



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brampton Care & Rehabilitation Centre
Name of provider:	Brampton Care Ltd
Address of centre:	Main Street, Oranmore, Galway
Type of inspection:	Unannounced
Date of inspection:	05 January 2024
Centre ID:	OSV-0005812
Fieldwork ID:	MON-0041754

About the designated centre

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

Brampton Care Home is located in the heart of Oranmore town, Co. Galway. The designated centre cares for residents with aging related health issues inclusive of physical, psychological and social concerns. The service cares for both male and female residents that are aged 18 years and over. The care extends to those with dementia, cognitive impairment, mental illness, intellectual disabilities, physical disabilities and chronic physical illness. There is 24 hour nursing care available in the centre. The centre is laid out over three floors of a four storey development. Residents have access to outdoor gardens. The centre has 79 beds, 67 single occupancy en-suite rooms and six double occupancy en-suite rooms. All bedroom accommodation is situated on the second floor and third floor which are accessed by two lifts. Each floor also contains a sitting room, dining room and kitchenette.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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
Friday 5 January 2024	09:20hrs to 19:20hrs	Una Fitzgerald	Lead
Tuesday 19 December 2023	10:00hrs to 17:50hrs	Gordon Ellis	Support
Tuesday 19 December 2023	10:00hrs to 17:30hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Residents spoken with expressed a good level of satisfaction with the care provided in this centre. The residents reported that the staff were very kind and that they treated them with patience, compassion and respect. Based on the observations of the inspectors, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents. Resident were satisfied with the length of time it took for staff to answer their call bell and confirmed that their requests were attended to promptly. Residents told inspectors that they felt there was a high changeover in the staff and that, at times, it was difficult to communicate due to language barriers. Residents balanced this concern with acknowledgement that while many staff had left, new staff had been employed. The only other source of dissatisfaction voiced to inspectors was the frequency for the provision of physiotherapy services. This shortfall was acknowledged by the management team and new staff had been appointed and were due to commence employment the week following the inspection.

The inspectors walked through the centre meeting with staff and chatting with residents. There was a relaxed atmosphere as evidenced by residents moving freely and unrestricted throughout the centre. The centre was spread out over three floors. The ground floor comprised of the communal living areas, with two floors comprising of further living areas and bedroom accommodation. Each floor comprising of bedroom accommodation had a clinical nurse manager that was responsible for the day-to-day management of the floor. There were a variety of communal areas available for residents to use depending on their choice and preference including sitting rooms, dining rooms, and an oratory. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a real sense of activity in the ground communal area while on the second and third floors there was a more relaxed ambiance. All areas were sufficiently bright and spacious with comfortable furnishings which provided a homely environment for residents. The inspectors spoke with residents who were occupying a double room. The room was sufficiently large to accommodate their personal belongings. There was a large en-suite bathroom. The residents were very comfortable and had decorated the room with all of their personal possessions. Inspectors observed that the centre was decorated and finished to a high standard, was observed to be visibly clean and in a good state of repair.

The inspector observed that there was a variety of stimulation and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said they were encouraged and facilitated to attend activities, and that their choice to attend these was respected. On the afternoon of day two of this inspection, the inspector observed a large group of residents and visitors gather in the ground floor communal day room to attend a live music session. The residents in attendance were seen to thoroughly enjoy the entertainment. Two residents told the inspector that this weekly entertainment activity was always an

enjoyable event.

In conversation with residents the inspectors were given multiple examples whereby resident choice was supported. For example, residents independently went down to the local village to browse around the shops, and residents who had chosen to do their own laundry were facilitated and supported to do so.

There were no visiting restrictions in place on the day of the inspection. The entrance foyer was warm and welcoming with information leaflets for residents available near a coffee dock. The coffee dock area was in constant use. The area was a meeting and gathering place. The inspectors observed residents, families and staff gathering in the area, enjoying a fresh beverage and fresh pastries, reading their newspapers, waiting for visitors to arrive or for other residents from within the centre to join them. In many cases residents were just sitting absorbing the pleasant atmosphere.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that residents were receiving a good quality service in a care environment that was safe and met their assessed health and social care needs. A review of the management of complaints found that some action was required to achieve full compliance in the regulation. In the area of quality and safety, the findings reflected non-compliant issues in relation to the management of infection control and fire precautions. In addition, inspectors found that where a resident required additional care such as physiotherapy, this resource was not always available, in line with the centres statement of purpose.

This was an unannounced inspection, carried out over two days, by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review an application to vary Condition 1 and Condition 3 of the registration of the centre. The provider had applied to increase their bed capacity from 79 residents to 94 residents.

The registered provider of the centre is Brampton Care Ltd. A director of the company represented the provider and was actively involved in the daily operation of the centre. Within the centre, the person in charge was supported by two assistant directors of nursing, a team of clinical nurse managers, a team of nurses, healthcare assistants and support staff. This management structure was found to be effective for the current number of residents. On the day of inspection there was 71 residents living in the centre with eight vacancies. There were 17 residents assessed

with maximum care needs, eight residents with high dependency care needs, 15 residents with medium dependency care needs and 31 residents with low dependency care needs.

On the days of the inspection, there were sufficient numbers of suitably qualified nursing and household staff available to support residents' assessed needs. The provider had an ongoing recruitment campaign in place and had recognised that there was a shortfall in the provision of physiotherapy service available. The provider had appointed a physiotherapist assistant to minimise the negative impact on residents. The centre was registered to have one full-time physiotherapist on duty. At the time of inspection, this service was made available two days per week.

Staff files contained all of the information required under Schedule 2 of the regulations. All new staff went through a process of induction into the centre. The documentation to support this induction process was completed on all files reviewed. Inspectors found that staff had access to education, appropriate to their role. This included infection prevention and control training, manual handling, and safeguarding training. Staff responses to questions asked displayed a good level of knowledge. Due to the complex care needs of a number of the current residents, additional training in areas of the management of complex care was required to ensure that the care needs of all residents could be met. On the day of inspection, there was a significant number of staff who did not have training in the delivery of complex care. This risk was mitigated by the provider by ensuring that a fully trained member of staff was on duty at all times.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents.

The provider had implemented an auditing schedule as part of the system in place to monitor the service. The person in charge, supported by the assistant directors of nursing team were completing monthly audits. The system included monitoring of wound care, weight management, care plan documentation and infection prevention and control practices. The inspectors found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. Quality improvement plans were developed in line with the audit findings.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was prominently displayed for information for residents and their relatives in the main reception area. However, complaints were not always managed in line with the centres policy. Inspectors found two incidents of concern that had been brought to the attention of the care team that were not logged as a complaint. Inspectors found that some staff did not demonstrate an awareness that an expression of dissatisfaction with any aspect of the service would constitute a complaint and should be managed, in line with the complaints policy.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary the conditions of Registration was made and the fee was paid.

Judgment: Compliant

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 facilitated and supported to attend training relevant to their role. There was a training schedule in place to ensure that all staff would receive appropriate training in the care of residents with complex care needs.

Staff were appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. Arrangements were in place to induct and orientate staff, and to support staff to provide safe and effective care to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not ensure that the centre was sufficiently resourced, in line with the centre's Statement of Purpose, and to meet the assessed needs of current residents. For example, residents that required ongoing review and assessment of physiotherapy services did not have consistent access to this service. The Statement of Purpose outlined that the centre was resourced to have a full time physiotherapist employed in the centre. At the time of inspection, physiotherapy was available for two days a week.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors were not assured that when residents voiced dissatisfaction with parts of the service, that this information was managed in line with the centres complaints policy and escalated to senior management to ensure that appropriate action was taken. For example, during the inspection, the inspectors were told of two complaints that a resident had made to the staff that were not recorded and managed in line with the requirements of Regulation 34.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff. Policies were in date with an identified review date in 2025.

Judgment: Compliant

Quality and safety

Residents spoken with told inspectors that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence was promoted. In general, the provider had taken action to ensure that resident's individual assessments and care plan reflected the assessed needs of the residents and provided guidance on the care to be provided to residents. However, inspectors found that access to physiotherapy services, as described above in the capacity and capability section of this report, was insufficient to meet the needs of some residents. This meant that residents who required specialist physiotherapy assessments did not have these assessments completed in a timely manner and therefore, did not have a care plan informed by an appropriate assessment of need. In addition, inspectors found that infection prevention and control measures and the arrangements in place to ensure fire safety required action to ensure full compliance with the regulations.

Residents were provided with appropriate access to medical care. Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language and palliative care services. The centre had access to occupational therapy five days a week. While arrangements were in place for access to physiotherapy services, this access was

limited to two days a week.

The inspectors reviewed a sample of resident's assessments and care plans and found that, in general, the residents' nursing needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents. For example, residents nutritional care needs were appropriately assessed to inform specific nutritional care plans that details residents dietary requirements and the frequency of monitoring of residents weights. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services. Records of wound management identified that wound care advice was followed which resulted in the healing of wounds. However, assessment and care planning specific to physiotherapy services was inadequate. The impact of this finding is outlined under Regulation 5: Individual assessment and care plan.

The registered provider had ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control, and antimicrobial stewardship.

The centre had a comprehensive infection prevention and control policy which covered aspects of standard and transmission based precautions. Inspectors identified some examples of good practice in the prevention and control of infection. For example;

- Waste and used laundry was segregated, in line with best practice guidelines.
- A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by link practitioners and covered a range of topics including hand hygiene, management of spillages, equipment and environment hygiene, laundry, waste and sharps management.
- Residents who had been identified as being colonised with multi-drug resistant organisms (MDROs) were appropriately cared for with standard infection control precautions. This was evidenced by care plans examined and what the inspectors observed on the days of inspection.
- The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

In th main, the centre was observed to be visibly clean and in a good state of repair. Cleaning staff were knowledgeable about the procedures in place.

However, some areas of clinical practice such as sharps management and hand hygiene were not in line with best practice, and some action was required in relation to cleaning procedures, as detailed under Regulation 27: Infection control.

While inspectors observed wear and tear in parts of the premises, the management team had also identified the same areas for repair. For example, flooring on the

third floor was lifting in several areas along the main circulation corridors. A plan was in place to repair and replace where needed.

In regards to fire safety, the inspectors observed good fire safety systems were in place. Service records were available for the various fire safety and building services and these were all up to date. The building was fitted with a sprinkler system, which would assist in suppressing a fire. The inspectors spoke with various staff members on duty in regard to fire safety and evacuation procedures. Staff were fully trained in fire safety, were confident and knowledgeable with the practiced evacuation procedures.

The inspectors reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required. There was a fire safety management plan and a fire emergency evacuation plan in place. These were found to be comprehensive and informed good fire safety management of the centre.

A number of actions were required in relation to fire doors, fire precautions, fire sealing of service penetrations and storage practices, to ensure full compliance with Regulation 28: Fire precautions. In addition, some issue of repeated non-compliance from a previous inspection in May 2022, were identified on this inspection. These were in regards to storage practices, fire doors and service penetrations. Inspectors noted that some of these fire risks had also been identified in the providers' own fire safety risk assessment dated September 2023 and were to be completed as soon as reasonably practicable, yet these issues remained unresolved.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the current residents accommodated in the centre.

Judgment: Compliant

Regulation 27: Infection control

Standard infection control precautions were not effectively and consistently implemented by staff. For example:

- Two sharps bins were overfilled, stored on the floor and the lids were open. One of the bins had not been correctly assembled and inspectors saw evidence that used blood stained tubing and needles were visible. This practice increased the risk of sharps injuries despite a recent sharps audit finding full compliance.
- Barriers to effective hand hygiene practice were also observed during the course of this inspection. For example, there were insufficient numbers of alcohol hand gel dispensers. A ratio of one alcohol hand gel dispenser to four resident beds was observed in one area. Some staff were using toggles with alcohol gel but hand hygiene practices observed by the inspector were not sufficient. National guidelines recommend that alcohol hand gel be readily available at point of care to promote effective hand hygiene.
- On the second floor there was limited access to hand hygiene sinks, those that were available were dirty thus increasing the risk of hands being contaminated and transmitting a healthcare associated infection.

Equipment was generally managed in a way that minimised the risk of transmitting a healthcare associated infection but further action is required to be fully compliant. This was evidenced by;

- The house keeping room on the second floor had mops soaking in dirty water and residents items stored in the cupboard
- The sluice on the second floor had bedpans on the racking system that were visibly dirty. Inadequate disinfection of bedpans increases the risk of environmental contamination and infection transmission.
- Chairs at the nurse's station on the second floor were heavily stained and in poor repair hence could not be cleaned.
- The clinical room on the second floor had poor ventilation, there was a fan in use that obstructed access to the hand hygiene sink. Fans are not recommended in a clinical room as dust and debris can naturally accumulate within the internal body of the fans and this provides a reservoir for micro-organisms with may increase the risk of infection transmission.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire. Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example:

- The inspectors found an oxygen cylinder stored on an escape route from the second floor dining room. This was a repeated finding and was brought to the attention of the person in charge, who addressed it on the day.
- The inspector observed fire doors propped open. This interfered with the door closing mechanisms of these fire doors, which would prevent them from closing in the event of a fire.

The maintenance of the means of escape and the building fabric were not effective. For example, a fire exit had been fitted with full length curtains. The inspectors noted the curtains were obscuring a green break glass unit connected to the fire exit door. These fire exits were not readily openable and free from potential obstructions in order to provide instant egress in the event of a fire.

Refuse bins were stored adjacent to the final exits along an external fire escape route at the rear of the centre. This created an unnecessary fire load in close proximity to the centre. This was a repeated finding from a previous inspection and was identified in the providers' fire safety risk assessment in September 2023.

Some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time). This was particularly apparent in an office. This compromised the containment of smoke and fire in the event of a fire emergency.

Furthermore, the inspectors noted a selection of fire doors on compartment boundaries, some store rooms and bedroom fire doors that had gaps, were partially or fully missing fire seals and did not have a door closing mechanism or did not close fully when released. This was a repeated finding from the previous inspection and was identified in the providers' own fire safety risk assessment.

Improvements to fire precautions had been made by the provider since the previous inspection in May 2022. Notwithstanding this, the inspectors noted actions identified in May 2022 by inspectors in regards to; fire doors, fire precautions, fire sealing of service penetrations and storage practices were found on this current inspection. In addition to this, some of these fire risks had also been identified in the providers' own fire safety risk assessment dated September 2023, yet these issues remained unresolved.

Progressive horizontal evacuation drills were taking place on an almost weekly basis and contained good levels of detail, learning outcomes and actions. However, in the event that a vertical evacuation may be required, drill records for this type of event were not available on the day of the inspection when staffing levels are at their

lowest.

The protected staircases were provided with disabled refuge spaces and electrical communication systems. These are required in order to communicate with staff in the event of a fire emergency while a disabled resident temporarily waits for evacuation in a fire emergency. However, there was no evidence of procedures in place for staff to monitor this two-way communication system in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of resident records found a comprehensive assessment of need was not always completed and that care plans were not always implemented. For example;

- a resident with complex care needs had been reviewed by a health and social care professional and had assessed the mobility needs of a resident. The detail of this assessment was outlined in the residents care plan. The observation of care delivery to this resident did not evidence that this care intervention was being implemented.
- a resident with complex care needs did not have a comprehensive assessment of need completed in line with the information received from the referring service when the resident was admitted into the centre.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on

offer.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings. Residents that spoke with inspectors said that they had a choice about how they spend their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brampton Care & Rehabilitation Centre OSV-0005812

Inspection ID: MON-0041754

Date of inspection: 05/01/2024

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> <p>The Centre now has a full time permanent Physiotherapist who had been interviewed and had a start date for following week at the time of inspection. A regular review of staff resources is now held with HR to ensure the home has adequate resources as indicated in the statement of purpose and following a review of residents assessed needs.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Additional staff training has been held with staff with regard to the handling of complaints to ensure compliance with our policy. All outstanding complaints have been fully addressed to the complainants satisfaction.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Sharps bins were removed from the floor, closed, and appropriately stored at the time this was noted by the inspector. Details in the IPC audit were reviewed and detailed compliance plan put in place to ensure that the non compliance is not repeated.

A risk assessment was undertaken in relation to installing hand sanitiser at point of care and in rooms where the risk is deemed to be low, hand sanitiser is available for staff and residents/visitors to use in the room. In rooms where the risk is high, hand sanitiser is available outside these rooms.

The housekeepers' room was cleared of all non-cleaning items following inspection and mops were disposed of. A regular audit of these facilities is being undertaken by the accommodation manager.

All bed pans and storage racking on the second floor have been thoroughly cleaned and disinfected; regular checks on the standards of cleanliness are being carried out by the CNM's and ADON's to ensure that the equipment is thoroughly clean and maintained at a high standard of cleanliness.

Chairs at all the Nurses stations have been disposed of and replaced with non-fabric types that can be cleaned

The stainless steel hand hygiene sinks in clinical areas on both floors and on corridors have been replaced with HBN compliant hand wash sinks with elbow turn taps. A ventilation system has been ordered for the second floor clinical room. Our supplier informs us that this will be installed by 31.03.2024 or sooner if possible

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The emergency oxygen cylinder on the second floor was removed on the day of inspection and relocated to an appropriate storage area.

Fire doors that had been propped open were closed immediately and additional emphasis has been placed on fire doors not being wedged open on fire safety induction training and formal fire training. Regular checks are carried out by CNM's and ADON's to ensure that this practice does not recur

The fire exit in the library is now fully accessible and a stop has been put in the rail to prevent curtains from being pulled fully across, thereby preventing the fire door and green break glass unit from being obscured by the curtain.

Bins have been relocated to the opposite side of the yard to the building and a designated area has been allocated for each type of bin.

Areas where utility pipes and ducting were penetrating through walls and ceilings have been sealed and fire stopping reinstated. Walls and ceilings have been repainted.

All fire doors have been checked and fire seals replaced/installed as required. Hinges have been adjusted on all fire doors that required adjustment to ensure full closing, and door closure mechanisms have been checked and are all now fully functioning.

Vertical fire drills are carried out with staff each month as part of formal fire training. However, we will commence vertical evacuation drills, with staff using the staffing levels at their lowest numbers.

Following receipt of HIQA report we immediately consulted with our fire professionals

relating to procedures to be put in place with regard to communication and the use of refuge areas. A risk assessment is being prepared and appropriate actions will be taken within the coming days following this assessment and advices taken from qualified fire professionals.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A review of all residents' comprehensive assessments has been completed and all residents have an assessment completed. Any services and interventions that the resident requires is being provided

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	12/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	12/01/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	12/01/2024

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	12/01/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	04/03/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are	Substantially Compliant	Yellow	12/01/2024

	fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	17/01/2024