



**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:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0033561

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 107 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 55 single and 26 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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 25 August 2021	10:00hrs to 18:00hrs	Catherine Sweeney	Lead
Wednesday 25 August 2021	10:00hrs to 18:00hrs	Brid McGoldrick	Support
Wednesday 25 August 2021	10:00hrs to 18:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

During this one day unannounced inspection the centre was in the middle of a significant COVID-19 outbreak, with more than two thirds of the residents and over 20 staff testing positive for the virus. Due to the infection control measures in place at the time, the inspectors were limited to speaking with only a small number of residents on the day of the inspection. Residents spoken with described feeling safe and well looked after.

Although the opportunity for activity and social engagement was limited due to the outbreak, some of the residents observed in their bedrooms were seen to be enjoying radio and television programmes of their choice. One resident had access to a tablet computer and was observed to be listening to Irish music. The resident told inspectors that they enjoyed having access to this music.

An activities coordinator was on duty and was observed to spend one-to-one time with some residents. Small packets of sweets were delivered to residents after their lunch.

Due to the COVID-19 restrictions in place most residents had their meals delivered to their bedrooms. A small number of residents were accommodated in the dining rooms for their meals. This was achieved in a safe and socially distanced manner.

Residents who were free to mobilise had unrestricted access to an outdoor area. Some residents were observed to mobilise around the centre independently.

The following sections will provide a brief overview of the registered provider's capacity and capability to manage and run a safe and quality service, and detail the regulatory findings under each individual regulation.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the infection control systems in place during an outbreak of COVID-19 in the centre. The provider had informed the Chief Inspector of a COVID-19 outbreak in the centre on 15 August 2021. This was the second COVID-19 outbreak in the centre. The first outbreak occurred in November 2020.

Inspectors also followed up on a significant amount of unsolicited information received by the Chief Inspector since the last inspection in November 2020. This

information related to concerns about staffing, poor communication, infection control management and facilitation of visits. The information was found to be mostly substantiated.

The provider of the centre is Drumderrig House Nursing Home Limited. There were 77 residents accommodated in the centre and 30 vacant beds on the day of the inspection. The management team consists of a general manager, who was rostered as a health care assistant on the day of the inspection, a person in charge and a director of care. The person in charge is responsible for the day-to-day running of the centre and is supported by the director of care and a team of clinical nurse managers. The person in charge and the director of care were in attendance and facilitated the inspection.

Overall, inspectors found that this second outbreak of COVID-19 was being poorly managed. Inadequate staffing levels significantly affected the ability to safely cohort residents, provide adequate levels of nursing care and support, and to ensure the centre was cleaned to the standard required during an outbreak of COVID-19. An urgent compliance plan in relation to infection prevention and control was issued to the provider on the day after the inspection.

During this outbreak 55 residents and 22 staff members had tested positive for COVID-19. At the time of this inspection residents and staff had not completed their required period of isolation. Residents were observed to be cared for in their bedrooms on the day of the inspection. All residents in the centre were fully vaccinated. A small number of staff had not yet received the vaccine. Inspectors acknowledged that residents and staff were going through a very challenging time during the outbreak. The centre was supported during the outbreak by the Health Service Executive (HSE) outbreak team.

The centre is a single story building divided into four units. Prior to the inspection, the provider had designated two of the units of the centre as the 'positive area' however, inspectors observed minimal cohorting of residents into positive and 'not detected' areas. Each of the four units in the centre accommodated both residents who had been diagnosed as positive, and residents who were 'not detected' with COVID-19. This was challenging for staff as it meant that they were continuously moving between 'COVID-19 positive' and 'COVID-19 not-detected' residents. Inspectors observed inconsistent practice in relation to donning and doffing (putting on and taking off) their personal protective equipment (PPE). Staff were observed moving in and out of the designated 'positive' unit throughout the day of the inspection.

There were three nurses on duty on the day of the inspection. This meant that there was insufficient nurses on duty to staff each unit with a nurse. Nurses were observed to cross between units throughout the day. This increased the risk of transmission of infection to residents without a diagnosis of COVID-19.

There were four cleaning staff on duty on the day of the inspection. A review of the rosters found that on the previous weekend only two cleaners were on duty. This was not adequate for the size and layout of the centre and resulted in a poor

standard of cleaning, particularly in the communal areas of the centre.

A review of the training records found that all staff had received training in relation to the management of infection prevention and control with particular regard to COVID-19 management, hand hygiene, and the safe use of PPE. However, inspectors observed poor practices in relation infection prevention and control and concluded that a review of the quality of training delivered was required to ensure that up-to-date practice, in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities, was clearly communicated to all staff.

Inspectors reviewed the complaints policy, procedures and complaints register. The provider kept a records of any complaints and expressed dissatisfaction with the service provided. While the complaint investigation record was clearly identified, it was not clear that opportunities for learning had been identified and used to develop a quality improvement plan.

Regulation 15: Staffing

A review of the staffing rosters found that the staffing levels were not adequate to meet the assessed needs of the residents during the current outbreak with particular regard to the enhanced infection prevention and control measures required during an outbreak.

The level of nursing and care staff rostered on both day and night duty was not adequate to allow for safe cohorting of residents with a positive diagnosis of COVID-19 nor was it possible to ensure that staff were not rotated from their usual unit of work. The rosters reviewed showed that care staff had been allocated to work in both the 'not detected' and the positive units throughout the week. The provider had not identified the requirement for staffing and therefore had not sourced agency staff, or requested staffing assistance from the HSE.

There was inadequate cleaning staff available to clean the centre to the standard required during an outbreak of COVID-19.

Judgment: Not compliant

Regulation 16: Training and staff development

The training record reviewed was poor and difficult to review. The provider confirmed that all staff had received mandatory training in infection prevention and control. Training was initially delivered in March 2020 at the outset of the pandemic through on-line training and on-site from members of the Health Service Executive

(HSE) Outbreak control teams. However, since then, update infection control training has been delivered by the nurse management team.

Cleaning staff spoken with had not received specific training in cleaning during an outbreak of COVID-19.

Inspectors observed ineffective levels of supervision of care and cleaning staff. This was evidenced by

- inconsistent use of PPE
- poor staff knowledge of the cleaning schedule
- unsupervised movement of staff between cohorted areas

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the provider did not have adequate resources to staff the centre during an outbreak of COVID-19. This was evidenced by:

- insufficient nursing and care staff levels to support safe and effective cohorting of residents
- inadequate numbers of cleaning staff for effective infection control, and for the size and layout of the centre

In addition, inspectors found poor management systems in place to identify and manage risk such as:

- the system of auditing was inadequate to monitor Infection Prevention and Control standards. Similarly, there was no quality improvement plan seen to drive improvements and plan changes.
- infection control practice was not in line with HPSC guidelines
- inadequate supervision of care and cleaning staff
- decision to restrict access to showers based on the management team's poor interpretation of the HPSC guidelines
- risks associated with low staffing levels had been identified within the centre's COVID-19 contingency plan however, no action had been taken to ensure safe staffing levels were in place during the outbreak.
- inadequate oversight of fire precautions. For example, a fault on the system had not been identified.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints register found that action had not been taken to identify learning from incidents and to develop a quality improvement plan for future practice. Inspectors concluded that there were missed opportunities for improving quality of care for residents as a result.

Judgment: Substantially compliant

Quality and safety

Inspectors reviewed the systems in place to manage the on-going risk to the quality of care and the safety of the residents during this COVID-19 outbreak.

Inspectors found that poor practice in relation to infection prevention and control, together with inadequate risk identification and inappropriate staffing levels and staff training did not adequately protect the residents against the risks associated with an outbreak.

During the walk-about of the centre inspectors saw many examples of where the organisation of the centre and the hygiene standards were impacting on the safety of residents with regard to infection control and safety. Procedures and schedules for housekeeping and environmental cleaning were vague and required greater detail to inform staff to adequately perform their duties.

An urgent compliance plan was issued to the provider on the day after the inspection to address the non-compliance found in relation to Regulation 27, Infection control. In their response, the provider committed to safe cohorting of residents and staff, increasing the number of cleaning staff, an immediate review of staff training and a deep clean of the centre.

Improvements were also required to ensure adequate containment of fire. Some fire doors did not close properly. There was inadequate oversight of the fire alarm system as there was a fault displaying an error dated three days prior to the inspection which had not been addressed. This was brought to the attention of the person in charge who took action to have it remedied. Inspectors were not assured that adequate means of escape was provided throughout the centre as the front main entrance was locked with a fob mechanism with a small number of fobs held by selected staff and no backup key in a break glass unit adjacent to the door.

During this inspection inspectors tracked the progress of a sample of residents by reviewing the nursing records in relation to their physical, psychological and social well-being, from the weeks prior to the outbreak, through to the COVID-19 screening process, identification of infection and subsequent infection prevention or control procedures in place for each resident. A review of the nursing records found that the documentation was clear and facilitated a clear overview of resident care.

Residents had access to a doctor of their choice. All residents with a positive diagnosis of COVID-19 had been reviewed by their doctor.

Regulation 27: Infection control

On the day of inspection a number of barriers to effective infection prevention were identified which could further the spread of COVID-19 and/or other infectious agents. Inspectors observed practices that were not consistent with National Standards for infection, prevention and control in the community services (2018). This was evidenced by:

- the centre was not cleaned to an acceptable standard. The frequency and standard of cleaning observed on inspection was not adequate and the inspectors observed numerous examples of visibly unclean floors, surfaces and equipment.
- there were no yellow clinical waste bags in use in the centre, despite being in a large COVID-19 outbreak.
- disorganised storage arrangements posed a risk of cross contamination to residents
- Personal Protective Equipment (PPE) stations were mostly all overstocked and inappropriate storage of air fresheners and shaving foam was observed at these stations. This posed a risk of PPE contamination.
- facilities for and access to hand wash sinks in the areas inspected were less than optimal. For example, there was a limited number of dedicated hand wash sinks in the centre, which did not comply with current recommended specifications.
- store rooms and linen rooms were used as multi-purpose rooms not designated to dedicated items, such as, clean laundry or equipment storage.
- waste bins were not pedal operated and/or lidded.

In addition, there was no serious incident review or an outbreak learning report completed from the previous outbreak in November 2020 available for review. This meant that learning from the previous outbreak did not inform the action taken to manage current outbreak nor did it inform preparedness for any further outbreaks.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors did not review the full detail of Regulation 28 on this inspection, however, a number of issues observed on inspection required further assurances from the provider. Inspectors concluded that a full fire risk assessment, completed by a competent professional was required to ensure full compliance with regulation

28. The findings of this inspection were:

- a number of fire doors did not close properly
- the fire panel displayed a fault which had occurred three days prior to inspection and had not been identified or acted on
- inappropriate storage of oxygen which posed a fire safety risk
- cluttered and disorganised storage

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All nursing records were available for review on an electronic nursing documentation system. Each resident had a comprehensive assessment of needs completed. These assessments informed the residents care plans which were observed to be detailed and person-centred.

Judgment: Compliant

Regulation 6: Health care

All residents with a positive diagnosis of COVID-19 had been seen by their doctor. Access to other allied health care practitioners had been restricted during the outbreak however, a plan was in place to reschedule the physiotherapist in the week following the inspection. Residents also had access to an occupational therapist.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
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

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0033561

Date of inspection: 25/08/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: During the Covid 19 outbreak an immediate review of Nursing staff, Care staff and cleaning staff was completed to access the required staffing levels for residents during the outbreak. As per Covid 19 Protocol several agencies were contacted and Public Health on 17th of August 2021 and the risk regarding staffing levels was communicated. There was no resolution. During the inspection HIQA escalated the staffing risk to the HSE Private Nursing Home Support Lead.</p> <p>The following actions were taken:</p> <p>Sourcing of Staff:</p> <ul style="list-style-type: none"> - The HSE sourced two additional care staff commencing from 26/08/21. - Two nurses sourced by DHNH were approved to commence employment on 30/08/21. - To reduce the risk of cross infection the following adjustments were made to cleaning staffing levels: <ul style="list-style-type: none"> - 7 days per week (3.5 WTE staff) - Comprising of one cleaner on each wing (3 cleaners) - One person appointed to general areas - Cleaning activities are overseen by the Person In Charge and Registered Provider <p>Allocation of Staff:</p> <ul style="list-style-type: none"> - In conjunction with Public Health DHNH Registered Provider and Person In Charge reassessed the Covid 19 status of residents. - <ul style="list-style-type: none"> o The Brennan/Derwin wing was made into a 'Covid Positive' zone. o The Timothy Wing was deemed the 'Covid Suspected' Zone. o The James wing would no-longer be in use during the Covid-outbreak due to difficulty in sourcing clinical staff. o Cohorting was completed and re-allocation took place by the end of 25.08.21. 	

- All staff members were allocated to a zone and would remain there for the duration of the out-break.

- Daily each zone (Brennan, Derwin and Timothy) had an allocated cleaner, the five additional cleaners were scheduled to work as per the revised deep cleaning schedule.

Public Health declared DHHH outbreak over on 20.09.2021. In line with best practice staffing levels are reviewed on an ongoing basis to meet the holistic needs of residents.

Regulation 16: Training and staff development

Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- All staff were re-educated on infection prevention control on 26.08.2021 and this continues to be on-going. The training was delivered by the Person In Charge, who is has specialist training on infection prevention and control. The training incorporated Health Protection Surveillance Centre (HPSC), Interim Public Health Infection Prevention and Control Guidelines on the Prevention and HSE Portals. A particular focus was placed on donning and doffing of Personal Protective Equipment.
- Additionally a clear and comprehensive updated training matrix has been completed.
- Daily briefings to reinforce learnings were carried out by the Person in Charge and Deputy Person in Charge on the appropriate use of PPE and IPC through daily briefings on zonal areas.
- Drumderrig House PIC and Deputy divided the zonal areas to support staff and monitor the application of transmission-based precautions in line with HPSC guidelines.
- All care activities were supervised by the Person In Charge and Deputy.
- Additional educational HPSC posters were displayed to provide visual cues for staff.
- All cleaning staff were re-educated on the cleaning schedule and decontamination in place in DHHH by the Person In Charge and Registered Provider.
- New cleaning staff were inducted by the Person In Charge, Registered Provider and Head Cleaner.
- Audits were conducted to ensure appropriate use of PPE and IPC and are on-going.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider and Person In Charge reviewed the management systems in place. The following interventions were implemented:

- The Registered Provider amended the audit schedule in conjunction with the Person In Charge.
- The frequency of the IPC audits was increased, and the scope expanded. All quality improvement plans identified during the audits are discussed with staff during handover report and formally at monthly meetings.
- As described in Regulation 15: The Person In Charge re-educated all staff members on the current guidelines.
- It is the Policy of DHH that all residents are offered a shower upon their request.
- DHH Registered Provider and Person in Charge reviewed the nursing and care staff numbers to ensure the staffing levels and skill mix were appropriate to meet the health and nursing needs of the current residents in Drumderrig House as outlined in Regulation 15: Staffing.
- Registered provider and Person In Charge reviewed the fire precautions in place in Drumderrig House. The fire panel fault was reviewed by the fire maintenance team and resolved 26.08.2021. Daily checks of the system will continue by Person In Charge and maintenance team to ensure faults are monitored and actioned. A competent person has been appointed to complete a full fire risk assessment commencing 05.09.2021 to ensure compliance with fire precautions. This Company has been approved by the Management Team to be the "Competent Fire Person" for DHH.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The current practice is that all complaints are discussed during team meetings, the learnings and outcomes are discussed.
- The Complaints recording form has been amended to include a section for staff learning.
- Training has been provided for all staff on the amended form.

Regulation 27: Infection control	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - An immediate declutter and deep cleaning of day rooms, storerooms and linen rooms had taken place between the 27.08.2021 and the 28.08.21. Adequate stock is only stored in a designated room and stock is managed by Maintenance Personal. - Designated storerooms and linen rooms have been identified and are in line with IPC guidelines. - A cleaning and decontamination schedule is in place. - As outlined in Regulation 15: Staffing numbers for cleaning have been adjusted to ensure compliancy and a high standard of cleaning. - A review of the hand washing sinks was undertaken by the Registered Provider and Person In Charge. DHNH have reviewed all guidelines available to ascertain the specifics and requirements for the size and specification for separate hand washing sinks however, at this time DHNH were unable to source the information. The CHO2 Infection Control Lead has been contacted for further advice and support. Once clarity has been received from the CHO2 Infection control lead regarding the specific requirements, a clear plan will be put in place by Drumderrig House Management Team. - Pedal bins were purchased by the Drumderrig house Management Team and awaiting delivery. - Yellow hazards disposable bags were implemented with immediate effect before the end of the 25.08.21 and are in use in all zones across the home. - In addition, Drumderrig House Management Team will complete an outbreak learning report for the most recent outbreak and previous outbreak in 2020 to ensure learning and to manage future outbreaks. This will be completed by 30.11.2021. 	
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Regulation 28: Fire precautions	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The Registered Provider and Person In Charge have reviewed the fire precautions in place in Drumderrig House. - The person apointed to install the fire doors completed an onsite visit on 27.08.2021. The doors now close properly and a competent person has been appointed to complete a full fire risk assessment commencing 05.10.2021 to ensure compliance with regulation 28. - The fire panel fault was reviewed by the fire maintenance team and resolved 26/08/21. Daily checks of the system by the Person In Charge and Maintenance Team will continue

to ensure faults are monitored and actioned.

- Storage rooms have been decluttered.
- Oxygen has been removed from storage room and is now stored separately from the building. A small amount is stored in the clinical room for emergency use.

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.	Not Compliant	Orange	30/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	26/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	26/10/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/08/2021

	effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	26/08/2021
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	Red	30/11/2021
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.	Not Compliant	Orange	05/10/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for	Not Compliant	Orange	05/10/2021

	<p>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.</p>			
Regulation 34(1)(h)	<p>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.</p>	Substantially Compliant	Yellow	26/08/2021