase items for other residents. The centre had two hens onsite which were cared for by a resident. A Minister for the Eucharist attended onsite on Wednesday and Sundays. A small number of residents attended the local church which was located across the road from the centre accompanied by a staff member. Residents views on the centre were sought through resident meetings. The last meeting to take place was in November 2022. No actions were identified following the meeting. Residents had access to WIFI.

The inspector observed the dining experience. The majority of residents attended the dining room. Residents were provided with a choice at lunchtime and residents were very complimentary about the food. No residents required a modified diet and residents were self-caring with dietary needs. Two healthcare assistants were in the dining area during mealtimes. Fluids and snacks were observed to be provided throughout the day.

The centre had an open visiting policy. Visitors were not required to make a booking

or complete a COVID-19 questionnaire.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a risk based unannounced inspection carried out over one day to monitor compliance with the regulations and national standards and to follow-up on a restrictive condition on the centre's registration regarding Regulation 27: Infection control which required compliance by 28 February 2023 and Regulation 28: Fire Precautions which required compliance by 30 June 2023. While improvements were identified in infection control additional areas for action were identified which will be discussed under the domain of Quality and Safety. The inspector also followed up on the compliance plan from the inspection in October 2022. Areas were actioned, for example; hand hygiene sinks were installed in the centre. However, outstanding areas for action remained for example; a number of staff had not completed infection prevention and control training within the last year. Areas requiring immediate action were identified in Regulation 28: Fire Precautions. Following the inspection an urgent action plan was issued requesting assurances around fire safety. A satisfactory response was received.

The registered provider of Prague House was Prague House Care Company Limited by Guarantee. The person in charge who was a registered nurse reported to the registered provider representative and was supported in the role by healthcare assistants, catering, laundry and maintenance staff. Prague House was a low support centre and a registered nurse is not required to be onsite at all times. The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review, and observations throughout the day, the inspector saw that there were sufficient staff to meet the care needs of residents and staffing was in line with the statement of purpose.

The majority of staff had up-to-date training in safeguarding and medication management. The inspector was informed that no staff had received training in managing behaviours that challenge due to the low support status of the centre. Management stated that fire training had taken place onsite in November 2022 and 15 staff had attended it. However, no records were available to confirm this. A number of staff had completed first aid training since the last inspection. Gaps in training and staff development are discussed under Regulation 16.

The registered provider had completed an annual review of the quality and safety of care with few areas for action. One staff meeting had taken place since the last inspection which provided updates to staff on medication, staff training and storage of cleaning trolleys. The person in charge provided monthly updates to the board of directors. This updates were provided via an narrative report on for example; the

residents, staff and HIQA. However, updates on the assurances in place in the centre for the board to be assured of the quality and safety of the service were not provided in the update. Audits were conducted monthly which were audited against the national standards for residential services for older people in Ireland. Different themes from the national standards were selected each month. No areas for improvement were identified in any of the audits viewed. Furthermore, disparities were observed between audit findings and those found on inspection. These will be further discussed under Regulation 23: Governance and management. In addition, medication audits were being completed monthly with few areas for action identified.

The registered provider had a certificate of insurance in place and the centre was insured in line with the requirements of the regulations. In addition, incidents were notified to the Office of the Chief Inspector within the required timelines.

A sample of contracts of care were reviewed. An addendum had been added to the contracts outlining the residents weekly fee. Areas for improvement were identified which will be discussed under the regulation.

Regulation 15: Staffing

The centre had sufficient staffing taking into account the size and layout of the centre. On the day of inspection the person in charge was on duty from 8am to 4pm. Three healthcare assistants were working in the morning. One of these was assigned to housekeeping duties only. Two healthcare assistants were assigned for the evening and one healthcare assistant at night. In addition, catering, laundry and maintenance staff were on duty.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps were identified in staff training reviewed: For example;

- Management stated that infection control training was required to be completed yearly. In line with findings from the inspection in October 2022 only four staff had completed infection prevention and control training within the last year. Furthermore, three staff had completed hand hygiene training within the last year.
- Four staff had not completed safeguarding training.
- Fire training records were unavailable to view on the day of inspection so it is unclear how many staff had completed fire training within the last year. However, management assured the inspector that training was completed in

November 2022 and meeting minutes confirmed this.

Judgment: Substantially compliant

Regulation 21: Records

Areas for action under Schedule 3 of the regulations were identified:

- A nursing record of treatment given was not consistently recorded. For example; a resident was administered a PRN (as required) medication on a daily basis, however, there was nothing documented as to why this medication was administered.
- A record of the centre's charges to residents were not consistently recorded. For example; a post office receipt was provided to the resident following collection of the pension from a member of staff, however, there was no documentation as to the amount of money that was returned to the resident following payment of the weekly fees out of the residents' pension.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. This was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

Further incremental improvements were identified in the governance and management of the centre however, outstanding actions had not been implemented from the inspection in October 2022 For example:

- While the centre had a suite of audits in place which were conducted at monthly intervals, audits were not sufficiently comprehensive enough to identify issues. For example; all audits reviewed from November, December and January identified no issues for action. Furthermore, audits identified that all staff had completed training in infection prevention and control but this was not the finding on inspection.
- Reporting of medication of incidents had improved however, trending of

these incidents was not taking place. This is a missed opportunity to share the learning.

Additional areas for action were identified:

- Enhanced oversight by management was required in areas such as care planning.
- While the person in charge provided monthly updates to the board, these updates did not include for example; metrics or key performance indicators.
- The medication policy and the policy on residents' personal property, finances and possessions required review to ensure they were in line with practices in the centre. For example; the medication management policy references nurses throughout the policy, however, healthcare assistants administer the medications in Prague House.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. Of the four contracts reviewed one contract did not outline the fees payable by the resident. Furthermore, three contracts did not outline the additional fees payable by residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents requiring notification to the Office of the Chief Inspector were notified in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, while the centre was working to sustain a good level of person-centred care provision, deficits in the governance and management of the centre were impacting on key areas such as premises, infection control, fire precautions, care planning and residents' rights. Improved oversight of these areas is required to ensure a consistent safe service which supports best outcomes for residents.

Inspectors found that the healthcare needs of residents were met through good access to access to medical and other healthcare services if required. Referrals for health and social care providers were made through the general practitioner (GP).

The centre had no visiting restrictions in place and residents described how their visitors would come and take them out for a few hours.

The centre was generally well maintained, bright and airy. The centre had two maintenance people onsite with an ongoing maintenance programme in place. Resident rooms were gradually being updated and the kitchen had been recently renovated with the floor newly tiled, surfaces updated and kitchen repainted. The bathroom wall had been replastered where damage was noted on the last inspection. The centre had assistive handrails on both corridors and corridors were clear of clutter. On the day of inspection the centre was generally clean with few exceptions. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. In addition, the registered provider had recently purchased an industrial dryer. Four hand hygiene sinks were recently installed in the centre (two in Achadh Úr and two in Cascade), were not operational at the time of inspection. Improvements were identified in the routine use of gloves by staff. No staff were observed to be inappropriately wearing gloves. At the time of inspection the provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices. Notwithstanding the improvements observed since the last inspection, additional areas for action were identified. These will be discussed under Regulation 27: Infection Control.

As discussed under Capacity and Capability significant gaps were identified in fire precautions. An urgent action plan was issued following the inspection and a satisfactory response received. Assurances were provided in the urgent compliance plan on for example; that training had commenced in day and night-time fire drills with attendance onsite from the local fire service who provided advice and a review of all fire doors and attic areas had been completed since the inspection. Daily checks of for example; means of escape and the fire panel were generally completed. Each resident had a personal emergency evacuation plan in place. Gaps were identified in the servicing of, for example; emergency lighting. These along with other areas for improvement are discussed under the regulation.

Improvements in medication management continued. Since the last inspection, the registered provider had implemented one of the actions from the compliance plan. All medications were now discontinued by the general practitioner. The actions implemented following the inspection in April 2022 were sustained. A staff member was leading out on medication management ensuring that practices were consistent in the centre and monthly audits were completed. Similar to inspection findings in October 2022, improvements were required in the documentation of PRN (as required) medications following administration. This is discussed under Regulation 21: Records, under the domain of Capacity and Capability.

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. Care plans were person centred but a number of care plans were not updated at four monthly intervals. Furthermore, multiple copies of care plans were stored in resident's files and some care plans were not dated making it difficult to identify when these were last updated. Residents signed each of the care plans on completion.

The registered provider had a policy in place on safeguarding vulnerable adults which was up to date. The centre collected the pension for five residents. Improvements required are discussed under Regulation 21: records. Staff were familiar with the procedure for reporting suspected abuse.

Residents' were positive in their feedback about Prague House. There was a choice of nutritious home cooked meals and residents could choose what time they got up at and retire to bed. Residents were not consulted about the running of the centre at regular intervals. Furthermore, activity provision required review as many of the activities offered were passive.

Regulation 11: Visits

The centre had an open visiting policy. Visitors could freely visit and no booking was necessary. Residents confirmed that their relative/friends could freely visit with no restrictions in place.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were generally well maintained. Areas identified for action from the previous report in October 2022 were mainly from Nuenna which has since been de-registered. However, outstanding actions were required from the designated centre to ensure the premises conformed to the matters set out in schedule 6. For example;

- As highlighted in the last inspection there was no call bell in the smoking shelter. Management stated that they had engaged with an electrician and were awaiting installation.
- The ceiling in the sitting room remained stained from a water leak and had not been addressed.
- Work had been completed on clearing the old equipment from the garden but some remained and was awaiting removal.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector observed that the centre was generally clean on the day of inspection and that specific issues such as; the press to store kitchen mops was clean and now on a cleaning rota, the housekeeping trolley was observed to be clean and was cleaned daily and 70% alcohol wipes were now only used following cleaning of an area first, had been addressed since the inspection on 19 October 2022. However on this inspection further issues that required action were identified. For example:

- The registered provider was unable to source cleaning training for healthcare assistants. This deficit was identified in the inspections in April 2022 and October 2022 but had not been addressed.
- Cleaning was not carried out in line with the centres' own policy. For example; household cleaning products were used in the centre but this is not in line with the policy.
- Wall mounted soap and hand towels had not been installed at the new hand hygiene sinks. In addition, the surround on the sink required completion.
- There was no janitorial sink onsite for the disposal of waste water following cleaning. Meeting minutes reviewed indicated that a potential area was identified in the centre for the installation of a janitorial sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure residents were adequately protected from the risk of fire:

- No fire drill had been completed with the staff who do nights only, taking into account that only one staff member is on nights.
- No fire drill had been conducted in the centre since September 2022.
- Records were not available onsite to provide assurances that quarterly servicing of the emergency lighting, fire alarm system and yearly servicing of the fire extinguisher were completed.
- A small number of fire doors were not fully closing or were slow to close. These were highlighted to the person in charge on the walkaround. In addition, one fire door was observed to be wedged open.
- Fire training was discussed under Regulation 16: Training and staff development.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the management of medicines. Staff spoken to were knowledgeable about the systems and processes in the centre. Medications were stored securely including medications requiring strict control measures (MDAs). Staff had access to advice from a pharmacist and the inspector was informed that the pharmacist was available to speak to a resident if they requested it. Medication reviews of all residents were completed six monthly by the pharmacist, person in charge, general practitioner and healthcare assistant.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and validated risk assessment tools were reviewed. Care plans were generally not updated at four monthly intervals in line with the regulations which requires a formal review of the care plan at intervals not exceeding four months.

Validated assessment tools were completed, however, a number of these had not been reviewed since August and September 2022. In addition, observations and weights were not consistently completed at monthly intervals in line with the centre's own policy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care. Residents attended the local general practitioners if required. Outside of these hours an out of hours service was used. Health and social care providers were accessed via the Health Service Executive and referred via the general practitioner. A chiropodist attended onsite bi-monthly with a small fee payable by the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider had assurances in place to safeguard residents and protect them from abuse.

- Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse.
- Records reviewed had the required Garda (police) vetting disclosures in place for staff prior to commencing employment in the centre.
- The registered provider collected the pension for five residents. This was discussed under Regulation 21: Records.
- Staff training on safeguarding is discussed under Regulation 16: Training and staff development.

Judgment: Compliant

Regulation 9: Residents' rights

- Activities required review to ensure that all residents had the opportunity to participate in activities in accordance with their interests and capabilities. On the day of inspection, no activities were observed taking place. On review of the activities schedule, a movie was scheduled for the evening. The schedule was on a white board in an office where residents could not view or access it.
- One residents' meeting had been conducted since the inspection in October 2022.
- No satisfaction survey was completed in 2022.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant

Compliance Plan for Prague House Care Company Limited By Guarantee OSV-0005447

Inspection ID: MON-0038864

Date of inspection: 07/03/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Support has been sought from our designated Grade 8 Manager for older people for the CHO5 area to seek training for a HCA in IPC. This is currently being rolled out for nurses but as we have no nurses on staff we are requesting that it be made available to a HCA. Safeguarding and outstanding HSEland training will be completed by 06.05.23. All Fire training certificates are now in each staff file.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A new recording system for the administration of PRN medications has been introduced. This will include the effect of any PRN medication given as well as the frequency it is requested.</p> <p>The pensions Officer now has a process in place where each resident on receipt of their pension signs for the amount returned to them after fees have been deducted. This is countersigned by the pensions officer. Each resident has an assigned page in the book to ensure privacy.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits: When audits are being completed an action plan will be attached to ensure any issues that may need addressing are highlighted. This plan is in excel form and original is stored on the laptop</p> <p>Trending of incidents will be completed by looking for similarities which may be present for incidents</p> <p>Trending will also be used for overall incidents to see if there is a pattern to these such as time, location etc.</p> <p>Monthly reports to the BOM will include any KPIs</p> <p>The company who is employed to support with policies has been contacted to amend the policies highlighted in the report to reflect the Home correctly</p> <p>Care Plans will be reviewed every four months by the key worker. This was agreed at a recent staff meeting and the manager has assured all staff that they will be available to support in this area.</p> <p>A monthly review will also be done on weights, BMIs vital signs etc</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts have been reviewed and each has had an addendum inserted reflecting additional costs that may arise for residents outside of their fees. These costs will include medication levies which are collected by the Home from the residents for the Pharmacy on a monthly basis and receipts are issued to each resident by the pharmacy. Other costs such as Chiropody and Hairdresser are agreed between the provider of the service and the resident. Each resident has the choice to avail of these services or to go to an alternative provider if they wish.</p> <p>Residents will also be liable to pay for bloods taken in their GPs service.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Call Bell. Electrician again contacted to insert a call bell in the smoking area. Ceiling issue Maintenance have checked this issue and are addressing it. The issue necessitates the removal of roof slates and to repair the flashing in the valley. This work will be carried out once weather allows it.</p> <p>Rubble; A local removal service has been booked to remove the remainder of the rubbish from the lower garden</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As outlined earlier support has been asked for IPC training.</p> <p>The maintenance team have stated that they will partition the changing room to allow for the insertion of the janitorial sink there.</p> <p>This will be completely separate from the changing room with its own entrance. Hygiene products are now being sourced from a Hygiene Company and will replace present products being used. This company will also supply the hand towels and dispensers for the hallway sinks.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Day and night drills have been carried out. Three drill in March and paperwork completed for each.</p> <p>In relation to the servicing of the equipment every four months there was an unintentional oversight on the renewal of the contract. This has since been addressed and a full service has been completed.</p> <p>All fire doors have been checked and are closing properly.</p> <p>Fire training has been completed for all employees and certs are on file now. Training has been requested for the support staff. Awaiting a date</p> <p>Local Fire Officers attended one drill and have assured us that they are available to support us with any concerns we have. They have agreed to return in June for a full onsite drill and evacuation reflecting both day and night times .</p> <p>One fully simulated drill has been carried out with night staff reflecting an actual situation. This is documented in the Fire Folder. Two further drills are scheduled during May for the remaining two staff who work nights.</p> <p>A new fire register has been purchased and all information updated to reflect 2022/2023</p>	

All emergency lights and exit lighting systems have been fully serviced. March 23

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

This was addressed at a recent staff meeting.

Care Plans will be updated four monthly by key workers with the manager available for any support needed. All entries will be signed and dated

Monthly recordings of weighs and vitals will now be done on the first Monday of each month by the staff on day duty.

Staff will also complete Bartels, mini mental tests and falls risk assessments on a monthly basis. This will be completed on the first Thursday of each month.

Night staff will support by ensuring all data is inserted into the correct files.

The above was fully discussed and agreed at a staff meeting on April 12th 23

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Satisfaction surveys have been completed with residents and any action plans from these will be discussed at residents meetings quarterly. A new activity board offering choices has been devised and a copy is available in the residents communal sitting room for their perusal. Residents will be encouraged to offer suggestions for activities at their meetings. At least two activities per day are to be offered. All residents are assured that their input is valued and implemented where feasible .

The new local café is presently rolling out different courses such as flower arranging and a book club and a number of residents have signed up them

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	06/05/2023
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	28/07/2023
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	14/04/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	14/04/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	14/04/2023
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	28/07/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/04/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire	Not Compliant	Orange	24/03/2023

	equipment.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	04/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	28/03/2023
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	12/04/2023

	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.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	12/04/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	14/04/2023