



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

Issued by the Chief Inspector

Name of designated centre:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Mountnugent, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 April 2021
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0032303

About the designated centre

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

The designated centre provides nursing care and support over a 24 hour period to meet the needs of up to 36 older persons, male and female for both long term and short term care. The centre is a converted building, on three levels overlooking an expanse of water. It is situated in a rural area. The philosophy of care is to provide a caring environment that promotes residents' health, independence, dignity and choice. The holistic approach aims to provide a quality service with the highest standard of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 April 2021	10:00hrs to 16:00hrs	Naomi Lyng	Lead
Wednesday 14 April 2021	10:00hrs to 16:00hrs	Kathryn Hanly	Support
Wednesday 28 April 2021	11:30hrs to 17:00hrs	Niall Whelton	Support
Wednesday 28 April 2021	11:30hrs to 17:00hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Sheelin Nursing Home was observed to be a good centre where residents are supported to live a meaningful and engaged life. However, this inspection identified that there were a number of areas requiring further improvement to ensure the safety and quality of the services provided for the residents. Significant improvements were required in relation to fire safety, premises and infection prevention and control processes in the centre.

On the first day of inspection, inspectors spent time communicating with the residents living in the centre and observing the daily lives of the residents, including the activities that took place in the designated centre. Overall, the feedback from residents was positive and they told inspectors that Sheelin Nursing Home was a good place to live.

Residents shared their experience of living through the COVID-19 outbreak in the centre, which had been declared by public health in February 2021. One resident told the inspectors that the COVID-19 virus was "an absolute nuisance", but that they had felt safe living in the centre and were greatly supported by staff. Another resident shared the delight they had felt at receiving their second COVID-19 vaccine, and that there had been great celebrations among both staff and residents.

Visiting procedures in the centre were observed to be in line with public health guidance, "COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)," and residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Telephone and video calls were observed to be facilitated where requested. Residents reported feeling grateful that visiting had resumed again and that they could spend valuable time with their loved ones whom they had greatly missed. One resident told the inspector that they had had a recent visit from their daughter and was "so so happy to see her, it gave me such a boost."

Residents told the inspectors that there was plenty to do in the centre, and that there was designated activity staff to support them to take part in activities in line with their preferences. The inspectors observed a group exercise class being led by the activity coordinator on the first day of inspection and residents were observed partaking energetically in the class. Residents were clearly engaged and motivated, and the class was adapted according to residents' abilities. Residents and staff told the inspectors about events held in the centre, and there were photographs of residents enjoying these events displayed throughout the premises.

Through walking around the centre, the inspectors observed residents had personalised their bedrooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. Residents informed the inspectors that their bedrooms were comfortable and homely. One resident told the inspectors that they enjoyed the privacy that their

ensuite toilet room afforded them. Despite this, inspectors observed that further maintenance was required in some bedrooms, including flooring and wall surfaces, to ensure that they were safe and allowed for effective infection control procedures.

There were a number of communal rooms and areas available in the centre, including a secure outdoor courtyard garden. These communal spaces were pleasantly decorated and residents were observed enjoying these on the day of inspection. Some residents were observed chatting to each other, listening to music and watching television, while others were observed spending time in the sitting room on the middle floor enjoying the view of the lake. A resident told the inspector that they felt very peaceful in this space. However, a number of infrastructural and maintenance issues were observed throughout the premises, and improvements were required to ensure that the centre continued to be a safe and pleasant space for the residents. This is discussed further under Regulation 17 and 27.

There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety, and one resident who was observed using a mobility aid told the inspectors that they found it easy to move around the centre as they wished.

Inspectors observed a number of positive interactions between staff and residents over the first day of inspection. Residents told inspectors that staff were kind, caring, helpful and "couldn't do enough for you." Staff were observed to be knowledgeable of residents' needs and familiar with their preferences and were observed to approach residents in a friendly, respectful and courteous manner. One resident who chose to spend long periods of time in their own bedroom told the inspectors that they kept their door open to chat to staff as they went about their duties. The inspector observed staff frequently stopping by this resident's bedroom throughout the day and heard lots of laughter as the resident quizzed them on general trivia and current affairs.

The feedback in relation to the food offered in the centre was positive, and residents told the inspectors that there was lots of choice and that it was "very tasty." Meal times were observed to be a pleasant and unrushed experience.

Residents informed the inspector that they felt comfortable raising concerns or complaints with staff, and reported that they were very happy with their experience of living in the centre.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced risk inspection was carried out to monitor the centre's compliance

with the Health Act 2007 and to assess the provider's COVID-19 contingency arrangements following an outbreak of COVID-19 in the designated centre in February 2021. During the outbreak 18 residents and 5 staff were confirmed to have contracted the COVID-19 virus. Sadly, two of these residents passed away during this time. Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time. However, significant improvement and focus was now required to ensure that the quality and safety of care delivered to residents achieved regulatory compliance.

This unannounced inspection had been scheduled for one day however, due to the significant fire safety concerns found on the first day, a second day of inspection was arranged. This allowed for two Fire and Estates inspectors to attend the designated centre and follow up on the findings from the first day. In addition to fire precautions, further improvements were required in relation to the premises, infection prevention and control (IPC), staff training and development, governance and management processes and managing behaviours that challenge.

From a review of the records available and discussions with staff and residents, inspectors found that the provider had put in place a number of measures to manage the COVID-19 outbreak in February 2021. These included daily management meetings and active liaison with the public health team. An infection prevention and control (IPC) nurse specialist had also attended the centre to advise on outbreak management and infection prevention and control practices. While the centre had been unable initially to segregate staff effectively due to reduced staff availability, the inspectors were assured that this risk was managed promptly through the temporary employment of agency and redeployed staff. The provider demonstrated learning from the COVID-19 outbreak and had increased staffing resources in the centre including two additional staff nurses and an additional housekeeper.

Sheelin Nursing Home Ltd is the registered provider of the centre and has two company directors, both of whom are directly involved in the operational management of the centre. There was a full-time person in charge (PIC) who had commenced employment in the centre in January 2021, and she was supported in her role by an assistant director of nursing (ADON) and senior staff nurse. The management team facilitated the two days of inspection and demonstrated a clear understanding of their regulatory responsibilities. The management structure was well established with clear lines of authority and accountability. Management roles and responsibilities were well defined and staff knew who to report issues to.

The provider demonstrated a responsiveness to the findings of the previous inspection, and to findings of the public health infection prevention and control report completed in February 2021. The provider had addressed a number of areas of previous non-compliance, including care planning and some aspects of infection prevention and control (IPC) procedures, and there was ongoing refurbishment work being completed in the centre at the time of inspection. The provider had also employed an activities coordinator to promote active living and to support residents to continue with their interests and hobbies, ensuring residents' overall wellbeing.

The inspectors saw evidence of improvements made to the premises including an increase in storage areas and staff facilities, and a reduction of occupancy in two of the twin bedrooms. There was evidence of plans to further refurbish and improve the premises, and these plans were still being finalised at the time of the inspection. Inspectors were also advised that plans were being developed for improved layouts and alterations to the premises which would improve fire safety in the centre. However, these plans were yet to be implemented. In addition, infection prevention and control expertise had not yet been sought for the planned changes in line with the National Standards for infection prevention and control in community services 2018.

The provider needed to further improve the overall governance and management processes in place in the centre in order to ensure effective oversight and sustainable and safe delivery of care and services for the residents.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available with regards to the needs of the residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was in place showing all the mandatory and relevant courses completed by staff. A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Additional training for staff in response to the COVID-19 pandemic had also taken place.

However, the COVID-19 pandemic had interrupted the training programme and as a result, the training programme had fallen behind schedule. Not all staff were up to date with training in key areas such as fire safety and managing behaviour that is challenging. The provider provided the scheduled dates for relevant training in 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to bring the centre into compliance with a number of the regulations since the previous inspection in 2020.

Improvements were required to ensure appropriate management systems were in place to ensure that care and services were safe, appropriate, consistent and effectively monitored.

Risks were not effectively managed in the centre which was evidenced by the number of risks identified on this inspection that had not been addressed by the provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose (SOP) relating to the designated centre and this had been reviewed within the previous year. This required further revisions to ensure that it contained updated accurate information as set out in the Schedule 1 requirements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements

Judgment: Compliant

Quality and safety

This inspection found that significant improvements were required to ensure care and support is provided in a way which protects, promotes and maintains the safety and wellbeing of the residents living in the designated centre.

Overall, care practices were of a high standard and residents received person centred care in line with their assessed needs. Care plans had improved since the last inspection and residents reported that they felt well cared for by nursing and

care staff.

Some improvements had been made in infection control processes and records showed that the provider had actively engaged with Public Health team and followed their advice. For example, ancillary facilities including the clinical room, housekeeping room and laundry had been deep cleaned and efforts had been made to de-clutter the centre. A review of cleaning products had taken place and new cleaning trolleys incorporating flat mop systems had been introduced. The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education. However, whilst some improvements had been made to improve infection prevention and control processes, substantive risks remained. These findings are discussed further under Regulations 17 and 27.

The provider had initiated refurbishment works in the centre, and inspectors observed that two shower room facilities in the middle floor unit were in the process of upgrading works at the time of inspection.

A number of rooms had been reconfigured since the last inspection. This included two twin bedrooms being converted into single rooms to provide adequate space to accommodate each resident in line with SI. 293 of 2016. A bedroom on the middle floor had been converted into an office/file store, and two bedrooms on the ground floor had been repurposed as staff changing facilities during the COVID-19 pandemic. Inspectors also noted that one single ensuite bedroom on the top floor was being used as a storage area, and the provider reported that this room would be reconfigured and refurbished prior to its return to use as a bedroom.

Staff who spoke with the inspectors were knowledgeable about the fire emergency evacuation procedures in place in the designated centre. The inspectors observed that fire escape routes were unobstructed and work had commenced on improving fire doors and emergency lighting. There were personal emergency evacuation procedures (PEEPs) available for all residents in the centre, however inspectors observed that these did not consistently reflect residents' current needs. This was reviewed immediately by the provider, and revised PEEPs were available for inspectors to review on the second day of inspection. However, significant fire safety issues were found on this inspection leading to an extension of the inspection for a second day to follow up these lines of enquiry. This is discussed in further detail under Regulation 28.

Regulation 17: Premises

The premises, infrastructure and environment were not maintained to a high enough standard to ensure the effectiveness of infection prevention and control processes and to prevent the transmission of infection in the event of an outbreak in the

centre.

For example:

- Inspectors observed facility wide issues related to maintenance. The décor in resident's rooms was showing signs of wear and tear. Surfaces, finishes and flooring throughout the centre were worn and poorly maintained and as such did not facilitate effective cleaning.
- A number of toilet and shower facilities in the areas inspected required upgrading.
- There was only one dirty utility room in the centre and this was located on the first floor. The location of dirty utility rooms should minimise travel distances for staff from resident rooms to reduce the risk of spillages and cross contamination, and to increase working efficiencies.
- Storage space in the centre was limited which resulted in items of resident equipment, including wheelchairs and one hoist, observed to being stored along corridors. This created a cluttered environment which was difficult to clean in all areas. It also posed a risk to residents who were walking around in the corridors.

Judgment: Not compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- There was a limited number of hand wash sinks in the centre and many were dual purpose. The available hand wash sinks did not comply with current recommended specifications. The provider informed the inspector of plans to install additional clinical hand wash sinks. Alcohol hand gel dispensers and soap dispensers were not appropriately labelled.
- The covers of several resident chairs were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- The inspector observed tubs of alcohol wipes in resident's rooms and communal areas throughout the centre. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use and should be removed from general use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- The identifications and management of fire safety risks was not adequate. A fire safety risk assessment is required to identify fire safety risks to ensure they are effectively managed.
- Improvements were required regarding the storage of oxygen cylinders. They were not being stored in line with the centres own policy. Inspectors noted loose cylinders within the clinical treatment room.
- The fire door to the kitchen, a room of increased fire risk, was in a state of disrepair and was unable to close. This required immediate attention. The provider committed to arranging a third party fire door contractor to review.
- Inspectors noted exposed electrical wires in the ceiling of a store in the office of the person in charge. The provider verbally confirmed that these wires were not live. Provider confirmed they were not live, however they require repair.
- The extent of fire compartments were not fully known.
- A fire door to an office was observed to be held open with a hook. Inspectors were told a magnetic hold open device connected to the fire alarm system would be fitted if the door was required to be held open.
- Assurance was required regarding fuel storage, in particular the oil tanks for the heating system and the loose gas cylinders serving the kitchen equipment.
- The gas shut off pint in the kitchen required signage to alert staff to its presence.

Inspectors were not assured that an adequate means of escape was provided throughout the centre. For example:

- A non-fire protected storage press was located under the central stairway.
- The compartment boundaries used for phased evacuation were not clearly defined.
- Escape routes were extremely narrow in parts of the centre and were noted to be less than the expected widths of escape routes for a nursing home. The provider assured inspectors that all evacuation aids fit along the routes, however the means of escape requires review by the competent fire safety professional to ensure they are adequate.
- The means of escape from the rear 'middle floor' requires review.
- Inspectors noted an exit which was lockable with a key only. The key to this exit was hanging on a hook adjacent to the exit and had potential to get lost or misplaced. The arrangement for locking of exits requires review by the competent fire safety professional.

Inspectors were not assured that the emergency escape lighting, and emergency exit signage provided throughout the centre was adequate. For example:

- Adequate emergency lighting had not been installed along external escape routes to clearly illuminate the route
- Additional escape signage was noted to be required in some areas to ensure directions of escape and exits were readily apparent.

Inspectors were not assured that adequate arrangements were in place for maintaining means of escape:

- The first floor day room and areas of the escape corridor adjacent to it, had walls which were lined with timber, with no documentation or verification to confirm it was appropriately treated to prevent the surface spread of fire.

Adequate arrangements had not been made for containing fires.

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). It was observed that some doors along escape routes were not closing and catching properly. In other cases doors were not fitted with smoke seals, screws were missing from hinges and some were catching on the floor covering. The fire door to the kitchen was not adequate to contain fire. The findings on this inspection were that a fire door assessment was required.
- The partition between the first floor day room and corridor extended to the underside of suspended ceiling tile only, resulting in a potential cavity above this partition. This means that a fire would not be contained in the dayroom to protect the escape route. It is noted that there were other areas of the building which had suspended ceiling tiles. Review is required by the fire safety professional to ensure adequate containment of fire where required.
- There was uncertainty regarding the locations or fire integrity of some compartment boundaries.
- Inspectors observed a hole in the plasterboard on the underside of steps in the first floor day room. Assessment is required to ensure all breaches in fire rated construction are adequately sealed up to ensure the containment of smoke and fire.

Adequate arrangements had not been made for detecting fires:

- The documentation for the fire detection and alarm system identified the system as a type L2/L4 system and did not meet the required L1 system. Additional detection was required in some areas, for example the corridor leading to the first floor day room and the small store in the office of the person in charge.

Adequate arrangements had not been made for giving warning of fires:

- The evacuation procedure in place as described to inspectors was one of phased evacuation. The fire alarm system was a zoned system comprising six

zones. Staff will only know the zone where the detector was activated. It was noted that the zone chart on the wall used annotations that were not in line with the day-to-day terms used during the course of the inspection. The inspectors also found that the boundaries and parameters of the zones did not align with the fire compartment boundaries used for phased evacuation. This could potentially lead to unnecessary delays in identifying the location of the fire resulting in delayed evacuation of residents.

Inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner. For example:

- Further assurances were required from the provider on the second day of inspection to ensure the safe evacuation of residents from the larger fire compartments in the centre. The person in charge committed to carrying out further drills to provide the necessary assurances.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- A fire alarm zone plan had not been displayed next to the fire alarm panel.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans had been reviewed in line with regulatory requirements and were observed to be easily accessible, detailed, person-centred and updated with relevant information. There was evidence of resident consultation in the preparation of care plans and in care plan reviews.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The monitoring and notification of restraint use in the centre required improvement to ensure it was in line with national guidance, "*Towards a restraint free environment.*" For example, the inspector was not assured that all use of restraint in the centre was being identified as restrictive practice, including the use of bed rails for residents who are non-mobile. The inspector was assured that a risk assessment was in place for all restraints in use, however it was not consistently documented where the least alternative restrictive practice had been trialled. The person in charge gave assurances following inspection that all restraint use and risk assessments were being reviewed by senior nursing staff.

This regulation was not inspected in full on this inspection.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0032303

Date of inspection: 14/04/2021

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 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>As per the training schedule provided on the day all staff will have completed relevant training by the end of 2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Plans are in place in relation to the upgrading of the premises which will bring the centre into compliance.</p> <p>These plans include significant investment in Fire Safety measures to mitigate Risks identified on the inspection.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The reviewed and updated Statement of Purpose and Function has been signed off by</p>	

the Inspectorate	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Resident's bedrooms are currently being enhanced with a Painting and Refurbishment programme A programme of refurbishment of Shower rooms is underway with 1 of 3 completed to date Additional Sluice rooms have been allowed for on the Architect's drawings for future works Additional storage space has been allowed for on the Architect's drawings</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations</p> <p>Upgrading of current hand sinks is included in the Architect's drawings All Hand soap and Hand sanitizer dispensers have been appropriately identified Worn and torn chairs have been removed from the floor Alcohol wipes have been removed from Resident's bedrooms</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire Safety Risk Assessment has been completed and upgrading work is ongoing. Oxygen storage has been reviewed in line with the center's policy. Oxygen cylinders are no longer stored in the clinical room. The Kitchen Fire Door has been replaced as part of a full Fire Door assessment completed.</p>	

The bare electrical wires in the PIC's office will be repaired as part of ongoing refurbishment works.

Fire compartments have been identified and plans are currently being drawn up to include them.

A magnetic fire closing device has been fitted to the office door.

Signage has been erected to identify the gas shut off point in the kitchen

The area under the stairwell is no longer used for storage

Compartment boundaries are being identified on new evacuation maps currently being created

A review of all escape routes has taken place as part of a Fire Safety Risk Assessment

The exit previously locked with a key has had the lock replaced with the Thumb turn

Emergency lighting and exit signage has been reviewed and upgraded to include additional lighting and signage

A fire door risk assessment has been completed and work is under way to mitigate any risks identified

A Fire safety risk assessment has been completed and we are awaiting the findings in relation to it. On receipt of the report work will continue in relation to Fire stopping and containment.

Upgrading of the Fire detection system and additional detection will be completed as part of ongoing works.

The fire zone diagram located beside the current Fire Panel has been reviewed to include day to day terms.

Temporary drawings including compartment boundaries have been wall mounted beside the Fire panel to assist with phased evacuation.

Once final drawings are received the temporary ones will be replaced.

Fire Drills are currently being conducted at regular intervals

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A full review of Restrictive practice Processes has taken place including additional trials of alternatives to restraint.

Documentation has been upgraded and completed for all residents including non-mobile residents

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	31/12/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	15/07/2021
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.	Not Compliant	Orange	21/12/2022

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2022
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building	Not Compliant	Orange	31/12/2021

	services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	31/12/2021
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	31/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of	Not Compliant	Orange	31/12/2021

	fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/12/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/07/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	15/07/2021

