



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Earlsbrook House
Name of provider:	Firstcare Earlsbrook House Limited
Address of centre:	41 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 November 2021
Centre ID:	OSV-0000033
Fieldwork ID:	MON-0033441

About the designated centre

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

The centre is registered to accommodate 64 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 48 single rooms, nine of which have en-suite shower, toilet and wash-hand basin while three others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a small oratory, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided.

According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Monday 8 November 2021	10:00hrs to 18:15hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in this centre. While residents continued to be impacted by public health restrictions, staff in the centre continued to support them to live as normal as possible and enjoy meaningful and enjoyable activities. The premises mostly supported residents' safety however improvements in the condition of parts of the premises and in the layout of the laundry would reduce or eliminate potential infection risks. The inspector observed practices, greeted many residents during the inspection and spoke at length with six residents and one visitor to gain an insight of the lived experience in the centre.

On arrival the inspector was guided through the centre's infection control procedures. Alcohol hand gel dispensers were conveniently located throughout the centre to promote good hand hygiene practices. There was limited access to hand washing sinks throughout the centre and at the point of care for staff to clean their hands. This was not in line with the national standards and did not encourage good hand hygiene practices. The front door was key-coded as was access from the reception to the rest of the centre, residents could not freely access the reception area without the assistance of staff.

The centre was originally two period buildings which had been adapted and extended and now provided single and twin bedroom accommodation for up to 64 residents over three floors. Parts of the building retained some of the original Georgian features, for example, fire places and stairs. The building was divided into four functional homesteads however on the day of inspection only three of these were operating due to reduced occupancy in the centre. There were 37 residents living in the centre on the day of the inspection. Part of the reason for this was that one area of the centre which was over three floors could only be accessed by stairs and residents with mobility issues could not access some bedrooms. There was only one resident residing on this floor on the day of the inspection. Plans were in place for the installation of a passenger lift to improve access to this part of the centre. The other floors in the centre were accessible by two passenger lifts which were fully accessible to residents. There was level access to the centre's courtyards and to the front of the building.

Due to the reduced number of residents in the centre most bedrooms regardless of their capacity were single occupancy. This would reduce the spread and impact of COVID-19 should it occur in the centre. Two residents who wished to continue to share a bedroom were facilitated to do so as it was their choice and expressed preference.

There was colourful artworks on the walls in corridors and communal rooms and comfortable furniture throughout for residents use. Day spaces and bedrooms mostly enjoyed natural light and some rooms overlooked the courtyards and residents could watch the centre's pet rabbit roam around. On arrival the inspector

observed residents up in day rooms, in their bedrooms and some were observed independently mobilizing around the centre. There were assistive handrails throughout. Directional signage however, was not available to assist residents in way finding. CCTV cameras monitored all exit doors and the corridors within the centre, there was a sign advising visitors and residents of this.

Corridors were free of clutter and new flooring had been installed. The centre appeared to be cleaned to a high standard throughout with the exception of parts of the centre that could not be effectively cleaned due to wear and tear, for example, skirting boards, doors, chipped wood and damaged paint on walls. There was a choice of communal rooms and residents who chose to smoke could do so in the internal smoking room. There was a small oratory and sensory room and ample space within the centre for residents to mobilise. One resident was very proud to show off his bedroom and told the inspector that the person in charge had organised nice paintings and a writing desk for him, he also stated he enjoyed watching the world outside go by from his window. The centre was warm throughout.

Residents were very complimentary about the staff in the centre. Residents recalled how the kindness and camaraderie of staff helped them during the periods of isolation due to a previous COVID-19 outbreak in the centre. Some residents were initially fearful but staff kept them informed of changes and facilitated calls to family and friends. Residents were happy they could socialise in the centre again and said that staff were doing their best to help them adjust to their new normal. Residents were aware that a lot of staff had left the service and told the inspector that regular agency staff and some new staff had replaced them. Residents stated there was always enough staff on duty to assist them and described the staff as 'fantastic, kind, helpful and friendly'. Residents were satisfied with and enjoyed the activities provided, which included, live music sessions, local Men's Shed, physiotherapy group exercise classes, bingo, baking, arts and crafts, aromatherapy, hairdresser and walks down to the seafront. The inspector observed many examples of kind and person-centered care throughout the day. Staff were very familiar with residents' needs and were observed discreetly assisting and encouraging residents. Residents were very happy with quality and choice of the food and stated snacks and drinks were available any time.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Overall the centre had made many improvements since the previous inspection and

there was good oversight of the quality and safety of care. Recent changes in the provider entity presented opportunities to continue to improve the service, for example, resources were being made available to eliminate risks associated with infection control in the laundry and access to bedrooms in one section of the centre. Improvements were still required to ensure that the safety needs of residents and staff were met, for example, staff were not up to date with mandatory fire training.

Firstcare Earlsbrook House Limited was the registered provider for Earlsbrook House Nursing Home. There were recent changes in the provider entity and the company now formed part of a larger group. There were now three directors. The person in charge worked full time and was supported by a team of clinical nurse managers, staff nurses, health care assistants, housekeepers, a social care leader, administration and maintenance staff. There were changes also in the senior group management structures and a new regional director of care will support the centre going forward. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff, including agency staff, were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

This was an unannounced risk inspection to monitor ongoing regulatory compliance. Improvements were found in the quality and safety of the service since the previous inspection in August 2020. For example, improvements were found in the oversight of risks with the layout of the premises and infection control risks. There was an ongoing schedule of preventative maintenance which included painting, decoration and replacement of worn furniture. The provider was taking steps to address ongoing infection control risks in the laundry and with the layout of the premises.

Bed occupancy was low with 37 residents now living in the centre with a capacity for 64. There were many reasons for this including the layout of the premises, infection control and staffing. Staffing levels were sufficient to meet the needs of residents living in the centre on the day of inspection. The centre had experienced a high turnover of care staff and regularly used agency staff to ensure the needs of all residents were met. On some occasions nursing staff were used to back fill caring shifts. There was good supervision of staff and good skill mix.

Gaps in mandatory training had been identified and some were being addressed by the management team, for example, dates were scheduled for infection prevention and control training. The centre had provided training for staff to support residents who had responsive behaviours following the last inspection. All staff were up to date with safeguarding training. Several nursing and care staff were being supported to pursue further education in line the centre's needs, for example, in infection control and advanced health care practitioner. There was an ongoing schedule of training in the centre. However oversight of training needs required improvement as all staff required annual fire training, this was a finding on the previous inspection.

Learning from adverse incidents and from residents' feedback informed ongoing improvements and safety in the centre. The provider was undertaking to review how

daily feedback on the service was recorded to ensure it continued to inform quality management. There was a low tolerance for risk in the centre, this was evident by the centre's preparedness plan for another outbreak of COVID-19.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training and staff were supported to perform their respective roles. The provider had identified gaps in training, for example, infection prevention and control and responsive behaviours training were scheduled and due to be completed in the coming weeks.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits viewed informed ongoing quality and safety improvements. There were regular management meetings and senior group managers provided additional support when required. Resources were being made available to eliminate risks, for example, an ongoing infection control risk in the laundry.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on

incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

In the absence of any recent recorded complaints the provider undertook to record minor issues reported by residents and families as part of monitoring quality in the service. The centre had a complaints procedure which was displayed and residents were aware of this procedure and told the inspector there were no obstacles to making a complaint or expressing concerns.

Judgment: Compliant

Quality and safety

Residents received good standards of evidence based health care and their rights and preferences were supported. The centre had made many improvements following the previous inspection and they maintained many control measures to protect residents from COVID-19. However little progress had been made in eliminating infection control risks in the laundry and further improvements in fire safety training and individual evacuation plans would promote the safety of residents and staff.

A number of fire safety risks were highlighted on the previous inspection and the provider engaged with HIQA's fire and estates specialist inspector to provide assurances that all risks were addressed. The inspector found that all of the risks from the previous inspection had been addressed including; evacuation routes were clear, emergency floor plans had been updated to identify escape routes, simulated evacuation drills of the centre's largest compartment with night staffing levels were frequently practiced to demonstrate ability to safely evacuate.

There were good practices in place around frequent practice of fire drills in the centre. This was very important in terms of staff turnover and reliance on agency staff in order to ensure all staff were competent with the centre's fire procedures. The drills were informative and learning formed part of the ongoing evacuation drill practice. Records were maintained of quarterly servicing and ongoing maintenance of the centre's fire detection system and emergency lighting. Required safety checks of escape routes, the fire detection system, fire doors, magnetic closing devices and extinguishers were completed and maintenance issues were reported and addressed. The new provider was undertaking a further fire safety assessment of

the building in the coming weeks. All staff were overdue annual fire safety training however one date had been scheduled and a further date was planned during the inspection.

Improvements were found in the condition and décor of parts of the premises, for example, there was new flooring in communal areas and corridors in several areas of the centre. The centre had been decluttered and several vacant bedrooms were currently used for storage of equipment which would normally be stored on corridors and in communal rooms. A review of available storage would be required when occupancy increased in the future. There were new armchairs in communal rooms and an ongoing plan of preventative maintenance included new wardrobes, painting, wall bumpers for some bedrooms and new curtains. However, areas of the centre were showing signs of wear and tear, for example, door frames and doors were scuffed and damaged from equipment and walls in some bedrooms were damaged and required painting. The condition of the premises is intrinsically linked to infection prevention and control as damaged and scuffed surfaces cannot be cleaned and pose a risk to the spread of infection. Sluice rooms were small and there was limited space for staff to work in these areas.

Staff were guided with a daily cleaning plan and a household manager provided appropriate supervision. The centre was clean to a high standard throughout with the exception of parts of the premises which required repair or repainting. Staff were trained in the use of chemicals and a dosing system was in place. Staff were currently using chlorine based cleaning solutions in all areas of the centre as per national guidelines for the prevention of COVID -19.

There was a deep cleaning schedule in place but staff were currently unable to complete routine deep cleaning due to staffing constraints. Deep cleaning was done on an as needed basis and recorded. The laundry was laid out in a way that created a risk of cross contamination of dirty to clean laundry; while this was risk assessed and controls were in place to date there had not been any changes made to the lay out of the laundry. Staff were competent in the control practices of managing dirty laundry and then cleaning before drying the clean laundry, this procedure was labour intensive and still presented risks to cross contamination.

There was good oversight of risk in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Care plans were evidence based and guided staff to provide person-centered care in accordance with residents' needs and preferences. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. All staff were familiar with residents needs and described individualised interventions.

Residents' well being was supported by access to appropriate health care professionals, regular medical reviews and referral to allied health professionals if

and when required. Routine monitoring of baseline health indicators informed referrals to allied health professionals, for example, blood pressure, blood sugar level, weights and routine risk assessments for falls and mobility. All residents were reviewed by the physiotherapist if they experienced a fall or a change in their level of mobility. There was good evidence of regular and recent reviews by the GP, dietician, chiropodist, occupational therapist, dentist, optician and speech and language therapist. Where residents needed to attend appointments off site they were supported to do so.

The service supported the rights of individuals by respecting choices and preferences and by involving residents in the organisation of the service. There were regular resident meetings and informal feedback daily and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents expressed high levels of satisfaction will all aspects of the service provided and particularly with the staff. Residents were informed of changes in the service and told the inspector about current restrictions and how they impacted on their lives.

Residents were particularly pleased to see their families again and to enjoy trips out and walks locally. Residents stated there were no restrictions to visiting and were happy with the arrangements in place. Residents were aware of the ongoing risks posed by COVID-19 and were adjusting to a different way of living.

There were facilities and opportunities available for all residents to participate in activities in accordance with their abilities and preferences. A social care leader was responsible for directing and organising activities and all members of the care team participated in the provision of activities. Person centred and detailed assessment of residents' needs and preferences informed activity provision and provided staff with important information when communicating and caring for residents.

Indoor visits had resumed in line with the national guidelines and there were ongoing safety procedures in place, for example, temperature checks and health questionnaires for visitors. While residents could receive visitors in their bedrooms, the majority of visits were received in the lounge at the front of the centre. Residents were satisfied with the current arrangements which were under ongoing review by management.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in pace to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 17: Premises

Ongoing improvements were required to ensure the premises conformed to the matters set out in schedule 6. For example, parts of the centre required painting and repair to ensure it could be effectively cleaned.

Sluicing facilities required review to ensure they were appropriate to the needs of residents and that staff could work safely within the spaces. Two sluice rooms were small with limited space for staff to move and work in.

Directional signage would also benefit way finding for residents in this centre. The layout of the building is not straight forward and may pose a challenge to residents with dementia.

Judgment: Substantially compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

There was good oversight of risk in the centre. A register of live risks was maintained which included additional risks due to COVID-19 and risks found on inspection, for example, the risk of cross contamination in the laundry. Risks were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not fully in line with the national standards and other national guidance. For example:

- The layout of the laundry did not support the flow of dirty to clean laundry and this posed a risk of cross contamination to clean laundry. While the provider had control measures in place which were reliant on work practices the risk still existed and required review. This was a non-compliance on the previous inspection in August 2020.

- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand washing sinks in the centre. For example sinks observed in sluice rooms were small and not in line with the recommended standard 'Health Building Note 00-10: Part C standards'. Resident's sinks should not be dual purpose.
- Areas of the centre were difficult to clean due to wear and tear and posed a risk of cross contamination as staff could not effectively clean some surfaces.

Judgment: Not compliant

Regulation 28: Fire precautions

All staff were overdue annual fire safety training. Fire safety training is essential in preparing staff for an emergency and ensuring their ongoing competency and familiarity with the centre's specific procedures. However staff were completing regular compartment evacuation drills which addressed some of the annual training elements. A training date was scheduled during the inspection and the provider was undertaking to ensure all staff received training as soon as possible.

Personal evacuation plans for residents did not state if they required supervision following an evacuation, this was important as some residents in the centre were identified as at risk of wandering and may attempt to re enter the building or wander off while staff were evacuating other residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate person-centered interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre.

GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Earlsbrook House OSV-0000033

Inspection ID: MON-0033441

Date of inspection: 08/11/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Directional Signage: Signage throughout the building will be reviewed. Stimulating & helpful signage to support residents with daily orientation will be placed in appropriate areas. This will be complete by 31st December 2021. 2. Painting & Repair: As identified in the report there is an ongoing preventative scheduled maintenance programme, with skirting boards and rails etc. included. The PIC with the maintenance person completes a monthly 'walk through' and identifies works/ areas to be painted. The current painting and repair tasks will be complete by 31st January 2022. 3. Sluice Rooms: An architect has been engaged to review the layout of the centre and it is intended that a programme of refurbishment and redesign of key facilities will take place that will include laundry and sluice areas. Works should commence in Q1 2022 and be complete by 30th June 2022. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Painting & Repair: As identified in the report there is an ongoing preventative scheduled maintenance programme, with skirting boards and rails etc. included. The PIC with the maintenance person completes a monthly 'walk through' and identifies works/ areas to be painted. The current painting and repair tasks will be complete by 31st January 2022. 	

2. An architect has been engaged to review the layout of the centre and it is intended that a programme of refurbishment and redesign of key facilities will take place that will include laundry and sluice areas. Works should commence in Q1 2022 and be complete by 30th June 2022.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: All resident Personal Emergency Evacuation Plans (PEEPs) have been reviewed, and where a resident requires supervision, this is clearly stated. This was completed by 9th December 2021 and all PEEPs will be kept under regular review going forward.

As part of the induction programme, all staff receive fire safety training. Formal Fire Safety Training was delivered on 1st December 2021. An additional session planned for 8th December 2021 was cancelled due to storm Barra and has been rescheduled for 26th January 2022.

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	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Not Compliant	Yellow	26/01/2022

	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(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	09/11/2021