



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

Issued by the Chief Inspector

Name of designated centre:	Castlebridge Manor Nursing Home
Name of provider:	Castlebridge Manor Private Clinic Limited
Address of centre:	Ballyboggan Lower, Castlebridge, Wexford
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0005826
Fieldwork ID:	MON-0036534

About the designated centre

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

Castlebridge Manor Nursing Home is a two-storey building, purpose built in 2018, with a ground floor and first floor accessed by lift and stairs. It is located in a rural setting surrounded by landscaped gardens on the outskirts of Castlebridge village near Wexford town. Resident accommodation consists of 77 single rooms and 9 twin rooms. All bedrooms contained en-suite bathrooms and there were assisted bathroom's on each of the two floors where residents reside. The provider is a limited company called Castlebridge Manor Private Clinic Ltd. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, transitional care, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment, older persons requiring complex care and palliative care. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 98 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 April 2022	11:00hrs to 18:30hrs	John Greaney	Lead
Wednesday 27 April 2022	08:30hrs to 15:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge (PIC) and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with two visitors. In general, residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre.

There were 80 residents living in Castlebridge Manor on the days of the inspection. On arrival for this unannounced inspection, the inspector observed the infection prevention and control (IPC) procedures that were in place for all visitors to the centre. This included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

An opening meeting was held with the person in charge and the chief executive officer (CEO), which was followed by a tour of the centre with the person in charge. Castlebridge Manor is a single storey purpose-built nursing home, which is on a large mature site. There is bedroom accommodation for ninety five residents in seventy seven single rooms and nine twin bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin.

In general, the environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. The inspector spoke with a number of residents in the centre and their general feedback was that they were satisfied with the care and service they were receiving. Residents also told inspector that they liked living there and that they felt safe. The inspector observed that residents were well groomed and staff were courteous and respectful. The residents told the inspector that the person in charge was always around and available to them should they wish to speak with her. Residents were observed calling staff by their names and appeared very comfortable with them.

All bed linen and residents' laundry was washed in the nursing home and returned to residents' rooms. Residents told the inspector that they were happy with the laundry arrangement and had plenty of space for clothing and personal items in their bedrooms.

Residents confirmed they had no complaints but if they had any problems or concerns they would speak to staff and they would address their concerns. Residents were familiar with management and were complimentary of the care provided in the centre.

On the days of the inspection the centre was emerging from a significant outbreak of COVID-19 during which a large number of residents and staff tested positive for the virus. Prior to the outbreak, there was a high level of vaccination among residents and staff. On the advice of Public Health, visiting had been restricted during the outbreak and only residents that had recovered from COVID-19 and had

completed their isolation period were allowed visitors. Compassionate visiting was also allowed but only for residents that were identified as on end of life pathways. Advice had also been received from public health that, in addition to those residents displaying symptoms of COVID-19, all residents that had not tested positive for the virus should remain in their bedrooms until the rate of infection had settled down.

On the day of the inspection visiting restrictions had eased but the outbreak was not yet officially declared over by public health. Based on discussions with two sets of visitors, there was both positive feedback and some areas identified for improvement. Some visitors stated that they were very happy with all aspects of care provided to their relative. Other visitors stated that communication could have been better during visiting restrictions. It was also identified that the WiFi signal and mobile phone coverage could be better. These issues are addressed in more detail later in this report under Quality and Safety.

On walking around the centre on both days of the inspection, the inspector noted that a significant number of residents spend their day in their bedrooms. For example, at 3.30pm on the first day of the inspection there were 35 of the 80 residents in their bedrooms. At 11:30am of the second day of the inspection there were 35 residents in their bedrooms. This accounted for in excess of 40% of residents spending a significant amount of time alone in their rooms. The person in charge informed the inspector that residents were being encouraged to leave their rooms and many did for activities but returned to their rooms again.

Routinely, there are three staff dedicated to providing activities for residents. On the days of the inspection one activity coordinator was absent and was not replaced. This impacted on the programme of activities for residents in one unit.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented. However, some further improvements were required to achieve regulatory compliance in relation to personnel records and contracts of care.

The registered provider is Castlebridge Manor Private Clinic Limited, a company comprising five directors. The CEO is present in the centre on a daily basis providing operational oversight and supporting the person in charge with non-clinical aspects of the management of the centre. The person in charge provides clinical oversight and has been in post since August 2018. The PIC is supported by an assistant

director of nursing (ADON), three clinical nurse managers, senior staff nurses, staff nurses, care staff, housekeeping staff, and catering staff. There are regular management meetings and records of these meetings identified that all aspects of the service were discussed and actions taken as required.

In general, the centre is adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the care needs of the residents on the day of the inspection. However, the unexpected absence of a member of the activity team impacted on the programme of activities on the days of the inspection. This is discussed further under regulation 9 of this report. There was evidence of meetings with staff and regular meetings were held with residents. The PIC demonstrated a clear understanding of her role and responsibilities and was a visible presence in the centre.

Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable regarding safeguarding, infection prevention and control and complaints management.

There was a comprehensive programme of audits that reviewed practices such as care planning, medication practices, hand hygiene, the use of restraints, residents' nutritional status and infection prevention and control. Areas for improvement were identified and action plans were put in place to ensure required improvements were addressed. The person in charge had completed an annual review of the quality and safety of care in the centre for 2021, which included a detailed quality improvement plan. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation.

There were adequate arrangements for the review of accidents and incidents within the centre. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. However, some improvements were required in ensuring all the requirements of schedule 2 were in staff files. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

Residents and visitors with whom the inspector spoke were complimentary about the care and support provided by staff. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised.

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. Staff were noted to be kind and caring and all interactions with residents were noted to be respectful.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four personnel records found that there were gaps in employment histories for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a well established governance and management structure in place. The registered provider had good systems in place to oversee the service and ensure safe quality care was delivered. There was an annual review of the quality and

safety of care delivered to residents completed for 2021.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Each resident had a contract of care, however, the fee to be paid on a weekly basis was not set out in the contract.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an up to date complaints policy that identified the person in charge as the complaints officer. The policy included an independent appeals process. The procedure for making a complaint was on display. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly.
Judgment: Compliant
Regulation 4: Written policies and procedures
The centre's policies and procedures as outlined in Schedule 5 of the regulations were recently reviewed and updated. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by COVID-19 restrictions. The centre was emerging from a significant outbreak of COVID-19 and the impact of restrictions was still evident on the day of the inspection. Overall, the inspector found that care and support residents received was of a good quality and ensured that residents were safe. Residents' medical and health care needs were met to a good standard. However, a significant number of residents spend a considerable amount of time in their bedrooms with limited stimulation. Some improvements were required in relation to fire safety and the storage of medications requiring refrigeration.

The inspector found that staff had a good knowledge of HPSC (health protection surveillance centre) guidance in relation to infection control. The provider had a COVID-19 folder that contained all up-to-date guidance documents on the management of a COVID-19 outbreak. Staff were observed to adhere with guidance in relation to hand hygiene and the use of personal protective equipment. As already stated, the centre was emerging from an outbreak of COVID-19. Throughout the outbreak the PIC was in regular contact with Public Health in order to obtain advice on how to manage the outbreak. The PIC was also in regular contact with infection prevention and control (IPC) nurse. The IPC nurse visited the centre and found that there was substantial compliance with recommended practice.

The quarterly preventive maintenance of the fire alarm and emergency lighting was most recently completed in February 2022. Fire extinguishers were serviced annually. Daily and weekly fire safety checks were comprehensively maintained. Staff spoken with were knowledgeable of what to do in the event of a fire. While there was a positive focus on fire safety some improvements were required and these are discussed in more detail under Regulation 28 of this report.

A sample of residents' care planning documentation was reviewed. Personal emergency evacuation forms were in place for all residents. There was good detail in the daily narrative for both day and night duty, providing person-centred information on each resident's status and progress. Residents who smoked had appropriate risk assessments completed along with interventions to mitigate the associated risks. Residents' needs were assessed using validated tools to inform care plans and residents had their activities of daily living assessed and additional risk assessments were completed when the resident's needs required, such as falls risk. Access to health and social care professionals such as a dietitian, dental, occupational therapist (OT), speech and language therapist (SALT) and tissue viability nurse (TVN) was available to residents who required these services. Care plans and assessment accurately reflected residents' needs on a personal basis. Residents' notes demonstrated that they had access to tissue viability nurse specialist to support their wound care. The nutritional status of residents was

monitored through regular weights and nutritional assessments.

Residents were assisted to get up in the morning at a time of their choosing. Residents had access to television, radios, newspapers, telephones and WiFi. The inspector found there was limited activities for residents. This is outlined further under Regulation 9: Residents Rights.

In general, a restraint-free environment was promoted, particularly in relation to the use of bedrails. Where bedrails were in place there was evidence of the exploration of alternatives so that the least restrictive measures were put in place. The centre had a clear policy and procedure on the management and protection of personal property and finances. The provider was not acting as a pension agent for any residents on the day of the inspection.

Residents' views were sought on the running of the centre through monthly meetings and resident' surveys. A review of records of these consultations indicated a high level of satisfaction with life in the centre.

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector, contained appropriate identifying information. Good medication administration practices were in place and were supported by access to pharmacy services. The packaging on some medications stored in the medication fridge was damp indicating that the fridge was not functioning appropriately.

The inspector saw that the provider communicated regularly with families during the outbreak though email and text messages. The provider confirmed that there is a problem with the WiFi signal and mobile phone coverage but they were at an advanced stage in addressing the problems and it was hoped to rectify the issue in the weeks following this inspection.

Regulation 11: Visits

Visiting had been restricted in accordance with advice from Public Health during the outbreak of COVID-19. Approval had been received from Public Health on the day of the inspection that visiting could resume.

Judgment: Compliant

Regulation 17: Premises

The centre is a large expansive building that comprises four units at two floor levels.

Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Residents had adequate space for their clothing and a locked cupboard for their valuables. The premises and external gardens were well maintained and ongoing improvements were taking place. The inspector saw that there was a functioning call bell system in bedrooms and residents in their rooms.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

Staff were observed by the inspector adhering to the national guidelines in relation to wearing face masks, hand washing and social distancing as issued by the Health Protection and Surveillance Centre (HPSC). The Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities and Similar Units. Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. The management team had ensured adequate supplies of PPE and cleaning products were available and was availing and using all updated guidance in relation to cleaning materials. Residents were isolated in accordance with HPSC guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- some cross corridor fire doors contained gaps that would reduce their effectiveness in containing fire and smoke in the event of a fire
- staff were scheduled for fire safety training at two year intervals rather than annually
- while fire drills were conducted regularly, fire safety would be enhanced through conducting fire drills at times other than at formal education sessions
- the provider was requested to add the weekly sounding of the fire alarm and the associated checking of fire doors to the schedule of fire safety checks

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The fridge used for storing medications required repair as there was an internal leak resulting in some medications being damaged.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' records found evidence that residents had a comprehensive assessment of their needs on admission. There were appropriate care plans in place to direct the assessed care need of the residents . Care plans were reviewed and updated regularly and in response to changes in a resident's condition.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). There was a medical officer that visited the centre on an almost daily basis. A physiotherapist visited the centre twice weekly to carry out group exercise classes and also carried out individual assessments, when indicated. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required through a nutritional supply company. The inspector found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with were knowledgeable of residents individual needs and knew what to do when residents behaviour may indicate they had an unmet need. A review of restraint was ongoing and significant progress had been made in reducing the use of bedrails in the centre. On the day of the inspection eight of the eighty residents living in the centre had full bedrails in place. Risk assessments were conducted prior to the use of bedrails; there regular safety checks while bedrails were in place; and there was evidence of the exploration of alternatives to bedrails, such as movement alarms, low beds and crash mats.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The centre was not pension agent for any residents. Adequate measures were in place for the management of for small sums of residents' money held for safekeeping on behalf of residents. All staff had attended training on safeguarding residents on abuse. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements required in relation to residents' rights included:

- a large number of residents spent a significant amount of time in their bedrooms with minimal stimulation
- on the days of the inspection, activities were not available to all residents, particularly for residents in Ferrycarraig Suite

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant

Compliance Plan for Castlebridge Manor Nursing Home OSV-0005826

Inspection ID: MON-0036534

Date of inspection: 27/04/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Existing Interview assessment form updated with information about "Explanation of gap in employment". Copy of new interview assessment form in use is attached .</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract of Care amended with requested change. Copy of amended contract of care attached.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door-This aspect was addressed immediately. A Contractor has been retained to address the aspects identified and will complete the work by 24/06/2022.</p> <p>Fire safety training – Fire safety training is now scheduled for annual renewal. Training days are allocated for 14th and 15th June 2022 to bring staff training back into line with</p>	

this requirement.

Since May 2022, Frequency of sounding of fire alarm and associated checking of fire doors has been scheduled to once a week and will continue weekly.

In order to enhance the fire safety, since June 2022, in addition to our regular evacuation simulation sessions in education sessions, additional simulation sessions in each unit has been initiated, and will be continued twice a month to cover both shifts. Guardian Fire have carried out the quarterly review on 10/6/2022 and certified that the system is in good working order. Certificate attached.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Fridge has been checked and repaired. Daily temperature monitoring of fridge as well as monthly defrosting of fridge also will be continued as normal. Any issues will be notified to maintenance team.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
At the time of inspection, the centre was as noted emerging from a Covid19 outbreak. Public Health had advised that all residents were to self-isolate until the rate of infection had settled down.

On 29/04/2022 the outbreak was declared over by public health and all activity programs resumed as normal under the direction of the 3 fulltime employed Activity Coordinators. The PIC did confirm during the inspection it is the practice of the center when not in outbreak mode under the direction of Public Health, to encourage residents to participate in activities, and enjoy use of the dayrooms and courtyard gardens as much as possible. External trips are once more arranged on a regular basis also.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/05/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	01/05/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/06/2022

Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	10/06/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	15/06/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	15/06/2022

	followed in the case of fire.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	29/04/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2022