



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 June 2023
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0040131

## About the designated centre

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

The centre is registered to accommodate 64 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 48 single rooms, nine of which have en-suite shower, toilet and wash-hand basin while three others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a small oratory, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided.

According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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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 6 June 2023	09:15hrs to 17:10hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Firstcare Earlsbrook House was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. The inspector spoke with 2 visitors and 8 residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

On arrival the inspector was met by a member of the centres administration team and signed the centres visitors' book. The person in charge was on planned leave at the time of inspection. Following an introductory meeting with the clinical nurse manager, the inspector was accompanied by the clinical nurse manager on a walk-around of the centre. The inspector spoke with and observed residents in communal areas and their bedrooms.

The centre was located close to the sea front and train station in Bray town. The premises was originally two period buildings which had been adapted and extended across three floors. The front of the centre had retained some of the Georgian features, for example; fireplaces, high ceilings and staircases. The centre was divided into four functional homesteads. At the time of inspection the centre was operating at a reduced occupancy. Part of the reason for the reduced occupancy was because a number of ground floor bedrooms were difficult to access due to a narrow corridor. On the day of inspection the inspector observed that redecorating works were underway in these bedrooms. The other areas in the centre were accessible by a two passenger lifts and a stairwell which had a stair lift.

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

Bedroom accommodation comprised of single and twin rooms, many bedrooms had ensuite facilities or wash hand basins. Due to the reduced numbers of residents in the centre most bedrooms regardless of their capacity were single occupancy. Resident's bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces

and personal belongings. Many of the resident's bedrooms had fresh jugs of water, flowers and personal items brought from home. Pressure relieving specialist mattresses, cushions and fall prevention equipment were seen in some of the resident's bedrooms.

Residents had access to two enclosed courtyard garden areas on the ground floor and a garden to the front of the building. The courtyards had level paving, comfortable seating, tables, and sensory flower beds. The main courtyard was seen to be used by residents and visitors on the inspection day. The centres pet rabbit was accommodated in a hutch in the main courtyard.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents.

Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care. One resident told the inspector that "staff don't leave their shift at night without saying goodbye or goodnight to them".

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. The daily menu was displayed in the homesteads and dining rooms. There was a choice of two options available for the main meal. Many residents told the inspector that they had a choice of having breakfast in the dining room or their bedroom. Water dispensers were available for residents. The inspector observed the dining experience for residents in homestead on the ground floor. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. Residents were actively involved with the catering department in planning the centres menu. The residents had recently completed a ballot to introduce an Irish breakfast once a week on the menu. The inspector was informed that an Irish breakfast was now served every Sunday morning in the centre.

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

A large information board for residents was located near a stair well on the ground floor. There was information available to residents on human rights, advocacy services, infection prevention control and copies of the centres monthly resident's newsletters. Staff photographs and their role was displayed next to the information board. The centres statement of purpose was available for residents and the activities programme was displayed throughout the centre on all floors. All of the

residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to WI-FI, newspapers, books, radios and televisions. Some residents told the inspector that could leave the centre to go into the town or to the sea front if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, playing cards and board games were available to residents. Residents, were observed to enjoy friendships with peers throughout the day. On the day of inspection, residents were observed attending a sensory activity in the morning. The centre had a nominated resident's human rights ambassador who met with the activities team and person in charge regularly. Residents could bring any concerns or issues to their resident ambassador to discuss with the person in charge and the resident ambassador communicated with residents who could not attend the centres residents meetings. Results of surveys, relevant audits were discussed with resident ambassador who also attended the centres catering meetings.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2023. Residents, visitors and staff expressed their delight at improved communication with staff since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. A small number of staff said that they had opted to continue wearing surgical masks to protect themselves and residents.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going over the course of the inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in September 2022, and improvements were found in Regulation 17: premises, Regulation 21: records and Regulation 27: infection control. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 17: premises and Regulation 24: contract of provisions.

The registered provider had applied to renew the registration of Firstcare Earlsbrook House. The application was timely made, appropriate fee's were paid and prescribed documentation was submitted to support the application to renew registration. The registered provider had made changes to the centres laundry and residents accommodation since the previous renewal of registration. However, an application to vary condition 1 of the centres registration was not submitted to the office of Chief Inspector.

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

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, dementia awareness, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care plans, restrictive practice, medication management, wound care, observational, infection prevention control, incidents of falls and residents activities were completed monthly. Audits were objective and identified improvements. There was evident of trending of audit results for example; monthly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The centre had an extensive suite of meetings such as governance management meetings, local management meetings and staff meetings. There was high staff attendance at meetings in the centre. Meetings took place monthly and bi-monthly in the centre. Records of governance meetings were aligned to regulations and showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly governance meeting took place with agenda items such as fire safety, infection prevention and control, staffing, resources and key performance



indicators ( KPI's). There was evidence of a monthly KPI report discussion between the person in charge and the clinical nurse managers which was further discussed at monthly governance meetings. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022. The review was undertaken against the National Standards. It set out an improvement plan with timelines to ensure actions would be completed.

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

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing

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

The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, the management of behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform

their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

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

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

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

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The contract for provision of services required review to ensure it clearly outlined the room the resident occupied.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

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

Judgment: Compliant

## Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Earlsbrook House Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 17: premises.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services who all attended the centre and residents attended follow up appointments in hospital. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. The centre had access to a

mobile x-ray service in the home and a community paramedic service. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe, drawers and bedside locker in which to store all of their belongings. The centre acted as a pension agent for ten of the residents. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

Improvements were found in the condition of parts of the premises since the previous inspection, for example; walls, skirting boards and radiators had been painted in corridor, bedrooms and bathrooms. Directional signage and flooring had been installed in parts of the centre. The centre was clean and tidy. The overall premises were designed and mostly laid out to meet the needs of the residents. A schedule of maintenance works was ongoing. On the day of inspection redecorating works were underway in a corridor on the ground floor containing bedrooms 42, 43, 44, 45, 47, 48, a toilet and an assisted shower room. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms. However, improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Improvements were found in infection prevention and control since the previous inspection. Hand washing sinks had been installed in corridors on the ground floor and first floor. A bedpan washer had been installed in the sluice on the first floor. Staff were observed to have good hygiene practices and were not wearing face coverings which was in line with recent changes to national guidance recommendations. Alcohol hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain cleaning schedule for curtains. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. The centre had an IPC audit schedule which included, the environment and hand hygiene. There were an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. The centre had an antimicrobial stewardship register and the person in charge had good oversight of antibiotic usage.

There were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency equipment. The centre had automated door closures to bedrooms and compartment doors. All fire safety equipment service records were up to date. All fire doors were checked on the day of inspection and were in working

order. Fire training was completed annually by staff. There was evidence that fire drills took place monthly in the centre. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All escape routes were assessable, free from obstructions and the assembly point was accessible. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was on the agenda at meetings in the centre. On the day of the inspection there were five residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire blanket, and fire retardant ash tray were in place in the centre's smoking room. A fire extinguisher was available outside the entrance door to the smoking room. There was fire evacuation maps displayed throughout the centre.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk registered contained site specific risks such as risks associated with individual residents and centre specific risks, for example; fire safety risks, infection control risks and falls risks.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

The inspector observed that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the

types and signs of abuse and with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to SAGE advocacy services. The advocacy service details and activities planners were displayed through out the centre on notice boards and in residents bedrooms on all floors. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Residents were assisted to go to the mass weekly in the local church. Musicians attended the centre regularly.

### Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

### Regulation 12: Personal possessions

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

Judgment: Compliant

### Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A radiator cover was damaged with exposed medium- density fibreboard (MDF) in shower room 82 on the first floor.
- Wall tiles were missing in toilet number 86 on the first floor.
- The storage room 66 under a stairwell required review as it was cluttered with items such as maintenance equipment and containers of paint.

- The activities/ house keepers room on the first floor required review as it was cluttered with items such as board games, books, and cleaning equipment. This posed a safety risk to staff working and residents living in the centre.

Judgment: Substantially compliant

### Regulation 26: Risk management

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

Judgment: Compliant

### Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

### Regulation 28: Fire precautions

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

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 8: Protection

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

Judgment: Compliant



## Regulation 9: Residents' rights

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

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0040131

Date of inspection: 06/06/2023

## 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 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>A comprehensive review of all contracts was completed immediately post-inspection. Contracts now state the bedroom occupied by each resident and if single or shared. Contracts are audited monthly and assessed compliance is discussed with the Regional Director at monthly governance meetings.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A replacement radiator cover is on order for the shower room on the first floor and will be installed no later than 31 September 2023. The missing tiles will also be replaced as part of this planned programme of works.</p> <p>Both storage areas highlighted during the inspection have since been decluttered.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	07/06/2023