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:	Esker Ri Nursing Home
Name of provider:	Clara Nursing Home Limited
Address of centre:	Kilnabin, Clara, Offaly
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0000733
Fieldwork ID:	MON-0034052

About the designated centre

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

Esker Ri Nursing Home is a purpose-built premises. The designated centre is situated on an elevated site off the Tullamore road on the way out of the village of Clara. The designated centre currently provides accommodation for a maximum of 130 male and female residents aged over 18 years of age. Resident accommodation is provided on two floors. Residents are accommodated in single and twin bedrooms with full en suite facilities. The designated centre provides mainly residential care to older adults and also provides respite, convalescence and care for people with an intellectual disability, physical disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, activity coordination staff, administration, maintenance, housekeeping and catering staff. The provider states in their statement of purpose for the designated centre that their aim is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing. The registration of the designated centre was renewed on 20 August 2021.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	117

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 November 2021	09:00hrs to 17:00hrs	Una Fitzgerald	Lead
Tuesday 23 November 2021	09:00hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Feedback from residents living in this centre was very positive. Inspectors met and spoke with several residents. Residents said that they were satisfied with the care and service provided. Residents felt that the staff as individuals were dedicated to providing quality care in a homely environment. Residents were well groomed and voiced satisfaction with the time it took to have their call bells answered by staff.

This was an unannounced inspection. On entering the centre inspectors underwent a series of infection, prevention and control measures which included temperature check and a declaration that inspectors were free of symptoms associated with COVID-19. Residents spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Several visitors were observed coming and going throughout the day. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished but many were happy to receive visits in designated visiting areas.

Following the opening meeting the inspectors took a walk of the premises with the person in charge and observed that the corridors have a open and spacious feel. Corridor walls have a mixture of hand painted murals and large drawings that are not only pleasant to look at but act as a prompt to residents as to where exactly they are at any given time. In addition, there is signage on walls providing direction. Throughout the day multiple residents were observed walking along corridors without any restrictions. In addition, inspectors observed that staff greeted residents by name as they passed.

The centre was purpose built and it provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. The centre was warm and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The infrastructure within the onsite laundry supported functional separation of the clean and dirty phases of the laundering process. Overall, the general environment appeared clean and well maintained with a few exceptions, which are discussed later in this report.

Bedroom accommodation is provided on both floors in single and twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided which allows residents access both floors. Residents' bedrooms were personalised with items of significance to each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own items of furniture from home, pictures, framed photographs and ornaments. Residents spoken with stated that they liked their bedrooms.

Ample supplies of PPE were available. Inspectors observed that PPE such as surgical masks were used appropriately by all staff during the course of the inspection. Reminders regarding hand hygiene and wearing masks correctly were announced on

the intercom on four occasions during the inspection.

The inspectors saw that hand gel dispensers and dedicated hand wash sinks were readily available along corridors for staff in the centre.These hand wash sinks were not in compliance with best practice and national guidelines and is further discussed under regulation 27 infection control. Residents were also encouraged and supported to perform hand hygiene. However, assurance was not provided that the provider was in compliance with regulation 27 Infection Control. Further detail is provided under regulation 27 Infection Control.

Inspectors observed that the majority of residents chose what way to spend their day. Some residents were up and about and relaxing to music in the multiple day rooms while many were relaxing in their bedrooms or watching daily mass on the television. There are multiple communal rooms throughout the premises that are allocated for specific purposes. For example; a relaxation room called "Suaimhneas". On the morning of inspection, a resident was observed sitting in one of the recliner chairs. The resident appeared very relaxed and was listening to the soft music that was playing in the background. The inspectors spent periods of time observing staff interactions with residents. Although the majority of interactions were patient and kind, inspectors observed one interaction whereby the staff response to a resident in need of attention was not appropriate. This was discussed with the management team who committed to addressing this issue.

The activities schedule was displayed at multiple locations throughout the premises which included a variety of activities. Throughout the day, residents were observed particapting in and enjoying a number of activities. Staff were observed encouraging resident participation and stimulating conversation with and between residents. The inspectors summarised from the answers to questions asked that the staff knew the residents care needs.

Resident meetings were held. Feedback was sought in multiple areas. Residents had welcomed back the live music sessions held in the centre. Residents had also voiced satisfaction with the availability of Bingo five days a week and were happy when prizes were available. In addition, there was a high level of interest shown for participation at the exercise classes.

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

Capacity and capability

Overall, inspectors found that the governance and management of the centre was well organised and resourced. The inspectors found that residents received a good standard of direct care that met their assessed needs. The management team on

duty on the day of inspection had good knowledge of the systems in place that monitor the direct care. In the main, records requested were made available in a timely manner. The roles and responsibilities and lines of authority were clear. While systems were in place, inspectors did not find that they were always effectively managed to ensure oversight and monitoring as required by the regulations.

Clara Nursing Home Limited is the registered provider of Esker Ri Nursing Home. This was an unannounced risk inspection carried out over one day by two inspectors of social services.

There was evidence of good systems of communication. A director of Clara Nursing Home Limited and the person in charge both work full time in the centre. Daily management meetings occur from Monday to Friday. Monthly management meetings were held and documented. The inspectors reviewed the management meetings and noted that there was a rolling agenda of topics that are discussed. For example; risk management, complaints and environmental audits. The person in charge is supported by a team of five clinical nurse managers who are on duty for a total of one hundred and forty five supernumerary management hours on a weekly basis. Clinical daily handover meetings occur and safety pause meetings each morning.

A program of audits was in place that covered a wide range of topics, including falls analyses, wound care, care plans and medication management practices. Audits reviewed were thorough, and any actions that were needed to drive improvement were progressed.

The provider was committed to providing ongoing training to staff. Staff were provided with ongoing training and development relevant to their role and responsibilities. Inspectors reviewed the training records for staff and while there were minor gaps there was a plan in place with training sessions booked to address these gaps. There was a process in place to ensure new staff were inducted to their roles and this included on-line learning, supplemented by mentoring and a period of working alongside exiting staff.

Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the person in charge who was also the designated COVID-19 lead. There was a COVID-19 contingency plan in place and the provider had established links with support organisations, including Public Health and had access to national guidelines. An infection prevention control clinical nurse specialist was available on request to provide advice and training to staff in the centre. A daily infection prevention and control COVID-19 spot check was undertaken on each unit to monitor compliance with infection prevention and control measures. Hand hygiene competency was assessed by using a hand hygiene inspection cabinet.

The centre had also introduced a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed. However inspectors

observed that cleaning records were not consistently signed. There was ambiguity among cleaning staff with respect to the types and dilution of cleaning products that were to be used in the event of an outbreak. The findings on the day of the inspection were that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Equipment and supplies and hand hygiene facilities were not managed in accordance with best practice guidance. Details of issues identified are set out under Regulation 27.

The inspectors were satisfied that complaints were managed in line with the centres complaints policy. The complaints procedure was displayed at the main reception area and along the corridors in those areas where residents spent the majority of their time. There was a comments and suggestion box welcoming feedback. A complaints log was maintained and was observed to contain all the information as required by the regulation. There were a small number of open complaints on the day of inspection that were in process. Closed complaint records documented the satisfaction level of the complainant. Residents were aware of the complaints procedure and told inspectors they would not hesitate to raise a concern or complaint with a member of staff.

Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the direct care needs of the current residents. The provider confirmed that a staff ratio of one to five residents is calculated and that resident dependencies in each area is also considered. The centre has capacity for 130 residents and the staffing compliment has not been reduced despite the vacancies in resident numbers. The provider informed inspectors that the staffing strategy ensures that all leave planned or unexpected can be covered to ensure the continuity of resident care.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training required by the regulations was in place. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, and the management of responsive behaviours. The management team were knowledgeable regarding gaps in training and plans were in progress to address these gaps.

Efforts to integrate infection prevention and control guidelines into practice were

underpinned by mandatory infection prevention and control education and training. The inspectors were informed that online infection prevention and control training was completed by all staff. Onsite infection prevention and control training had also been facilitated by an infection prevention and control clinical nurse specialist.

However, the provider had failed to ensure that equipment and supplies were maintained stored and managed in accordance with legislation, manufacturer's instructions and best practice guidelines. Findings in this regard are reported under regulation 27.

Judgment: Compliant

Regulation 23: Governance and management

While there were management systems in place, inspectors found that these systems were not always effective. This detail is discussed further under Regulation 28: Fire precautions and Regulation 27: Infection control. Records as set out in schedule 2,3,and 4 of the regulations were not kept in the centre and available for inspection by the chief inspector for example:

- not all staff had a Garda Vetting disclosure on file prior to commencing employment
- records for a newly recruited staff member were not available for inspection

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were empowered to do so. A

summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. On review of the complaints log there was evidence that complaints were documented and investigated. Complainants were notified of the outcome of their complaint, and records evidenced whether or not they were satisfied with the outcome.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were receiving a good standard of care. Direct provision of care was monitored through the auditing system in place. Improvements were required and are detailed under regulation 27 Infection Control, regulation 5 Individual assessment and care plan, and regulation 28 Fire precautions.

The centre had experienced a COVID-19 outbreak in January 2021. A total of 31 confirmed cases had been identified (22 residents and nine staff members). This outbreak had been identified and successfully contained within one unit. A review of the management of the COVID-19 outbreak had been completed. The report outlined the infection prevention and control strategies that were implemented to effectively manage and control the outbreak in a timely manner. These included but were not limited to:

- implementation of transmission based precautions for residents with confirmed or suspected COVID-19
- allocation of dedicated staff to care for residents with confirmed COVID-19
- increased cleaning and disinfection of all areas

However, the review did not include lessons learnt to ensure preparedness for any further outbreaks.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.The infection control policy advised staff to follow the Health Protection and Surveillance (HPSC) guidelines on the prevention and management of COVID-19. However staff, who inspectors spoke with, were not aware of these guidelines and nor were the most recent HPSC COVID-19 guidelines readily accessible to all staff.

The vaccination uptake in the centre was excellent and the majority of staff and residents within the centre were fully vaccinated against COVID-19. The associated benefits of full vaccine uptake among residents had led to changes in some public

health measures, including visiting.

Inspectors acknowledge that the management team and the staff in this centre have been through a very challenging and difficult time. The inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in the management of equipment and supplies and hand hygiene facilities. Details of issues identified are set out under Regulation 27.

Inspectors acknowledge that the needs of residents were known to the staff. In the main, resident care plans were person centered and guided care. Comprehensive clinical assessments of need were completed on admission, individual risks assessments were completed and this information was then used to inform the development of the care plan. The staff could not demonstrate, when asked, how consultation with residents occurred following revision of care plans. The nursing staff that guided the inspectors through the documentation in place were familiar with the residents. Daily monitoring such as frequency of showers, food and nutritional intake and location charts for residents at risk of absconsion were all recorded. The inspectors reviewed wound management and documentation and found evidence of good practice that ensured healing of wounds had occurred. Gaps found on the day were discussed with the person in charge and the clinical nurse management team present and a commitment was given to address the gaps. For example; in one file a resident with significant pain management intervention needs did not have an appropriate pain assessment completed and there was no evidence of monitoring of the effectiveness of medications given to manage the pain.

The person in charge was actively promoting a restraint free environment. There was no use of bed rails in the centre. Residents had access to multiple enclosed garden courtyard areas. The doors were open and access was unrestricted. The garden areas were attractive with bedding and outdoor furniture provided for residents use.

The management of fire safety was kept under review. The provider had engaged with a fire safety consultant for an assessment of fire management strategies. Records documented the fire drill scenarios created and how staff responded. Staff spoken with were knowledgeable on what actions to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Further development of the fire drills was required to provide assurances that the largest compartment could be safely evacuated within acceptable time frames.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current HPSC guidance. Visits were encouraged with appropriate precautions to manage the risk of introduction of

COVID-19. Visitors were required to show their COVID-19 Vaccination Record or other proof of immunity prior to entering the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. A number of issues were identified which were not consistent with effective infection prevention and control measures during the course of the inspection and are detailed below.

The centre's infection prevention and control guidelines dated 01.09.21 required revision to reflect current best practice on the five movements of hand hygiene. There was insufficient detail on the safe management and disposal of sharps, waste and used linen.The guidelines on the use of PPE did not fully outline what and how PPE should be worn and disposed of when caring for residents with droplet precautions. The infection control policy advised staff to follow the Health Protection Surveillance Centre (HPSC) guidelines on the prevention and management of COVID-19. However staff spoken to were not aware of the guidelines and nor were the most recent HPSC COVID-19 guidelines readily accessible to staff.

Arrangements were not in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. For example;

- The clinical hand wash basins used by staff on the corridors in the centre did not comply with current recommended specifications for clinical hand wash basins. They did not contain an integral back outlet. Outlets of several of these hand wash basins appeared unclean.
- The underside of a number of wall mounted soap and alcohol hand gel dispensers were stained and not effectively cleaned.
- Two of the three treatment rooms used for the storage and preparation of medications, clean and sterile supplies and dressing trolleys did not have suitable hand washing facilities.

The provider had failed to ensure that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Reusable nebuliser chambers were not rinsed with sterile water and stored dry after each use. This presented an infection risk.
- Inspectors observed during the inspection that clean linen and household waste were transported on the same trolleys. This increased the risk of cross contamination of clean linen from the dirty waste.
- Red staining (which appeared to be blood staining) was observed by

inspectors on a sharps tray in a treatment room. This presented an infection risk.

- Inspectors observed spray bottles containing a cleaning chemical within two dirty utility rooms that were unclean and unlabelled. Poorly maintained spray containers may facilitate the growth of bacteria and subsequent use may result in environmental contamination.
- A small number of staff members informed inspectors that, contrary to best practice, the contents of commodes/ bedpans were manually decanted into the sluice prior to being placed in the bedpan washer for decontamination.

Judgment: Not compliant

Regulation 28: Fire precautions

A range of simulated fire drills had taken place. While fire drills were completed, records evidenced that the times recorded were in excess of acceptable times. For example, one drill had a recorded time of ten minutes and 45 seconds to evacuate ten residents.

The weekly fire door checks had been completed. Further review was required as multiple fire doors released by inspectors on both floors, had gaps when the doors shut. For example; inspectors had a clear view through the gaps. Therefore, the gaps compromised the fire doors function of containing smoke.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had an assessment completed on admission to identify their care needs using a variety of validated assessment tools.This included assessment of dependency needs, falls risk, nutritional risk and risk of impaired skin integrity. The staff could not demonstrate, when asked, how consultation with residents occurred following revision of care plans.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied

health care support to meet their needs. Residents had a choice of general practitioners (GP). In addition to the residents own GP's there was also access to on site medical reviews twice a week.

There centre employs in house physiotherapy services. Visiting by other health care professionals had resumed at the time of inspection. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required.The inspectors found that advise given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and news, a selection of newspapers and Wi-Fi were available. Independent advocacy services were also available. There were pictures of group activities that had been enjoyed by 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Esker Ri Nursing Home OSV-0000733

Inspection ID: MON-0034052

Date of inspection: 23/11/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider conducted an internal audit of all staff files. The Provider has engaged an independent reviewer to audit all staff files with a view to identifying any gaps.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff have completed their PPE, donning & doffing, infection control (including hand hygiene) training both online & in-house. Posters identifying the 5 moments of hand hygiene are displayed and were displayed at every clinical sink & is implemented, including at the time of the Inspection, as part of the infection prevention and control training programme advised by the HSE's Regional IPC specialist adviser, and we assure the Chief Inspector that we have taken the action of reviewing & updating the Centre's policy to incorporate the most recent HPSC guidance and for the avoidance of doubt our updated IPC policy also contains all the items above. The Provider conducted a detailed review of all sinks/basins and wastewater outlets within the Centre. 4 treatment rooms each of which are currently being fitted with clinical sinks. The Provider has taken the action of permitting solely to the use of nebulizers within the Centre of disposable one-use masks and one-use chambers.	

The Provider has taken the following actions:

- Hand dryers – all hand dryers were decommissioned on the evening of 23.11.2021 as per inspectors' advice.

- Wall mounted soap & alcohol dispensers are currently cleaned daily. Sealant between certain sinks and the walls was reviewed by our Maintenance Team and enhanced cleaning continues in the ordinary course.

- "Treatment rooms"- 2 of the treatment rooms have had hand washing sinks installed in line with the Inspectors' recommendations.

- "Open Dressings" – all dressing packs are single use only and are not reused. The Provider has followed up with all staff to ensure that when dressing packs are opened and part/not used, all unused dressing must be discarded immediately to avoid an repeat of concern to the Inspectors that the might be re-used contrary to the Centre's policies.

- "Clean linen & household waste" – 2 separate trollies shall be used in all cases going forward.

- "Disposal if sharps" – the Person-in-Charge has continued her education & training on the use & disposable of sharps.

- "Spray bottles" – containing a cleaning chemical. The Provider has followed up to ensure that these are locked sluice rooms and is assured that there is ongoing audits of sluice rooms & trollies.

- "Bedpan washer" – The Provider is assured that the Person-in-Charge is engaged in continuous education & training in the appropriate use of this machine.

- "Specimen fridge" – The Provider has directed by way of reminder to all staff that specimens only must be stored in the specimen fridge.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- Simulated fire drills: The Provider assures that Chief Inspector that it continues to engage an adequate number of fire wardens on duty at all times as advised by the Centre's external fire safety expert. The Provider assures the Chief Inspector that all staff have their fire evacuation training completed and that same is in accordance with the advices of the Centre's external fire safety expert. The Provider assures the Chief Inspector that the largest compartment (an area with 14 beds) is the subject of simulated fire drills which occur monthly, and involves review of documentation &

reflection with the staff in line with the advices of the Centre's external fire safety consultant. The Provider is fully satisfied that the importance of carrying out these fire drills is communicated to our Centre's residents insofar as is reasonably practicable mindful of the capacity of our Centre's residents. The Provider is assured having regard to the advices and recommendations of the Centre's external fire safety expert that in the event of a fire, the staff are appropriately trained to ensure the evacuating of staff and residents efficiently.

The Provider assures the Chief Inspector that it has engaged and relies on the professional advices of a competent properly qualified and experienced fire safety expert who conducted a very recent detailed fire safety review of the premises, and has advised the Provider that all compartment & bedroom doors are fully compliant with all applicable fire safety rules.

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:
Individual assessments & care plans are continually reviewed by the Person-in-Charge of our Centre and revised, when necessary, following engagement with the resident and/or his or her family, to ensure they are reflective of both the residents' needs & wishes and the actual regulatory requirements specified in Regulation 5(4) of the Care & Welfare Regulations.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/02/2022
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.	Not Compliant	Orange	30/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	30/12/2021

	precautions.			
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.	Substantially Compliant	Yellow	30/12/2021
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	30/12/2021