



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

Issued by the Chief Inspector

Name of designated centre:	Tara Winthrop Private Clinic
Name of provider:	Tara Winthrop Private Clinic Ltd.
Address of centre:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	19 August 2020
Centre ID:	OSV-0000183
Fieldwork ID:	MON-0029723

About the designated centre

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

The designated centre is situated close to the village of Swords, Co Dublin. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, the Pavilions Shopping Centre, a large variety of local shops, retail park and historical sites of interest and amenity such as Swords Castle, Newbridge House and Demense, Malahide Castle and Demesne.

Tara Winthrop Clinic provides nursing care for low, medium, high and maximum dependency residents over 18 years old. The centre is organised into five units made up of 140 beds of which 112 are en-suite bedrooms. There are eight sitting room areas and six dining room areas and at least 15 additional toilets all of which are wheelchair accessible. The centre is set in landscaped grounds with a visitor's car park to the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	107
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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
Wednesday 19 August 2020	08:50hrs to 15:30hrs	Sheila McKeivitt	Lead
Wednesday 19 August 2020	08:50hrs to 15:30hrs	Deirdre O'Hara	Support
Wednesday 19 August 2020	08:50hrs to 15:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Residents welcomed inspectors and freely shared their experience of living in the centre. One resident described feeling "much better" since she arrived in the centre. She attributed this to good nursing care and the quality of the food.

Staff were well acquainted with the needs and individual preferences of residents. Inspectors observed staff gently orientating residents with dementia, and communicating with residents in line with each person's abilities and needs. On the day of inspection staff were observed congratulating and celebrating with residents, who had their first visit to the hairdresser since the start of the lock down in March.

Staff who spoke with the inspectors remembered how they had felt isolated from their colleagues while nursing residents in isolation during the COVID-19 outbreak. They talked about fear as being the overwhelming emotion, but described being well supported by the in-house general practitioner (GP) and the management team. One staff member said that there was great sadness at the loss of residents but also pride in their ability to prevent the infection from spreading further by using good infection prevention and control precautions including the use of personal protective equipment (PPE).

Residents told inspectors about how they enjoyed some alternative activities and entertainments such as sitting in the garden. They had particularly enjoyed an ice cream party and a barbecue organised during fine weather and were looking forward to the next barbecue.

Residents told inspectors they had lots of choice of activities of interest to them. They were glad to be able to participate in group activities after cocooning for so long.

Staff were described as kind, happy and good fun. Residents said that staff facilitated them to live as independently as possible.

Staff were observed assisting residents with their meals in a quite and calm manner.

Capacity and capability

This short-notice announced risk inspection that had been triggered in response to the number of concerns received by the Chief Inspector during and following the COVID-19 outbreak in the designated centre in March 2020.

The provider submitted a notification of an outbreak of COVID-19 in the centre to the Chief Inspector on 12 March 2020. During the course of the outbreak 81 residents and 109 staff had a positive diagnosis of COVID-19 and 23 residents and one staff member sadly died. At the time the provider had assistance from the a HSE Crisis Management Team to access appropriate quantities of personal protective equipment and access to COVID-19 testing and results for staff and residents. In addition the provider required assistance to manage and staff the centre.

The management team had supported staff and residents and they all worked together to bring everyone through the COVID-19 outbreak in the centre. The impact of the devastating loss of life was palatable throughout this inspection.

The management team was stable and all members of the team were competent in their role. The provider representative, quality manager, person in charge and assistant director of nursing worked well together and were continuously striving for excellence in practice to provide the best possible outcomes for residents. There were well established monitoring systems in place which were updated on an ongoing basis to ensure residents received a high standard of care. This is reflected in the high levels of compliance found on this inspection and the positive feedback from residents and their families. Inspectors found that the action plans from the last inspection report either had been addressed or were in the process of being addressed in a timely manner.

Staffing levels had been reviewed in detail once all those off duty due to COVID-19 related sick leave returned and the induction of new staff had been completed. Residents needs were being met by the good staffing levels present on the day of this inspection. The skill-mix of staff on-duty ensured that their was good supervision of practices.

Residents complaints were listened too, investigated and they were informed of the outcome and given the right to appeal. residents and their families knew who to complain too.

Regulation 14: Persons in charge

The person in charge was present on the day of inspection. She had commenced in this role on 01 June 2020 and had been found to meet the requirements to hold the post of person in charge prior to this inspection. She worked full-time and was supported in her role by the provider representative and the assistant director of nursing.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the holistic needs of the residents living in the centre. There were no agency staff used in the centre since they had recovered from the COVID-19 outbreak in June 2020.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training. All staff working in the centre had completed the relevant training outlined in the "Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance".

Staff members spoken with had a clear awareness of the early signs and symptoms of COVID-19. Some senior staff had completed training on how to collect a sample for testing for COVID-19.

Staff spoken with told inspectors that the communication systems between managers and staff during the recent COVID-19 outbreak were good. Staff were kept up-to-date at all times with the updated infection prevention and control guidance.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well governed. There was a management structure in place with clear lines of authority and responsibility for all areas of the service. The management team worked well together. The management team had developed and implemented processes to ensure the quality of care provided to residents was closely monitored. The senior management team met on a weekly basis where all areas of management of the centre were discussed and any areas for improvement were agreed and the relevant staff informed about the changes that were required.

An annual review for 2019 had been completed, it included residents feedback and a quality improvement plan for 2020.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider had a system in place for issuing contracts of care to residents with the new providers' details. Inspectors viewed a sample of the new contracts. They included the details of the services to be provided, the fees to be charged including fees for additional services. They all contained details of the residents room number and occupancy.

However at the time of the inspection not all residents contracts had been reviewed and updated to include this information. 49 revised contracts had been issued to residents and or their family. It was planned that all residents would receive an updated contract by the 30.09.2020. This was in line with the compliance plan from the last inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed since the last inspection. A revised copy had been sent into the Chief Inspector and was available for review on inspection. It included details of the new person in charge. A copy was available to residents in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy in place met the legislative requirements. A copy of the complaints procedure was on display throughout the centre. There were no open complaint's at the time of the inspection. All complaints received since the last inspection in February 2020 had been investigated. Inspectors saw that the outcome of the complaint was recorded as was whether the complainant was satisfied with the outcome or not.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five of the regulations were available for review. They had been reviewed within the past three years and those that required had been updated to reflect COVID-19 guidelines.

Judgment: Compliant

Quality and safety

Residents received a high quality of care and support from the staff team. It was evident that staff working in the centre had supported residents who were impacted by COVID-19 by supporting them with the changes to their lives brought about by virus and the restrictions that were put into place.

Inspectors found that residents' medical and social care needs were assessed and comprehensive care plans were put in place which reflected individuals' preferences. Each resident had a Covid Risk Care Plan which detailed the care to be provided to each resident to prevent infection.

Residents were complimentary about the food they received. Inspectors noted that in response to resident feedback the provider had implemented an action plan to improve the variety and temperature of the residents' meals.

Residents expressed their joy at being able to attend the hairdressers and to receive visitors again. Inspectors spoke to a family who were visiting a resident with dementia. Members of the family were showing the resident some family photographs. They told the inspectors how the resident was gradually coming back to them after lock-down and that she had started to recognise her family again.

Although residents' activities were restricted due to COVID-19, a programme of room and corridor activities were put in place. A full review of activities is due to be completed by the 30.09.2020.

Infection prevention and control processes and procedures were in place and overall the centre was clean. However, some areas for improvement were identified which required review. These are discussed in detail under Regulation 27.

Regulation 11: Visits

A policy was in place which had been updated in line with COVID-19 Public Health Guidance. During the COVID-19 outbreak window visits were organised for residents. Visiting restrictions had been revised in line with the current guidance.

At the time of the inspection a risk assessment process was in place for visitors

entering the building. An information leaflet was available for visitors with details of visiting protocols.

Three designated visiting areas were in use on the ground floor. CNMs co-ordinated visits for residents on their units. Residents were able to receive visitors during the week and at weekends.

Judgment: Compliant

Regulation 13: End of life

There were clear systems in place to ensure that staff providing care for residents at end of life were compliant with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.)

For example an end of life checklist was developed in June 2020 and end of Life care plans were in place to inform staff of the individual residents preferences and wishes.

Records showed that families had been facilitated to visit residents on compassionate grounds, during the day while COVID-19 restrictions were in place.

Prior to COVID-19 a review of facilities for visitors to stay overnight was required. Reclining bed-chairs are available for use by families at night, but the space available for visitors had not been adequately improved.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that an action in relation to the available bath/shower facilities had not been implemented by the provider.

The three additional bathrooms had not been installed. However, there was a clear plan in place for the bathrooms to be installed by 30th December 2020 in line with the compliance plan submitted by the provider. Inspectors saw evidence that architects had been consulted with regard to reviewing the current plans for the centre however at the time of the inspection they had not yet completed a site visit.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents told inspectors that they were happy with the food that was served.

There was a comprehensive nutrition and hydration policy in place. Residents reported enjoying the food they received. A clinical nutrition menu audit was completed and found that the options served to residents were compliant with good nutrition.

Two service user food satisfaction surveys had been completed and further surveys were planned.

An action plan was in place to address the issues identified in the previous inspection in relation to the choice of snacks available to residents' and the dining room environment. The centre was on course to complete this work by the agreed date of 30.09.2020.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk assessments, escalation of risks and the mitigation of risks. Risks were identified, Records showed that there were appropriate controls in place to manage risks and that a responsible person was assigned to ensure that this was implemented.

A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering, visiting and communication arrangements. The provider was undertaking a serious incident review in respect of the COVID-19 outbreak. It informed the centre's preparedness for future outbreaks.

Inspectors viewed the centres risk register and noted that an overview of the trends in healthcare-acquired infection and antibiotic prescribing was done by the medical officer and presented to the Provider. This provided assurance that healthcare-associated infection and antimicrobial resistance related risks were identified and managed in a timely manner.

Judgment: Compliant

Regulation 27: Infection control

There were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There was an outbreak control team in place. Regular communication was seen in documentation between the centre and public health. The office of the Chief Inspector was informed on the day following the inspection, that the outbreak was declared over by Public Health. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. Training records showed that a number of staff had attended training in the management of a COVID-19 outbreak.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available and stocked as used in line with current guidance. Staff were observed donning and doffing PPE and could describe to the inspectors the correct sequence for this. There were adequate and appropriate hand hygiene facilities and products available throughout the centre. Staff were observed to follow good practices in hand hygiene and the correct use of PPE. Hand hygiene observation audits had recently commenced in the centre. Staff were seen to maintain and encourage appropriate social distancing in their day to day work.

Overall, the centre was clean. There were cleaning processes in place, which were documented in cleaning sign off sheets. Cleaning and cleaning documentation were overseen by a cleaning supervisor. Cleaning staff and nursing staff, who spoke with the inspectors, were aware of their roles and responsibilities and the cleaning processes required for terminal cleaning. However staff needed further training regarding the day to day cleaning of bedrooms and bathrooms.

Evidence of regular environmental hygiene audits were available. There were safe laundry arrangements in place.

The centre had systems in place to manage and control infection outbreaks. Inspectors were informed that a patients recently admitted from an acute hospital were isolated on admission in line with national guidance.

The following areas for improvement were noted:

- The storage of PPE, cleaning wipes, nutritional drinks, sterile supplies (some were stored on grab rails, hand towel dispensers or on the floor,) and those commodes that were stored in bathrooms on two units. These practices created a risk of cross contamination in the centre.
- Sharps boxes were not labelled and did not have the temporary closure

mechanism engaged when they were not in use.

- There was gaps in practice in the cleaning and decontamination of blood glucose monitoring equipment, surgical scissors and dressing trays, which could lead to cross infection if not cleaned between uses.
- There was no evidence of checklists for cleaning of patient equipment on one floor, this was identified in an audit done by staff in the centre. An equipment cleaning schedule should be developed to include all items of equipment which were identified in the recent audit.
- A regular maintenance program for the bedpan washers.
- There were gaps in the monitoring of temperatures for one medicine fridge, and two medicine fridges were not clean and one shelf was damaged.
- There was a knowledge and practice gap regarding the correct method to clean blood spillages and the safe use and recognition of single use items/symbols on packaging. This was identified in the centres own audit findings.
- Sluice rooms doors were left open which did not allow for cleaning agents and equipment to be stored safely. Cleaning mops were stored in the sluice rooms for use when cleaners were not on duty. This practice has the potential to cause cross contamination.
- While clean and contaminated waste is being managed in accordance with best practice and in line with the centres policies, the external clinical waste wheelie bin was not locked.
- There was inconsistencies seen in staff monitoring and the records staff kept of three residents for signs of COVID-19 infection.
- Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with the inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents' baseline. There was a system in place at reception which allowed for contactless temperature monitoring for persons entering the centre.

While there was appropriate infection prevention and control signs on display around the centre, some required laminating to aid effective cleaning. Signs were in place on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19, staff are aware of the infection prevention and control precautions needed when caring for residents. Isolation, zoning and cohorting arrangements are clearly signposted and only the staff assigned to these areas were working there.

There was a COVID-19 swabbing scheduled in place, directed by public health. Infection prevention and control audits and associated quality improvement plans were on-going.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following the last inspection, a plan was put in place to address deficits found. There was evidence that recommendations for improvement made at the end of each fire drill practice had been implemented and would be emphasized again at planned fire training in September and October this year.

While fire safety checks were being carried out every day, inspectors observed that three bedroom doors were held open by waste bins.

The centre was introducing a questionnaire after the training later this year, to assess the staffs level of understanding of fire drill safety.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were viewed. Records showed that pre-admission assessments took place prior to residents moving to live in the nursing home. A variety of assessment tools were used to assess resident's needs, including MUST, Waterlow and Agitation Inventory.

Comprehensive care plans were developed following assessment of resident's needs. These included End of Life and Covid-19 Risk care plans. Care plans were up to date and reviewed as residents' needs changed. They provided sufficient information to guide care staff in their delivery of care. Residents and their families were involved in the development of person centred care plans.

Judgment: Compliant

Regulation 6: Health care

Residents received a high standard of evidence based nursing care with the support of medical and allied health staff. Evidence from resident's records showed that they received regular assessment and interventions from their general practitioner (GP). Residents were referred for external medical consultation when needed, for example, dermatology.

Medical treatment was made available to residents when required and the records showed that where resident choose not to accept the treatment recommended that this choice was recorded clearly in the residents records.

Residents received a physiotherapy service from two in house physiotherapists employed by the centre. During COVID-19 outbreak they assisted residents

to maintain their mobility through corridor exercises.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to communicate and exercise choice over their lives. Residents meetings happened throughout the COVID- 19 outbreak, where they had the opportunity to participate in the organisation of the centre. These meetings were chaired by the activities coordinators in each unit.

Access to independent advocacy was available as well as access to a part time advocate employed by the centre. Their role is to uphold resident's rights and to assist residents to engage with external agencies if needed. Residents had access to television, newspapers and radio.

During the COVID-19 outbreak residents were assisted to communicate with their families through telephone, WhatsApp and other social media.

A variety of group activities were organised during the COVID-19 restrictions including Tele-bingo, a concert broadcast from the oratory to residents rooms, and a barbecue.

Activities staff hold regular meetings to plan and organise events for residents. Minutes from these meetings which were viewed by inspectors included discussions about equipment needed and timetables. Daily activities were displayed on whiteboards in residents living areas. A review of residents weekend activities had not been completed since the last inspection due to COVID-19. The planned compliance date remains 30.09.2020.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tara Winthrop Private Clinic OSV-0000183

Inspection ID: MON-0029723

Date of inspection: 19/08/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>A new Contract of Care has been developed. The new Contract of Care has been circulated to all residents/ family members where appropriate.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The premises have been reviewed by Architects and the Provider has put in place a plan is to install new bathrooms on the units by 30th December 2020, respectful of COVID-19 public health requirements.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Two units were completed at the time of inspection- the two other units were completed before 30 September 2020.</p> <p>All feedback was reviewed by the Head Chef and Director of Nursing- A Quality</p>	

Improvement plan was developed where areas of improvement were identified.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

All areas flagged by the Inspectors for improvement were addressed on the day of inspection. All quality improvements were added to the agenda of the IPC meeting which is held on a monthly basis- Evidence of these meetings were given to the Inspectors on the day of Inspection.

1. A review of apron storage on units was completed by Director of Nursing and person responsible for IPC. This was completed on the day of inspection and alternative solutions were identified.
2. A review of the storage of commodes was completed by the Director of Nursing and person responsible for IPC on the day of inspection in collaboration with Public Health- A clean dry area was identified for storage. Ie bathroom which is large with clean dry area.
3. Sharps boxes were reviewed on the day of inspection and safety valves were activated as well as staff educated on the importance of the safety mechanism
4. Gaps in cleaning equipment was reviewed on the day of the inspection and development of new documentation to evidence the cleaning was implemented immediately and staff educated on same.
5. Bed pan washer documentation in relation to servicing is now stored in a location accessible to all staff and have all been serviced since by external supplier.
6. Two new medicine fridges have been purchased and the old thermometers have been replaced.
7. On the day of inspection staff were provided with updated education on the process of blood spillages.
8. On the day of the inspection all sluice doors had key code access installed.
9. On the day of inspection, the mops were removed from the sluice and all staff were informed of the new practice.
10. On the day of inspection, the clinical waste bin was locked immediately- all staff were educated on the importance of keeping this bin locked and were informed of where the key is stored out of hours.
11. On the day of inspection all non-laminated signage was removed and where applicable new laminated signage was displayed.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
On the day of inspection, the doors were released and staff were educated on the risks associated with wedging the doors open. Daily walkabouts completed by CNM's to monitor compliance.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2020
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/09/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other	Substantially Compliant	Yellow	30/09/2020

	occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	19/08/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	19/08/2020