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:	Arus Breffni Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arus Breffni Nursing Unit, Manorhamilton, Leitrim
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0039246

About the designated centre

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

Arus Breffni Community Nursing Unit is a bungalow style unit which provides residential care for 25 residents. It is situated in the picturesque market town of Manorhamilton in County Leitrim. There is an enclosed courtyard which provides space for residents and their families. The centre is a community based residential service accommodating the care needs of the elderly population in North Leitrim. The centre provides care to male and female residents over the age of 18. Most of the residents in the service are aged over 65 years. The centre is staffed with 24 hour nursing care supported by Health care assistants and multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 April 2023	09:15hrs to 17:50hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

This centre offers residents a good quality of life where they are able to exercise choice and make key decisions about how they want to live their lives. The inspector spoke with several residents in the course of the day and all feedback received was positive about the care and support provided by the staff team. Following an introductory meeting with the person in charge the inspector conducted a tour of the centre and met several residents during the walkaround.

At the time of the inspection there were 20 residents living in the designated centre. Accommodation is provided in a range of single and twin occupied bedrooms which had been upgraded as part of the re-development programme. There were a number of communal rooms,sitting rooms available for residents to use which were suitably furnished. There were numerous murals located throughout the centre and featured many local areas that were familiar to the residents. In additional there was a hairdressing facility and an oratory which opened out onto an enclosed garden area. This area contained suitable seating and a gazebo feature, residents who expressed an opinion said they liked getting out into the garden for some fresh air. Activity staff confirmed that garden was well used by residents and for organised activities during the good weather.

Residents were observed to be carrying out their own routines. Some were still in their bedrooms while others were up and about and in the sitting room. Residents told the inspector that they could have their breakfast in their room if they wished. Residents who required support or supervision to mobilise safely were observed to be in receipt of timely support from the staff team. Resident mobility equipment which was in use on the day of the inspection was found to be clean and in good working order.

The inspector observed a range of planned activities being provided to residents in the course of the day. These included, a music session, a mass service streamed to the TV and card games. Residents who preferred to pursue their recreational activity on their own were observed being supported by staff who visited them in their rooms.The provider maintained contact with the animal therapy provider who visited the centre during the inspection with a Belgian bred dog. Residents mentioned they loved to see the animals been brought to the centre. There were arrangements in place to support residents to attend local amenities, which included a visit to Glencar water falls and a visit to a local fair in Dromahair.

Residents told the inspector that they were content with their bedrooms and that they could personalise their own private spaces if they wanted to. Resident's were happy with the laundry arrangements which were outsourced to an external company. Residents confirmed that they did not have to wait too long to receive their clothes back from this service.

Some residents told the inspector about their healthcare needs. One mentioned that

staff "got the doctor for me last week as I had a pain and the doctor prescribed some tablets" and added that "staff come round a few times a day with my tablets". Residents who spoke with the inspector said that they were content with the support they were receiving with their healthcare needs.

The inspector observed a meal service which was well managed by the staff team. Residents who required support with their eating and drinking were observed to receive appropriate levels of support. Staff were knowledgeable about special diets and the consistencies of meals provided to residents. There was a good range of meals available for residents to choose from which included fish, mince or turkey and ham. Residents confirmed that if they did not like what was on the menu then they could request an alternative meal to be provided.

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

Capacity and capability

There were effective management processes in place to ensure that resident's received quality care interventions to meet their assessed needs. The management team were proactive in response to issues as they arose and were found to have implemented actions to address non compliance's identified in the last inspection.

This was an unannounced inspection by an inspector of social services to monitor the providers ongoing compliance of the Regulations and to follow up on the actions the provider agreed to implement arising from the last inspection in May 2022. The registered provider had committed resources to improve the quality of facilities available for residents through a phased redevelopment programme which commenced in 2021. These works were now completed and resulted in a much improved living environment for residents to enjoy.

The registered provider for this designated centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that is accountable for the delivery of health and social care support to the residents. The management team consists of a general manager, a manager of the older persons service and a person in charge. They in turn, were supported in their role by a team which consists of clinical nurse managers, staff nurses, health care assistants, household, catering staff and maintenance staff.

There were systems in place to monitor the quality of the service provided. A schedule of audits was in place monitoring care planning, medication management, wound care, residents nutrition, infection control and falls management. A review of audit documentation confirmed that where current practice did not meet the required standard then recommendations were identified and action plans developed

to address these issues. There was robust oversight of the service provided with regular management meetings held to review the quality of the service provided and to identify where improvements were required.

While there were arrangements in place to identify and mitigate against known risks in the designated centre, some minor improvements were still required to ensure that risks addressed in a timely manner.

There were sufficient numbers of staff available in the centre to meet the assessed needs of the residents. Management were proactive in ensuring that staffing levels were in line with staff numbers identified in the Statement of Purpose. Rosters were well managed with planned absences covered by existing team members or by regular agency cover.This ensured consistency of service for the residents.

There was an extensive training programme available for both clinical and non clinical staff working in the centre and was supported by a practice development co-ordinator. Discussions with staff during the course of the inspection confirmed that they found the training provided to be useful in their day to day work. Training was provided either online or through face to face training. Despite, this good practice a review of training records confirmed gaps in mandatory training relating to fire safety and moving and handling. The provider indicated that all outstanding training would be scheduled within two weeks of the inspection.

The inspector found that the provider was working towards a restraint free environment and had systems in place to continually review restrictive practices in use in the designated centre. There were improvements found regarding the submission of quarterly notifications which identified all potential restrictive practices in the designated centre.

There were processes in place in this centre which promoted the effective management of policies and procedures. A review of Schedule 5 policies indicated that there were arrangements in place for the development and management of policies and procedures to meet the requirements of Regulation 24. All records relating to resident contracts were found to be well-managed and updated in a timely manner.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of staff rosters confirmed that staff numbers were consistent with those identified in the centre's statement of purpose. Routine gaps on the roster were filled by existing staff or by agency cover. At the time of the inspection there were 20 residents living in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix found that there were gaps in training for some staff, in particular:

- Two new members of staff were due fire safety training, while two other staff required refresher training.
- Two new staff also required moving and handling training and three existing staff required refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were systems in place to identify and manage risk, there were examples found where not all risks in relation to fire safety signage and infection prevention and control practices were identified and addressed in a timely manner. These risks are discussed under Regulations 28 and 27.

The oversight of mandatory training did not ensure that all staff were up to date with their fire safety and moving and handling training.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had ensured that all residents had a contract of care in place upon admission to the designated centre which identified the terms and conditions of the placement and identified the type of room offered to the resident. The costs for additional services such as hairdressing, chiropody were clearly outlined in schedule four of the contract. All contracts reviewed were signed and dated by either the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which was dated April 2023. This document described the services and facilities available in the centre and contained all information required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information regarding the notification of incidents found that the person in submitted records in a timely manner to comply with Schedule 4 of the Regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 were available for review and met the requirements of the Regulation. The registered provider had arrangements in place to review a number of policies which were due to be updated in July 2023.

Judgment: Compliant

Quality and safety

Residents living in this designated centre experienced a good quality of life and were well-supported by a kind and caring staff team. Residents' experienced positive health and social care outcomes, with their needs met through well-established access to health care services and a planned programme of social care interventions.

The provider made a number of improvements since the last inspection to improve the environment for the residents, the redevelopment works had concluded and the inspector found that the premises was well-maintained and comfortable for the residents. The inspector found that the registered provider had carried out a number of improvements in relation to fire safety, and infection prevention and control, however there were areas identified on this inspection which meant that further actions were required to reach full compliance with these regulations.

The designated centre was clean, warm and welcoming. There was a relaxed atmosphere in the centre and the inspector observed positive interactions between staff and residents throughout the day. It was clear that staff were aware of residents needs and were observed providing support in a timely manner.

There were minimal restrictive practices observed in this centre with residents observed to have unrestricted access to all communal areas and to the secured internal garden area. The provider had made safe an external seating area which was secured by means of a fence and provided residents with safe access to views of the local area.

Resident bedrooms were tastefully decorated and contained sufficient storage space for residents to be able to store and access their personal belongings.

There was a well organised activities programme which was developed in accordance with residents capacities and capabilities. There was evidence of one to one support provided to residents who remained in their rooms.

The provider consulted with residents on a regular basis through resident meetings which were held on a quarterly basis. An annual plan for quality and safety of the service had been completed for 2022 and contained the views of residents which were accessed through service review survey's.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions.

Residents had regular access to regular medical review which was available on a weekly basis or as and when needed. There were arrangements in place for out of hours medical support. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. Residents had access to specialist services such as psychiatry of old age and nurses had access to expertise in tissue viability when required. There was effective clinical oversight off the service through multi-disciplinary team meetings (MDT) and by regular monitoring of key performance indicators (KPI's).

A review of fire safety records indicated that appropriate certification was in place for servicing and maintenance of the fire system. There were personal emergency evacuation plans (PEEPS) in place for all residents which contained appropriate information on how to evacuate residents in the event of a fire emergency. The local environment was well managed, all fire exits were clear of obstruction and there was information provided regarding the fire procedures in operation in the centre. Staff were knowledgeable regarding how to evacuate residents in the event of a fire and confirmed their attendance at simulated evacuation drills.

The provider had re-installed hand hygiene sinks as part of the refurbishment plan throughout the centre. The inspector observed effective use of personal protective equipment (PPE) by the staff team and there was sufficient alcohol sanitizers located at key locations in the centre.There was good adherence to cleaning protocols with records confirming routine cleaning of the centre which included terminal cleaning. Staff confirmed attendance at infection control training and were knowledgeable of their role in maintaining an infection free environment. Some practices regarding the storage of items in the sluice area required attention, while a wall surface located in a bathroom required repair in order for it to be effectively cleaned.

Regulation 17: Premises

The redevelopment and upgrade of the designated centre had been completed at the time of this inspection. The centre was clean,bright and tastefully decorated. The centre had undergone a number of upgrades with included, repainting, replacement flooring and improvements to resident personal rooms. There was an secure garden facility for residents to use which was well-maintained by the provider. The inspector found that some improvements were required in relation to the storage of items which is discussed further under Regulation 27, Infection control.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place that met the requirements of the Regulation. There was a risk register which was regularly updated and reviewed by the provider when new risks were identified. There was a proactive approach towards managing risk in this centre however there was one known risk which had not been progressed in a timely manner. Current practices identified by the inspector regarding the storage of sample bottles in the sluicing facility had the potential to cause an infection risk and is discussed further under Regulation 27 Infection Control.

Judgment: Compliant

Regulation 27: Infection control

There were some improvements required to ensure that existing infection prevention and control measures were sufficient to maintain an infection free

environment. This was evidenced by:

- A number of holes in the walls of a bathroom which meant the wall surface could not be effectively cleaned.
- Boxes containing sample bottles used for resident care were found stored in the sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had made significant improvements in relation to fire safety arrangements in the centre, however as discussed under Regulation 16 two permanent members of the staff team did not have their refresher fire safety training completed within agreed time frames. The inspector found that the routes to final exit doors were well signposted and that directional signage to the external fire assembly point would benefit evacuation procedures in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of residents care records confirmed that they had a pre assessment in place prior to admission to the designated centre. Care plans were found to be written in a person centred manner where residents preferences were clearly identified. There were systems in place for regular review and audit to ensure that care plan interventions met residents assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to regular medical review and input from allied health care services. Records confirmed that General Practitioners visit the centre on a regular basis while access to physiotherapy and occupational therapy was sourced by referral to the local primary care team.

A review of the residents medical notes found that recommendations from the residents doctors and allied health care professionals were integrated into the

residents care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to support residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Behavioural care plans were well-written and identified clear strategies to manage responsive behaviours. There was good oversight of restrictive practices which included the maintenance and review of a restrictive practice register, restrictive practices was also a regular agenda item in management meetings.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records found that there were no safeguarding incidents open to the centre at the time of this inspection. There was effective oversight of incidents at local and at management level which ensured that resident safety and autonomy were prioritised.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the

quality of the service provided. In addition there were arrangements in place for residents to access advocacy services.
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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arus Breffni Nursing Unit OSV-0000659

Inspection ID: MON-0039246

Date of inspection: 13/04/2023

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure compliance with Regulation 16: Training and staff development please see below:

Fire Safety Training:

1. Prior to the inspection the PIC was aware that two staff members had not attended the mandatory fire training as they were new to the designated centre. The following corrective measures were put in place prior to the inspection by the Person in Charge to mitigate any risk until training was completed by the two staff members:
• The PIC had arranged training for both staff dated the 02/05/2023 as this was the nearest scheduled available date for training.
• To ensure both staff members were aware of the Fire Evacuation Procedures within the designated centre the PIC on induction educated both staff members of the Fire Practices within the centre.
• The PIC also educated both staff members on the Fire Panel "Fire Alert System" used within the designated centre.
• Both staff members were shown and educated regarding the Fire Register used within the centre.
• Both staff members were also involved in two Fire Drill's within the designated centre. The first drill was performed when the staff members joined the centre and the second six weeks later. This ensured that the staff members were aware of the correct evacuation procedures to be used in the event of a fire.
• Both staff members were aware and shown the Fire Fighting equipment used within the designated centre.
• Both staff members were made aware of the "Personnel Emergency Evacuation Plan"s of all residents residing within the designated centre and there means of evacuation
• Both staff were also shown and educated on the Fire Evacuation maps used within the designated centre and made aware of the Fire Evacuation routes and meeting point.

The above measures resulted in the risk being mitigated while awaiting training. This ensured good governance and oversite by the Person in Charge.

2. All staff members within the designated centre have up to date Fire Safety Training as of the 02/05/2023

3. Manual Handling Training:
1. Prior to the inspection the PIC was aware that two staff members had not completed the HSE's Mandatory Manual Handling training. The following corrective measures were put in place by the Person in Charge to mitigate the risk until training was completed:
• The PIC had booked both staff members for the training at the earliest scheduled training date which was the 03/05/2023
• To mitigate the risk the PIC met with both staff members on induction and was made aware that the two staff members had in date manual handling certs from their previous employer.
• The PIC informed both staff members of the manual handling requirements of all residents within the designated centre and informed them of the correct manual handling procedures in place per residents requirements
• The PIC informed and educated both staff members of the Manual Handling Risk Assessments and associated documents used within the designated centre.
• Both staff members also competed the eLearning Training module on Manual Handling on HSEland at the induction
• The PIC demonstrated to the two staff members the use of manual handling equipment used within the cente ie hoists, sliding sheets etc This ensured that the two staff members were aware of the process to follow while using the equipment

The above measures resulted in the risk being mitigated while awaiting the scheduled training. This also ensured good governance and oversite by the Person in Charge.

4. All staff members within the designated centre are 100% compliant with Manual Handling Training as of the 03/05/2023

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance with Regulation 23- Governance and management the Person in Charge and the Provider have put the following measures in place:

Staff training and Development:
Fire Safety Training:
1. Prior to the inspection the PIC was aware that two staff members had not attended the mandatory fire training as they were new to the designated centre. The following

corrective measures were put in place prior to the inspection by the Person in Charge to mitigate any risk until training was completed by the two staff members:
• The PIC had arranged training for both staff dated the 02/05/2023 as this was the nearest scheduled available date for training.
• To ensure both staff members were aware of the Fire Evacuation Procedures within the designated centre the PIC on induction educated both staff members of the Fire Practices within the centre.
• The PIC also educated both staff members on the Fire Panel "Fire Alert System" used within the designated centre.
• Both staff members were shown and educated regarding the Fire Register used within the centre.
• Both staff members were also involved in two Fire Drill's within the designated centre. The first drill was performed when the staff members joined the centre and the second six weeks later. This ensured that the staff members were aware of the correct evacuation procedures to be used in the event of a fire.
• Both staff members were aware and shown the Fire Frightening equipment used within the designated centre.
• Both staff members were made aware of the "Personnel Emergency Evacuation Plan"s of all residents residing within the designated centre and there means of evacuation
• Both staff were also shown and educated on the Fire Evacuation maps used within the designated centre and made aware of the Fire Evacuation routes and meeting point.
The above measures resulted in the risk being mitigated while awaiting training. This ensured good governance and oversite by the Person in Charge.

2. All staff members within the designated centre have up to date Fire Safety Training as of the 02/05/2023

3. Manual Handling Training:
1. Prior to the inspection the PIC was aware that two staff members had not completed the HSE's Mandatory Manual Handling training. The following corrective measures were put in place by the Person in Charge to mitigate the risk until training was completed:
• The PIC had booked both staff members for the training at the earliest scheduled training date which was the 03/05/2023
• To mitigate the risk the PIC met with both staff members on induction and was made aware that the two staff members had in date manual handling certs from their previous employer.
• The PIC informed both staff members of the manual handling requirements of all residents within the designated centre and informed them of the correct manual handling procedures in place per residents requirements
• The PIC informed and educated both staff members of the Manual Handling Risk Assessments and associated documents used within the designated centre.
• Both staff members also competed the eLearning Training module on Manual Handling on HSEland at the induction
• The PIC demonstrated to the two staff members the use of manual handling equipment used within the cente ie hoists, sliding sheets etc This ensured that the two staff members were aware of the process to follow while using the equipment

The above measures resulted in the risk being mitigated while awaiting the scheduled training. This also ensured good governance and oversite by the Person in Charge.

1. All staff members within the designated centre are 100% compliant with Manual Handling Training as of the 03/05/2023

In relation to Regulation 27- Infection control
1. The works to upgrade the bathroom had been scheduled with the maintenance department prior to the inspection. These works are currently at the tender stage with works to commence in September 2023. It is anticipated that the works will take place over an eight week time frame. (This is dependent on the supply of materials and workers availability).
2. The boxes containing sample bottles used for resident care found stored in the sluice room have been removed and are now stored in the treatment room dated the 14/04/2023
3. The Person in Charge and the Provider has met with the Infection Prevention and Control Assistant Director of Nursing regarding the storage of 2 x shower chairs stored in the bathroom. The Provider and the Person in Charge has been advised that there is no IPC risk to the storage of the clean shower chair as no additional equipment is being stored in the bathroom.

In relation to Regulation 28- Fire precautions
• Following the inspection the provider and the Person in Charge met with the Fire Officer to review the evacuation processes in place. The fire officer has advised that there is no legislative requirements regarding the need to have additional signage to direct persons to the assembly points outside.
The fire escape strategy for the designated centre is progressive horizontal evacuation which means residents will only be required to move from one compartment to the next assisted by staff.
It is not recommended that full evacuation would occur unless a major incident is declared due to the frailness and vulnerability of the residents.
In the event of a major emergency residents would be accompanied by staff to the assembly point. All staff are aware of the route to the assembly point as this is part of the HSE's Mandatory Fire Training.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
To ensure compliance with Regulation 27: Infection control the person in charge and the provider have put in the following measures:

In relation to Regulation 27- Infection control
1. The works to upgrade the bathroom had been scheduled with the maintenance department prior to the inspection. These works are currently at the tender stage with works to commence in September 2023. It is anticipated that the works will take place

over an eight week time frame. (This is dependent on the supply of materials and workers availability).
2. The boxes containing sample bottles used for resident care found stored in the sluice room have been removed and are now stored in the treatment room dated the 14/04/2023
3. The Person in Charge and the Provider has met with the Infection Prevention and Control Assistant Director of Nursing regarding the storage of 2 x shower chairs stored in the bathroom. The Provider and the Person in Charge has been advised that there is no IPC risk to the storage of the clean shower chair as no additional equipment is being stored in the bathroom.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	08/12/2023
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	Substantially Compliant	Yellow	28/04/2023

	staff.			