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:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Blainroe, Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0037328

About the designated centre

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

Firstcare Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 72 residents. Residential accommodation is across the four floors which are accessed by a lift and stairs. According to their statement of purpose, Firstcare Blainroe Lodge is a community based setting committed to providing person-centred care that is evidence based. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 38 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. Many of the rooms have been personalised with family photos and memorabilia. Additional toilets and bathrooms were located around the building. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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
Wednesday 5 October 2022	08:50hrs to 17:20hrs	Bairbre Moynihan	Lead
Thursday 6 October 2022	09:00hrs to 16:10hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

Overall, on the day of inspection, the inspector observed residents being supported to enjoy a good quality of life by staff who were kind and caring. Residents expressed that they were happy in the centre and were complimentary about the care they received. A resident described to the inspector how the "food is excellent" and the "chef is fantastic".

The inspector arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was greeted by the person in charge and following an introductory meeting completed a walkaround of the centre with the assistant director of nursing.

The centre is registered to accommodate 72 residents with 53 residents on the day of inspection. The inspector was informed that there were a number of vacant beds due to staffing vacancies. The centre is laid out over four floors. The lower ground floor (Bayside) was vacant on the day of inspection, contained six single rooms. The ground floor contained two units - Brittas and Seafield. Brittas contained 16 single rooms, two open plan sitting and dining rooms, activities room, a "faux" bar and oratory. Seafield was a newest unit in the centre, purpose built, containing a wide corridor, 26 single rooms, a snoezelen and open plan sitting and dining room. The inspector was informed that Seafield accommodated residents with more advanced dementia. The first floor (Silverstrand) was a dementia specific unit, with 13 single rooms and three twin rooms. The inspector was informed that one resident was accommodated in the twin rooms. Seaview (second floor) contained seven single rooms. All rooms contained a sink and toilet and the majority included a shower. Those without showering facilities had access to bathrooms on each floor. The residents in Brittas and Seafield has access to three external gardens. These were well maintained, inviting and residents were observed to be freely mobilising in and out of the external areas. Residents rooms were personalised with photographs and personal belongings. The centre had a dedicated hairdressing salon and the hairdresser attended on Tuesdays. The ground floor was a hive of activity with the majority of residents attending the sitting rooms in Brittas during the day or sitting in the foyer observing the hustle and bustle of the centre. Overall, the centre was nicely decorated with bright warm colours throughout.

The centre had 1.6 WTE of activities co-ordinators. Residents were consulted about the running of the centre with three residents meetings taking place in 2022. Topics discussed included the residents' art work, and residents suggested that they would like better prizes for the quiz and bingo. An activity report was completed in 2022 and the residents celebrated "national prosecco day" with the female residents having a glass of prosecco. Ice cream day took place three times in August. On the day of inspection a small number of residents were taking part in art provided by an external provider. The majority of residents were in front of the television for both mornings but in the afternoon of the first day of inspection a small number of residents baked scones which were enjoyed by both residents and staff followed by

a quiz. On the afternoon of the second day of the inspection bingo was taking place followed by ice cream. A satisfaction survey was completed in 2021. 53 residents were surveyed with 20 responses. Areas surveyed included environment, laundry, food and mealtimes. The majority of residents were satisfied with the service provided and staff.

The inspector observed the dining experience. This was observed to be a very positive and social occasion with the majority of residents attending the dining rooms in Dune and Bay lounge in Brittas Unit. Lunch was served by the chef out of Bain Marie assisted by chef assistants. Residents were provided with a choice and residents appeared to enjoy their lunch and complimented the food. The inspector also observed the lunchtime experience in Seafield. A small number of residents were in the unit and were higher dependency requiring assistance and modified diets. Assistance was provided to residents in a relaxed and unhurried manner.

A Roman Catholic priest attended the centre to say mass every second Tuesday and a Church of Ireland Reverend attended monthly. The centre had a small oratory where residents could attend for quiet prayer or reflection. Visitors were observed in the centre and were complimentary about the centre and the care their loved ones received.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a risk based unannounced inspection to monitor compliance with the regulations and national standards. Additionally, inspectors assessed the overall governance of the centre to establish if the actions outlined in the centre's compliance plan following the inspection in May 2021 had been implemented and sustained. Overall, inspectors found that the actions from the previous compliance plan had been implemented but not all had been sustained particularly around equipment and environment auditing of each unit/area on a weekly basis. Storage in the centre remained an issue but improvements in storage were identified since the last inspection. Additional areas requiring action were identified under the domain of Capacity and Capability including in Regulations 15: Staffing, 16: Training and staff development and 23: Governance and management.

On the day of inspection the inspector identified resident accommodation in Bayside was not in use in line with the statement of purpose. Specifically, one of the residents' bedrooms was temporarily accommodating a staff member. Assurances were provided following the inspection that the staff member no longer resided in the centre.

Notwithstanding this, Firstcare Blainroe Lodge had effective leadership governance

and management in place. There were clear lines of accountability and responsibility. The registered provider was Firstcare Blainroe Lodge Limited. There had been a change since the last inspection in the operational management of the centre but Firstcare Blainroe Lodge Limited remained the registered provider. The centre is now part of a wider group who own and run a number of centres throughout Ireland. Reporting relationships were outlined to inspectors. The person in charge reported to the person participating in management who in turn reported to the registered provider representative who was also a company director. The person in charge worked full-time and was supported in the role by an assistant director of nursing who was supernumery. In addition, these roles were supported by a clinical nurse manager, staff nurses, healthcare assistants, housekeeping, social care leaders, administration, laundry and catering staff. The centre had sufficient staff nurses and healthcare assistants to meet the assessed needs of the residents. Management stated that they were assured that there was adequate staffing given the layout of the centre and if resident dependency levels were to increase that staffing would be increased accordingly. However, the centre had a number of staff vacancies and management informed the inspector that they were challenged in recruiting healthcare assistants due to the rural location of the centre but had increased their staff nurse numbers to compensate for this. Furthermore, management stated that they are unable to open to full capacity due to staff recruitment issues.

Staff had access to a wide range of training including safeguarding training, fire training and medication management training both through HSELand and the pharmacy. Training via zoom was available for example; understanding dementia, restrictive practice training, safeguarding and palliative care. A small number of staff had completed a FETAC level 5 in infection prevention and control. However, gaps in training were identified which will be discussed under Regulation 16: Training and staff development.

Staff files were accessed via an electronic system. Of the records reviewed Garda (police) vetting was in place for staff and the professional registration certificates for those who required it for example; registered nurses, was on file.

The was evidence of effective monitoring of the service through audit. Audits completed included monthly medication audits, audits of restrictive practice, falls and complaints. However, improvements were required in infection prevention and control audits and or environmental audits. The inspector was informed that these had ceased due to staffing shortages in housekeeping. Furthermore, this deficit meant that some actions outlined in the previous compliance plan were not sustained. An annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed, with an action plan for the year ahead.

Systems of communication were in place. Monthly clinical and corporate governance meetings were taking place attended by the person participating in management and management from within the centre including the person in charge and the assistant director of nursing. Agenda items included incidents and housekeeping. An action plan accompanied the meetings with an identified person responsible for the actions. Formal staff meetings were not taking place. However, the inspector was

informed information sharing took place at handover. If a change was being implemented in the centre each staff member was written to and informed of the change.

There was a system in place to record incidents. Incidents reviewed that met the criteria for reporting to the Chief Inspector were reported as required by the regulations. Tracking and trending of incidents was taking place through monthly audits of incidents such as falls and medication incidents.

Regulation 15: Staffing

- The centre had two housekeeping wholetime (WTE) vacant posts at the time of inspection including a supervisory role which had been vacant since May. Agency staff were employed to fill the gap. The inspector was informed that two new housekeeping staff were due to commence in October 2022.
- One clinical nurse managers post was vacant. The inspector was informed that this was advertised at present.
- There were eight WTE healthcare assistant vacancies with four staff recruited, to commence in the coming weeks. Management stated that in the interim the centre had in excess of WTEs for staff nurses to cover the deficit in healthcare assistants.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Gaps were identified in training required by the regulations:

- Approximately 19 staff had not completed safeguarding training or the training was out of date.
- 12 staff had not completed fire safety training or the training was out of date.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff records was reviewed. A small number of gaps were identified including:

- Gaps in the employment history of two staff was identified.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the registered provider had a number of assurance systems in place to monitor the effectiveness of the service, improvements were required in order to further strengthen the governance and management. For example;

- Actions from the compliance plan from the inspection in May 2021 had not been sustained. For example; weekly audits of cleaning and equipment from each unit with the auditor and person in charge had ceased in May 2022 due to supervisory staffing deficits in housekeeping.
- Risks identified on inspection such as the flow of laundry through the centre and the lack of housekeeping staff had not been risk assessed and or placed on the risk register.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres' complaints procedure was displayed identifying the person in charge as the person to make a complaint to and the name of a person where the decision could be appealed. Complaints were logged on an electronic system. A small number of complaints were received in 2022. Of the complaints viewed, they contained the detail of the complaint and outcome of the complaint.

Judgment: Compliant

Quality and safety

Inspectors found that residents had a good quality of life in Firstcare Blainroe Lodge and where possible, were encouraged to live their lives in an unrestricted manner according to their capabilities. Residents had good access to medical, nursing and health and social care providers if required. Improvements were required in relation to Regulations: 17 Premises, 27: Infection control, 28: Fire precautions, 29: Medicines and pharmaceutical services, 5: Individual assessment and care planning, 7: Managing behaviours that is challenging and 9: Residents' rights.

Visitors were observed in the centre with a high but safe number of visitors. It was evident that visitors were welcome in the centre and some visitors expressed their relief at being able to freely visit their loved ones again.

The centre was generally clean on the day of inspection. An up-to-date infection prevention control policy was in place and the centre had an infection prevention and control strategy for the management of outbreaks in the centre. The inspector was informed that the registered provider was in the process of introducing a new cleaning schedule. In addition, there were plans in place to replace the cleaning product dispenser. Furthermore, the inspector was informed that the centre was in the process of rolling out an education programme for housekeeping staff on the principles and practices of cleaning. This will be provided by staff from within the company. The registered provider carried out unannounced infection control audits with the last one completed in May 2022. The audits were comprehensive, included photos of issues identified, however, issues identified remained in the centre which will be discussed further under the specific regulations of premises and infection control.

The centre had an up-to-date risk management policy in place which contained the measures and actions in place to manage the five specified risks outlined in the regulations.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Daily, weekly and monthly checks of for example escape routes and fire alarm checks were carried out. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Signage to guide staff on the evacuation routes was clear and on display in a number of locations throughout the centre. Each resident had a personal emergency evacuation plan in place which was located inside each resident's wardrobe. The most recent evacuation of the largest compartment with night time staffing levels took place in August. Notwithstanding the good practices, improvements were required which are detailed under the regulation.

The centre had systems in place for medication and pharmaceutical services. Staff spoken to were knowledgeable about the systems and processes in place. Medications were stored securely including medications requiring strict control measures (MDAs). Staff had access to advice from a pharmacist and while not onsite regularly the pharmacist was available to speak to a resident if they requested it. The inspector was informed that medication reviews of all residents took place at six

monthly intervals.

The inspector observed a sample of care plans and validated assessment tools. These were found to updated at least four monthly intervals or if not sooner. However, while care plans were dated as being updated the information in the care plans was not always up to date. This will be further discussed under Regulation 5: Individual assessment and care planning.

There was policy in place to inform staff on the management of behaviours that challenge. The registered provider aimed to reduce the bedrail usage in the centre by 10% per quarter in 2022. There was evidence of a restrictive practice register, risk assessments were completed, and the use of restrictive practices was reviewed regularly through audit. Oversight of the use of PRN (as required) medications was required to ensure that the underlying factors for a behaviour are explored, and that all available alternatives to the medication, are trialled prior to administration. This will be further discussed under Regulation 7: Managing behaviours that challenge.

The registered provider had a number of assurance systems in place to be assured of the safeguarding of residents and their finances.

Residents were consulted about the organisation of the centre through resident meetings and satisfaction surveys. Residents had access to both national and local newspapers and WIFI was available for residents if they required it. Access to advocacy services was displayed in the centre. While resident activities were taking place in the afternoons residents were observed to be sitting for long periods of time in the morning where no activities were taking place other than mass on the television.

Regulation 11: Visits

Open visiting was taking place in the centre and visitors confirmed that they were free to visit anytime. However, visitors were required to sign a COVID-19 screening form but indicated that they did not see this as an inconvenience. A visitors room was available in Seafield and Silverstrand if residents wished to receive their visitors in private.

Judgment: Compliant

Regulation 17: Premises

A number of improvements were required to ensure compliance with schedule 6 of the regulations. For example:

- General wear and tear was noted throughout the centre for example chipped

woodwork in doorways and skirting, damaged walls. For example: the medication room on Sliverstrand.
- The sluice room in the centre required review. For example:
    - the sluice room in Silverstrand was also a housekeeping store room
    - the sluice room in Seafield contained no sluice hopper but instead contained a janitorial sink.
- The centre had only a small number of hand hygiene sinks and these did not meet the required specifications. Management stated that hand hygiene sinks had been ordered and would be installed when received.
- Storage remained an issue in the centre. For example: a hoist was stored in a bathroom in silverstrand. Some unoccupied rooms registered as resident accommodation in Bayside contained multiple items of equipment including bed, chairs and a cleaning trolley.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date risk management policy in place. The policy identified the measures and actions for the five specified risks outlined in the regulations. In addition, the policy outlined the risk management process.

Judgment: Compliant

Regulation 27: Infection control

The centre was generally clean on the day of inspection, however, a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- A number of staff throughout the two day inspection were observed to be wearing their medical grade masks below their chins when attending to resident care. This was brought to managements' attention on the morning of the second day but the practice persisted.
- Hoist slings for the standing hoist were not single resident use only.
- The laundry room did not have a dirty to clean flow. However, the centre had endeavoured to mitigate the risk of cross-infection through the placement of screens to segregate dirty and clean linen. The inspector was informed that management were aware of this and were reviewing the flow to see what additional mitgation measures could be implemented.
- None of the sluice rooms contained a clinical waste bin.
- The temporary closure mechanism was not engaged on the sharps bins

observed by the inspector. This was brought to management's attention on the day.
- Housekeeping staff were unsure of the dilution of a chlorine based solution. In addition, the chlorine based solution was in a bottle containing a label of another solution. Furthermore, there was no date or name on bottles containing detergent cleaning solutions. This was a similar finding to an unannounced audit that was carried out by the registered provider in the centre in May 2022.
- A linen trolley was stored in the sluice room in Silverstrand.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified with fire safety that required action:

- A small number of staff spoken to were unable to describe the evacuation procedures.
- Personal Emergency Evacuation Plan for a small number of residents' whose dependency had changed had not been updated. These were updated while the inspector was onsite.
- Monthly checks of the fire doors were completed. However, issues identified for example paint on the fire seals of doors, while repeatedly identified had not been actioned.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector was informed that no transcribing took place in the centre. However, it was identified that drugs such as for example paracetamol were documented in the medication administration record by a member of staff but the route and frequency were not transcribed. This could pose a potential for error.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans. It was noted that end of life care plans while they were reviewed at four monthly intervals the narrative indicated

otherwise. For example: the narrative in the care plan stated that resident end of life wishes were not discussed as the resident was just admitted. However, the resident had been in the centre for over two years.

Judgment: Substantially compliant

Regulation 6: Health care

Residents in the centre had access to a general practitioner (GP) of their choice. GPs attended onsite once weekly. Outside of these hours an out of hours service was available. Residents had access to a range of health and social care providers. For example; a physiotherapist attended onsite once weekly and occupational therapist once monthly which was included in the nursing home fee. A private company provided dietetic, speech and language therapy and tissue viability advice. All residents were reviewed by an optician every two years and a chiropodist attended onsite once a month with the resident contributing towards the cost.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Despite overall good systems in place to respond to and manage behaviours that challenge, inspectors were not assured that residents were consistently responded to in a manner that is not restrictive. Inspectors identified the following:

- On two occasions, a resident had been administered a PRN (as required) psychotropic medication without any documentation of the rationale for it's use. There was no associated notes made in the resident's daily nursing narrative to indicate that the resident was displaying behaviours that challenge, and no rationale given as to why this medication was required. In addition, ABC (Antecedents, Behaviour and Consequence) charts were not completed on either occasion. This is not in line with the centre's own policy.
- There was no evidence that staff had up to date knowledge and skills to respond to and manage behaviours that challenge.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had a number of assurance systems in place to ensure that there was

appropriate safeguarding measures in place to safeguard residents and protect them from abuse.

- A sample of records were reviewed and of those reviewed all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- The inspector verified that there was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for a small number of residents.
- Staff were knowledgeable as to the different types of abuse that can occur, and were aware of the correct reporting mechanisms should an allegation of abuse be disclosed.
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons. As identified under Regulation 16: Training and staff development, gaps were identified in this training which will be discussed under Regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

- Resident were observed to be sitting in the morning time without stimulating activities. For example: the majority of residents were observed on both mornings sitting in front of the television watching mass for long periods with no interaction taking place between residents and staff.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Firstcare Blainroe Lodge OSV-0000016

Inspection ID: MON-0037328

Date of inspection: 06/10/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Ø A robust recruitment plan is underway to recruit locally, nationally and internationally. A number of newly recruited staff are due to commence at the end of November 2022.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: By 31 January 2023, all staff will have attended update training in relation to fire safety, safeguarding and IPC.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Ø The gaps in the two staff files identified during inspection have been addressed (completed).	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Ø A Housekeeping Manager is now in post and the laundry system has been risk assessed and issues identified added to the risk register. All actions from risk assessment and previous inspection findings will be fully addressed by 31 December 2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Ø General maintenance works i.e., medication rooms and storage areas have been actioned. Environmental improvements are currently on going within the centre. Ø Hand Hygiene sinks have been ordered however we are experiencing delays with the service provider and are now exploring alternative options to expedite this equipment. Ø The facilities team are scheduled to review both sluice rooms with a view to exploring alternative options – to be completed by 31 January 2023.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Ø Additional training in the use of PPEs and Hand Hygiene has been scheduled for all staff. Weekly update sessions will be provided throughout December 2022. Ø By 30 November 2022, all household staff will have attended refresher training on the use of chemicals. Ø Individual slings are now available for every resident (completed). Ø A review of the laundry flow is scheduled by our Facilities team with actions to be taken thereafter.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Ø Fire Training for staff is scheduled for 23.11.2022. Ø PEEPs audit is currently underway. Ø Fire Doors have been actioned and brushes repaired/replaced as required.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Ø A revised monthly medication audit has been introduced that now incorporates a review of both kardex and prescription including route and frequency. All reviews are to be completed by 31 December 2022.	
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: Ø By 31 December 2022, all nursing staff will have received update training in relation to care planning. Ø All care plans will continue to be audited monthly (completed).	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Ø By 31 March 2022, all staff will have completed training on the management of responsive behaviours. All nursing staff will also have completed dedicated training on the use of psychotropic medication	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Ø By 30 November 2022, the programme of activities within the centre will have been updated to ensure the provision of person-centered activities.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 21(1)	The registered	Substantially	Yellow	16/11/2022

	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.	Compliant		
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	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
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	31/12/2022
Regulation 28(1)(d)	The registered provider shall make	Substantially Compliant	Yellow	30/11/2022

	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.			
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	30/11/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of	Substantially Compliant	Yellow	31/12/2022

	the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of	Substantially Compliant	Yellow	31/03/2023

	Health from time to time.			
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	30/11/2022