



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

## Issued by the Chief Inspector

Name of designated centre:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0038557

## About the designated centre

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

Ferbane Nursing Home is a 61 bedded facility set in mature grounds in an urban area. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and five twin rooms some of which are en suite. Residents' communal accommodation included a day room and dining area on each floor as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

**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 14 February 2023	09:30hrs to 17:45hrs	Sean Ryan	Lead
Tuesday 14 February 2023	09:30hrs to 17:45hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

Residents living in Ferbane Care Centre received a satisfactory standard of safe care from a team of staff who knew their individual needs and preferences. Residents told the inspectors that they felt at home living in the centre and staff ensured that they were actively engaged in social activities that were meaningful to residents.

The inspectors were met by the person in charge on arrival to the centre. Following an introductory meeting, the inspectors walked through the premises with the person in charge. The inspectors met with the majority of residents during the inspection and spoke to multiple residents in detail about their experience of living in the centre. On the day of the inspection, some residents were in isolation while recovering from a COVID-19 infection and therefore inspectors were unable to meet those residents.

There was a calm and welcoming atmosphere in the centre throughout the inspection. In the morning, residents were observed watching mass on the television in the communal dayrooms on both the ground and first floor. Staff were observed to provide continuous supervision in communal areas and were observed to be attentive to residents needs such as providing snacks and refreshments. Residents were observed walking independently through the corridors and visiting fellow residents in their bedrooms. Inspectors spoke with some residents in their bedrooms who expressed a high level of satisfaction with the care they received and described a 'lovely atmosphere' in the centre. Residents spoke about the daily activities that they described as 'fun and interesting'. Residents told the inspector that they knew the management team well and would not hesitate to bring a concern or complaint to the attention of the management team with confidence that the issue would be resolved. Residents told the inspectors that their call bells were answered promptly by staff and that staff 'would not leave you waiting long'. Residents told inspectors that their choice was respected with regard to the time they got up from bed, when they were provided with assistance to shower and could choose the daily activities they attended.

The inspectors observed that the provider had continued to progress with redecoration of the centre and a number of bedrooms had been repainted which gave them a fresh appearance. Residents expressed their satisfaction with their bedroom accommodation and facilities available to them.

Inspectors observed that the floor coverings in some areas such as residents bedrooms, and that some corridors were in a poor state of repair, where floor coverings were observed to be damaged and contained large gaps that accumulated debris. Residents had access to a secure enclosed garden accessible through a door on the lower ground floor. Residents could also enjoy the grounds of the premises, accessible through the main front door.

Inspectors observed that communal dayrooms and residents bedrooms were visibly

clean on inspection. However, inspectors observed that there were some areas of the premises that had not maintained a satisfactory standard of environmental hygiene such as communal shower rooms. Wall mounted hand sanitisers were also observed to be visibly unclean on inspection. In addition, the inspectors observed that the housekeeping room did not have appropriate facilities for hand hygiene or the disposal of waste water.

Residents expressed their satisfaction with their bedroom accommodation and were satisfied with the storage facilities for their personal clothing and possessions. Some residents had en-suite facilities while other residents could access toilet and shower facilities proximal to their bedrooms.

The residents dining experience was observed to be a pleasant, relaxed and sociable occasion for residents. Residents told the inspectors that they were satisfied with the quality and quantity of food they received at mealtimes and confirmed the availability of snacks and refreshments at their request. Inspectors observed that meals were freshly prepared and were appetising in appearance. Staff were observed providing residents with discreet assistance and support as required during mealtimes.

Inspectors observed that residents were engaged in activities throughout the day. There was a detailed weekly activity schedule on both floors to support residents to choose what activities they would like to participate in. Inspectors spent time observing the interactions between residents and staff and observed that staff engaged with residents in a kind, respectful and caring manner. Staff were observed spending time with residents in their bedrooms chatting, while also assisting the residents to tidy their room and organise their wardrobes. Inspectors overheard polite conversation about the upcoming activities, local and national news and discussions on family visits. Residents were facilitated to provide feedback on the quality of the service through formal scheduled resident meetings and inspectors observed that residents' feedback was used to inform quality improvements. Residents could attend religious ceremonies in the centre's large chapel on a weekly basis.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Inspectors followed up on the action taken by the provider to address significant issues of non-compliance found on the last inspection in September 2022. Inspectors found that the provider had taken action to improve their governance and oversight of the

service and to implement systems to ensure residents were safeguarded and protected from the risk of abuse. Further improvements were found with regard to the training and supervision of staff, to ensure safe and effective care was provided to residents in line with the centre's policies and procedures. Inspectors found that some action was required to ensure that incident records detailed the learning from adverse incidents involving residents. Action was also required to comply with Regulation 27, Infection control and Regulation 28, Fire precautions.

The previous inspection in September 2022 identified significant non-compliance across multiple regulations as a result of the providers failure to recognise and respond appropriately to a safeguarding incident in the centre. The management systems had also failed to ensure the service provided to residents was safe and effectively monitored, resulting in the quality and safety of care to residents being impacted on. Following that inspection and subsequent engagement with the office of the Chief Inspector of Social Services, the provider had completed a preliminary review of a safeguarding incident in the centre that had identified learning and actions to be implemented to ensure residents were protected. This included the provision of additional training for staff with regard to safeguarding, incident reporting and record keeping, and a review of the policies and procedures to guide staff in the appropriate delivery of safe care to residents. Inspectors found that those actions had been implemented. However, inspectors found that the record of a safeguarding incident in the centre did not evidence that a full investigation had been completed or progressed to understand the factors which may have contributed to the incident occurring, or to identify future learning so that similar incidents could be prevented.

Maracrest Limited is the registered provider of Ferbane Care Centre. The directors of the company are involved in the operation of a number of other designated centres and the company was represented by one of the directors. The organisational structure of the centre had changed since the previous inspection with the appointment of a new person in charge, assistant director of nursing and clinical nurse manager. The person in charge reported directly to the company representative and quality manager, both of whom are persons participating in the management of the centre. The governance and management structure was clearly defined. Responsibilities for key aspects of the service were delegated to members of the management team to support the person in charge to maintain effective oversight of the quality and safety of the service provided to residents.

There was appropriate monitoring and oversight of the quality and safety of the service through management systems designed to ensure the service provided was safe, appropriate and consistent for residents living in the centre. The risk management systems were found to be effectively implemented and guided by an updated risk management policy. Systems were in place to identify, record and respond to risks that may impact on the safety and welfare of residents in the centre. The person in charge maintained a risk register in respect of residents assessed individual risks, and the clinical and environmental risks in the centre. Each risk identified the actions to be implemented to protect the residents' safety and wellbeing. Risks were monitored by the clinical management team and the provider.

Notifiable events, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services as required by the regulations.

The management team monitored the quality of the service through a comprehensive schedule of audits. Inspectors reviewed a sample of completed clinical and environmental audits and found that they were effective in supporting the management to identify aspects of the service that required quality improvement. This information was reported to the senior governance personnel on a weekly basis. Quality improvement action plans were developed in response to identified deficits and risks in the service and were reviewed weekly until completed.

Record-keeping systems were comprised of electronic and paper based systems. There was effective oversight of those systems. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained the information as required by the regulations.

The centre had sufficient staffing resources to ensure the effective delivery of care to the current residents in line with the centre's statement of purpose. There was a registered nurse on duty at all times who was supported by a team of healthcare staff. The service was also supported by activities, catering and administration staff. However, inspectors found that the staffing resource allocated to housekeeping was not sufficient to ensure a high standard of environmental hygiene was maintained. For example, rosters evidenced days where the required staffing levels of three housekeeping staff was not maintained as a result of planned and unplanned leave.

A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. Staff were appropriately supervised and supported by the management team.

A centre specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was displayed in the centre and residents and staff were aware of the procedure. Inspectors reviewed the records of complaints received by the centre and found that they were appropriately managed, in line with the requirements of the regulations.

## Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare and activities staff. The staffing complement also included



catering, laundry, administrative and management staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role and all mandatory training, as required by the regulations, had been completed.

Staff demonstrated an appropriate awareness of their role and responsibilities in recognising and responding to allegations of abuse and detailed the actions to take to ensure residents were protected.

Staff were appropriately supervised in their roles to ensure residents received safe and quality care and to ensure staff maintained accurate records in line with the centres policies and procedures.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

Inspectors reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

## Regulation 23: Governance and management

The provider did not ensure that adequate resources were in place to ensure effective cleaning of the premises. Rosters evidenced challenges in maintaining planned housekeeping staff levels during periods of planned and unplanned leave. This had a direct impact on the quality of environmental hygiene in the centre.

Action was required to ensure management systems were effective to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example, while the record of an significant incident in the centre detailed the actions taken following the incident, the record did not detail if the incident had been fully investigated to establish the factors that contributed to the incident occurring. This meant that possible opportunities for learning and improving the service were not identified.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector within the required time frame.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was prominently displayed throughout the centre in an accessible and easily understood format for residents. Complaints were appropriately recorded, investigated and the outcome communicated to the complainant. Records captured the complainants satisfaction with the outcome of the actions taken on foot of the complaint. Complaints were utilised to inform quality improvements and the learning shared with staff.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on

in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Inspectors found that residents living in the designated centre received a good standard of direct care. Residents who spoke with the inspectors said that they felt safe and that they were well cared for by staff in the centre. Inspectors found that the quality and safety of the services provided in this centre were of an appropriate standard and that the provider had taken action to ensure residents were protected and safeguarded, and were in receipt of a safe and quality service. Notwithstanding the positive findings, the inspectors found that insufficient progress had been made to bring the centre into full compliance with Regulation 27: Infection control and Regulation 28: Fire precautions.

Inspectors found that residents were safeguarded and protected from the risk of abuse in the centre. Staff were appropriately trained to recognise and respond to allegations of abuse. Staff demonstrated an awareness to the centre's safeguarding policy and procedure in place to safeguard residents and staff detailed the reporting structure within the centre to report suspected abuse of a resident.

A sample of residents' files were reviewed. Residents' care plans and daily nursing notes were recorded on an electronic documentation system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. Inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs.

The centre had good access to general practitioner (GP) services. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

Residents were appropriately assessed and monitored for risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways had been established to ensure that those residents identified as being at risk of malnutrition were referred for further assessment by an appropriate healthcare professional. Inspectors also reviewed wound management practices and found clear evidence that interventions taken had ensured the healing of wounds. An advanced care plan for all residents was clearly recorded and documented.

The person in charge promoted a restraint free environment in the centre. Restrictive practices were initiated following an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned.

Inspectors found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included ,the management of storage areas to ensure they could be effectively cleaned. There was a colour-coded cloth and mop system in place that utilised one cloth per room to ensure that each area is cleaned with a new cloth or mop on every occasion. The inspectors spoke with staff who were very clear on the policy, procedures and practices in place. However, inspectors found that the provider had not progressed to complete all actions detail in the compliance plan submitted following a previous inspection. This included the installation of appropriate facilities in the housekeeping storage area for the preparation of cleaning solutions and hand hygiene facilities. Inspectors found that the instability in the staffing resource allocated to cleaning impacted on the standard of environmental hygiene in aspects of the premises such as communal shower rooms. Further findings are described under Regulation 27, Infection control.

The provider was proactive in identifying fire risks in the centre and had sought expertise from an external fire consultant in 2022. An action plan was in progress to address the findings of a fire safety risk assessment. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Each resident had a completed personal emergency evacuation plan (PEEP) in place to guide staff on the safe and timely evacuation of residents in the event of a fire emergency. Arrangements were in place for the daily, weekly and monthly checks of the fire alarm systems, fire-fighting equipment and the integrity of fire doors. However, action was required to ensure full compliance and ensure resident safety in the event of a fire. For example, some fire doors contained gaps when closed and this compromised the function of the fire doors in containing the spread of smoke and fire in the event of a fire emergency.

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. There were televisions in communal rooms. Residents had access to advocacy services and information regarding their rights.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the resident's General Practitioner (GP).

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Arrangements were in place to support the transition of residents from the designated centre to hospital or home in consultation with each resident, including the resident's general practitioner (GP).

All transitions occurred in a timely manner with planned supports in place and information regarding the residents health and social care needs were provided to the resident concerned, hospital, general practitioner, family or carer.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- Communal showers and some sanitary ware were not cleaned to an acceptable standard. For example, shower trays had an accumulation of dirt on their underneath that had not been cleaned. This posed a risk of cross infection to residents.
- The spouts and drip trays of wall mounted hand sanatisers were not clean on inspection.
- Gaps between timber floors and damaged floor coverings in some areas of the premises impacted on effective cleaning and infection prevention and control measures.
- There was no running water, hand hygiene sink or facilities to safely dispose of waste water in the housekeeping room. This had previously been brought to the attention of the provider.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Action was required by the registered provider to comply with fire precautions in the centre. This was evidenced by;

- Some fire doors contained gaps and had damaged essential smoke seals. For example, some fire doors had unacceptable gaps between doors, and underneath doors, when released. This compromised the function of the fire doors to contain smoke in the event of a fire emergency.
- Fire evacuation drill records did not detail the number of residents being evacuated from a compartment or if the evacuation drill progressed to a full compartment evacuation. This meant that the provider could not provide assurance that a compartment could be safely evacuated, in a timely manner, in the event of a fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection accurately described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following an assessment of need using validated assessment tools. Care plans were found to be person-centred and updated at regular intervals.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with timely access to medical and social care professional services as necessary. In addition, there was good evidence that advice received was followed resulting in a positive outcome for residents.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive

practises to ensure appropriate usage.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support from staff that was kind, polite and non-restrictive.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

### Regulation 9: Residents' rights

All residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Residents were provided with opportunities to consult with the management about the organisation of the service. Residents commented that they felt their feedback was acted upon as evidenced by changes to the quality of the service such as mealtimes and activities.

Residents had access to information, news and a selection of newspapers.

Residents were supported to access independent advocacy services.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0038557

Date of inspection: 14/02/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>Housekeeping staffing levels have been increased to ensure adequate resources are in place to ensure effective cleaning of the premises.</li> <li>The investigation report was shared with the authority following the inspection. The report is available in the Centre, the outcome and recommendations have been shared with the staff and have been implemented to improve the quality and safety of the service discussed and presented. Management will take all necessary protective measures to ensure that no resident is exposed to unacceptable risk. Experiences from practice, positive and negative, will be used to facilitate learning arising from specific situations to enable the care centre to develop and be in a better position to safeguard residents.</li> <li>A review has been undertaken of the system of audit within the centre, including risk management systems (for example incident investigation), and an updated approach adopted that also ensures that action plans for quality improvement have timeframes for completion. Action plans are also reviewed as part of monthly governance meetings to ensure that all incidents are fully investigated with lessons learned.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>Communal Showers and sanitary ware have been cleaned to an acceptable standard.</li> </ol>	

2. The spouts and drip trays of wall mounted hand sanitizers have been cleaned.
3. A weekly deep cleaning schedule has been added to the master cleaning schedule.
4. The household manager will complete a weekly cleaning audit to ensure IPC compliance in the Centre is consistent.
5. Repairs to timber floors and floor covering to be completed by outside contractors as part of their scheduled works. Date: 28/04/2023
6. The installation of a handwash sink, and facilities to safely dispose of wastewater in the housekeeping room to be completed by outside contractors as part of their scheduled works. Date: 28/04/2023

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. By 28/04/23 any gaps identified in a fire safety risk assessment which compromises the function of the fire doors will be addressed.
2. Fire Evacuation documentation will be reviewed to ensure relevant information is recorded to provide assurance that a compartment can be safely evacuated, in a timely manner, in the event of a fire. Date: 03/04/2023

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2023
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	06/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	28/04/2023

	healthcare associated infections published by the Authority are implemented by staff.			
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	28/04/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/04/2023