



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:	19 May 2022
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0034410

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:	10
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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
Thursday 19 May 2022	09:50hrs to 18:20hrs	Michael Dunne	Lead
Thursday 19 May 2022	09:50hrs to 18:20hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

This was a pleasant, welcoming centre where residents were enjoying a good quality of life. The designated centre was undergoing a redevelopment programme which had commenced in 2021 with a view to improving the overall facilities for the residents. The provider informed inspectors that works would be finished by October/November 2022. Resident bedrooms upgraded as part of phase one of the renovation works were suitable for resident use. Residents had opportunities to personalise their private accommodation should they wished to do so. A number of other improvements to the facilities included fire safety and electrical rewiring upgrades.

All residents who expressed a view, told inspectors that they were happy living in this centre and that they felt supported to live a good quality life. Inspector's spoke with most of the 10 residents living in the centre and all said that staff were kind and caring. Residents said that they felt safe in the centre and that if they had a problem or concern they could inform any of the staff team. Inspector's observed residents choice to be respected. Residents had autonomy over when they wished to get up or when to retire to bed.

Residents were observed to access areas of the centre which were open and currently in use. There was unrestricted access to a communal garden which was well maintained. Residents seen on inspection were well dressed in appropriate clothing and footwear. A number of residents were observed to use mobility equipment which was clean and in good condition.

The majority of residents were located in the main sitting room and were seen to engage in activities led by health care assistants. An animal therapy provider attended the centre during the inspection with a hen and chickens. Residents had the opportunity to hold the chickens in their hands, all residents expressed high levels of satisfaction with this interaction and it appeared to boost their mood throughout the day. There was evidence of information displayed throughout the centre guiding and informing residents of activities available and information about the centre.

Although a resident meal service was not observed, all residents spoken with said that the food provided was tasty and well presented. Residents confirmed that they could access an alternative meal should they not like what was on the menu.

Inspectors observed interactions between staff and residents throughout the day. Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported in an unhurried manner with staff seen to give residents time and space to make their views known. There were sufficient numbers of staff available to respond to residents need. Staff who provided personal care support did so in a discreet manner whilst ensuring resident's

privacy and dignity was protected.

Residents had good access to regular health care support with systems in place for medical and allied health care review. Residents spoken with in the course of the inspection told inspectors that they were happy with the support available. One resident said that "staff look after his medication for him and that they give it to him during the day".

The next two sections of this report will outline the inspection findings in relation to the capacity and capability of the designated centre and how this supports the quality and safety of the service been provided.

Capacity and capability

This was a well-managed centre with good levels of oversight to monitor the quality and safety of care. Inspector's found that the registered provider maintained good levels of compliance with the regulations since the previous inspection. There were some gaps found on inspection which required actions on behalf of the provider and these are discussed further under the relevant regulations which refer to premises, notifications, and governance and management.

On arrival to the centre, inspectors were met by a staff member who ensured that all required infection prevention and control measures were completed prior to inspectors accessing the centre. This procedure was seen to be implemented for all visitors to the centre. Resident's told inspector's that they felt safe in the centre and that they could talk to any staff member if they were worried about anything. The complaints policy and procedure was made available to residents should they wish to register a complaint. Access to independent advocacy was available and promoted within the centre.

This was an unannounced inspection by inspectors of social services to review the registered provider's compliance with the regulations and to follow up on the progress of renovation works to improve facilities for the residents. The registered provider's plan to upgrade and refurbish the designed centre consisted of a four phase redevelopment programme focusing on the reconfiguration and decoration of resident bedrooms and communal areas. Additional works consisted of electrical rewiring and fire safety upgrades.

At the time of the inspection phase one was complete with phase two almost complete apart from some minor alterations to the repositioning of hand hygiene sinks in twin bedded rooms. Inspectors observed that phase three had already begun with an estimated completion date for the total programme in October/November 2022. A review of the works completed to date indicated that facilities available for resident use had improved, resident bed rooms were redecorated and provided sufficient space for residents to be able to store and

retrieve their personal belongings.

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. The person in charge was recently appointed to this role having met the requirements of the regulations. They in turn, were supported in their role by a team which consists of clinical nurse managers, staff nurses, healthcare assistants, household and catering staff.

The registered provider maintained the staffing levels in the centre in accordance with the statement of purpose throughout the refurbishment programme. There were no vacancies for care or nursing staff at the time of this inspection. While there was a range of activities available for residents to pursue either on their own or in groups, inspectors found that many of activities provided were organised by volunteers from Leitrim development who attended the centre five days a week. The volunteer programme was well- established in the centre with support from two volunteers who were well-known to the residents. This support was provided in conjunction with assistance from health care assistants to provide an activity programme . While support from volunteer's can add value to the service provided, this should not be the main source of activity provision and support. Inspectors were informed by the management team that this issue would be brought forward and discussed at an operational level with a view to accessing an activity resource.

There was an effective training programme in place which was supported by a practice co-ordinator. Inspectors reviewed records relating to staff training and development and found that staff had attended mandatory training. Staff informed inspectors that they found the training provided useful in their day to day work and in particular the training in relation to infection, prevention and control. Inspectors observed good levels of communication and supervision throughout the inspection.

The registered provider was working towards a restraint free environment and had systems in place to monitor and review restrictive practices in the designated centre. Whilst there were few restrictive practices observed and recorded, inspector's found that the usage of sensor mats, and were not recorded as restrictive practices and therefore were not included on the quarterly notifications sent in to the office of the Chief Inspector. While the provider initially felt that a number of these interventions were enablers, the impact of staff attending residents who triggered an alarm would most likely impact on the free movement of the individual residents albeit for their own safety.

The provider had systems in place to identify and mitigate against identified risks in the designated centre. The majority of risks were well managed and reviewed at governance meetings however inspector's found risks that had not been identified which had the potential to impact on the safety and welfare of residents living in the centre. These risks are discussed further under the relevant regulations.

Regulation 14: Persons in charge

There was a suitably qualified person in charge who had recently been appointed to the role. The person in charge was a registered nurse and satisfied the requirements set out by regulation 14.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with the required skill mix available to meet the assessed needs of the residents. There were 10 residents living in the centre at the time of the inspection. The registered provider had maintained a stable workforce throughout the ongoing building reconfiguration works and was committed to keeping staff numbers under review when admissions to the centre were due to begin again.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate training. A training register was maintained and indicated that staff had attended mandatory training such as Infection prevention and control, fire, safeguarding and moving and handling training. Training is supported by a practice development coordinator who works closely with the management team to ensure staff training needs are met. There were arrangements in place for staff to receive induction and appraisal.

Staff informed inspectors that they found the training provided to be useful in their day-to day work and enabled them to support residents in a professional and appropriate manner.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents. The

directory included all of the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an up to date insurance policy in place against injury to residents. The policy insured against risks, including loss or damage to resident property.

Judgment: Compliant

Regulation 23: Governance and management

There were gaps in relation to systems the registered provider had in place to identify and mitigate against risks in the centre. While the risk register was well maintained by the provider, inspectors found that risks were not always identified and this had the potential to negatively impact on the residents safety. These risks are discussed under regulations relating to premises, fire and notifications.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While the provider was working towards a restraint free environment and had ensured that staff had attended restrictive practice training, Inspectors found that not all restrictive practices were being reported on a quarterly basis to the Office of the Chief Inspector. For example the use of sensor mats and bed sensors which had the potential to impact on residents free movement when activated.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had provided a complaints procedure which included an appeals procedure. The complaints procedure was accessible to residents, staff and visitors. The policy contained the requirements set out under regulation 34.

Judgment: Compliant

Quality and safety

The registered provider had carried out a number of actions which had a positive impact to the quality and safety for residents living in the centre since the last inspection. The premises were undergoing a redevelopment programme and inspectors found that the quality of the accommodation available for resident use had significantly improved. Whilst there was some disruption to the normal routines for residents during these works, the registered provider had made arrangements to reduce any negative impact to their daily lives. The provider ensured that residents were updated regarding the progress of these works through one-to-one meetings and by means of written communication.

There remained some outstanding actions in relation to premises and fire precautions which the provider had a plan in place to address. Other areas which required further actions are discussed under the capacity and capability section of this report.

The premises appeared to be bright, warm and homely. Rooms were decorated and had appropriate furniture. There were a number of communal spaces available. There was a large courtyard area which was well maintained. Residents were supported to plant their own shrubs in the courtyard and were observed out walking on the day of inspection. Whilst the provider had committed to improving facilities during phase 3 and 4 of the redevelopment works inspectors found that an outside area available for residents was not a safe space for residents. The seating area for residents was in close proximity to a slope which led to a drain and although the provider informed inspectors that residents were always supervised when in this area, there were significant risks that had not been addressed.

The atmosphere in the centre was warm and relaxed. Residents appeared content and interactions were observed to be kind and respectful. Residents told inspectors they were happy with the service and residents were complimentary of the staff.

Residents had access to independent advocacy groups and were supported to exercise their rights. There was also access to televisions, radios and newspapers. Residents meetings were held regularly and there were good systems of communication to keep residents update on key issues happening in the centre. Each resident had a folder of information at their bedside. Inspectors viewed the oratory in the centre, it was spacious and residents were supported to attend religious services regularly.

Visitors were observed attending the centre throughout the day. There was no outbreak of infectious disease within the centre at the time of inspection. A contingency plan was in place to ensure the centre could manage an outbreak of COVID 19. The centre was following current guidance from the Health Protection

Surveillance Centre (HPSC) COVID-19 guidance on visitations to long term care facilities.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training. The centre had established links with an Infection Prevention and Control Nurse. There were sufficient numbers of alcohol sanitizers and personal protective equipment stations available. The provider was installing a number of new clinical hand washing sinks as part of the refurbishment plan. Some improvements were required to ensure compliance with regulation 27. These areas will be discussed in more detail under the regulation.

Staff were knowledgeable about what to do in the event of a fire and what the fire evacuation procedures were. Evacuation equipment was available and accessible in the event of an emergency. Fire fighting equipment was visible throughout the centre. Fire safety training and drills were carried out regularly. Personal evacuation plans had been completed for each resident and contained sufficient detail to guide staff. However, inspectors found that a fire exit was out of use as a result of the building works. The registered provider had not risk assessed this development to identify the impact this would have on the centre's evacuation strategy. Inspectors did note that no residents were living in this area at the time of the inspection.

Inspector found that there was high standard of evidence based nursing care. Residents feedback on the care they received was positive . Care plans were well documented and incorporated multi-disciplinary advice. Residents had regular access to medical practitioners and a team of allied health care professionals to ensure their health and social needs were met.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting in the centre was being managed in line with the HSPC guidelines. A visitors log was maintained. Inspectors saw residents receiving visitors throughout the day. There was adequate space for residents to meet visitors in areas other than bedrooms. A visiting policy was maintained and was found to align with current guidance.

Judgment: Compliant

Regulation 17: Premises

The premises was undergoing extensive upgrade to improve facilities for the residents. The provider had completed phase one of a four phased upgrade programme. At the time of this inspection phase two was almost complete with phase three already commenced. Facility upgrades included electrical and fire safety

upgrades to include additional fire compartments. Other improvements seen on the inspection included new flooring, painting and improvements to residents rooms and corridors. The provider was aware of the following issues that formed part of their oversight programme:

- Repositioning of hand hygiene sinks in resident rooms
- The replacement of curtains in twin bedrooms to maintain resident privacy and dignity.
- A review of an outside seating area to ensure that it was safe for resident use.
- The floor in the sluice room was damaged and in need of repair or replacement.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider maintained a number of records which informed the residents of key information relevant to them. All new residents are provided with a welcome pack which included a statement of purpose, a resident guide, a copy of the complaints procedure and information on independent advocacy. Inspector's found that the registered provider communicated with the residents and their families on the progress of the redevelopment works.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements as set out under schedule 5 of the regulations. The provider maintained a risk register that was well maintained. Risks found on inspection that were not included on the risk register are found discussed under the relevant regulation.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the flooring in the sluice room required repair in order for it to be appropriately cleaned and decontaminated. There were a number of holes in the wall of the toilet located near to the staff room which also impacted on the ability

for these areas to be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A temporary door structure had been erected on a corridor to facilitate the upgrade of phase three of the redevelopment works. The placement of this door blocked one of the fire exits and meant that residents could not be evacuated using this exit. While there were no residents living on this corridor at the time of the inspection, the provider had not assessed the risk of closing off this fire exit or on its overall evacuation strategy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans. Residents had a comprehensive assessment completed prior to their admission to the designated centre. This assessment assisted in the development of detailed person centred care plans. Care plans were appropriate and guided staff deliver a good standard of evidenced base nursing care. Residents and their families were involved in the development of care plans. There was evidence of a system in place to review care plans with families and residents at individual care conferences, held at quarterly intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to regular medical review which was provided on a weekly basis. Residents had access to a team of allied health care professionals including physiotherapy, dietitian and podiatry. A tissue viability link nurse was identified within the management team.

There was evidence of shared clinical information to promote best practice. Recommendations from the multi-disciplinary team were implemented and incorporated into resident care plans. Multi-disciplinary team meetings were in place for residents with complex social and health care needs. The senior management team had oversight of clinical key performance indicators, which were reviewed at

quality and resident safety meetings.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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) received a good standard of care and were supported by a multi-disciplinary team. Behavioural assessments and care interventions were in place and were found to be incorporated into positive behaviour support care plans. The care plans were person centred and appropriate. A restrictive practice register was maintained.

Restrictive practices were minimal. Support required for residents with responsive behaviours was communicated at daily safety pauses. Staff displayed good knowledge and had been provided with training to respond to and manage responsive behaviours in a safe manner.

Judgment: Compliant

Regulation 9: Residents' rights

All residents spoken with during the inspection mentioned that they felt that staff respected their rights and choices. There were facilities available for residents to pursue their activities in private or to attend group activities. Care staff were aware of residents individual interests and were able to support and encourage residents attend activities suitable to their preferences and needs. Residents were also encouraged to voice their opinions on the quality of the service provided and those who spoke with inspector's felt that their views and comments were listened to and acted upon if necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arus Breffni Nursing Unit OSV-0000659

Inspection ID: MON-0034410

Date of inspection: 19/05/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation 23- Governance and Management the register provider will ensure the following:</p> <ol style="list-style-type: none"> 1. That all identified risks within the centre will be placed on the units risk register in a timely manner ensuring effective governance and management. 2. The registered provider has reviewed the risk register and has completed risk assessments in respect of the following: <ul style="list-style-type: none"> • Risk of safety to residents posed by absence of a fence at the outdoor seating area. The register provider has contacted the maintenance manager to ensure additional fencing is erected to enhance the safety of this space. This will be completed by 31/08/2022. If residents wish to sit in this outdoor space, staff supervision will be provided to ensure the safety of residents in the interim. • Potential for breach of infection, prevention and control due to damaged floor in sluice room. The registered provider has contacted the maintenance team to ensure the replacement of flooring is completed. This is included within the works being completed within the centre. This will be completed by 31/08/2022. • Risk of fire evacuation in a timely and safe manner due to the placement of a temporary door which is blocking a fire exit door. The registered provider has met with the fire officer and the builder and a fire evacuation risk assessment has been completed. Once works have been completed this temporary door will be removed and access to the fire exit door will be unrestricted. The Person in charge has commenced fire evacuation drills with all staff to ensure that they are aware of the procedure to follow to ensure the timely and safe evacuation of residents in the event of fire. The Person in Charge ensures that staff are aware of this potential risk by discussing this risk and associated actions at the safety pause three times daily within the unit. 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The registered provider will ensure compliance with regulation 31- Notification of incident by ensuring:</p> <ol style="list-style-type: none"> 1. That all restrictive practices are reported on a quarterly basis to the Office of the Chief Inspector. This includes the reporting of the use of sensor mats and bed sensors. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure compliance with regulation 17- Premises by ensuring the following:</p> <ol style="list-style-type: none"> 1. The replacement of curtains in twin bedrooms to maintain resident privacy and dignity has been completed dated 16/06/2022 2. A review of an outside seating area has taken place and additional fencing has been requested via maintenance. This will be completed by the 31/08/2022 3. An upgrade of the flooring in the sluice room has been identified as part of the refurbishment works being completed within the centre. This will be completed by the 31/08/2022 4. Hand Hygiene sinks have been repositioned to ensure compliance with infection prevention and control standards. This was completed on the 10/06/2022 5. The extensive upgrade works continues within the centre to improve the facilities for residents, and to upgrade the fire and electrical works within the unit. The upgrade works has been catagouised into four phases. Phase 3 of a four phased upgrade programme is in progress at present. These works are due to be completed on the 31/08/2022. 6. Phase 4 works are planned to be completed on the 30/11/2022. On completion of these works this will ensure compliance with regualtion 17- Premises. 	
Regulation 27: Infection control	Substantially Compliant

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

The registered provider will ensure compliance with regulation 27- Infection Prevention and control by ensuring the following:

1. An upgrade of the flooring in the sluice room has been identified as part of the refurbishment programme being completed within the centre. An upgrade of the flooring in the sluice room will be completed by the 31/08/2022
2. The registered provider has contacted the maintenance manager to request that interim works be completed to address the holes in the walls of the toilet located next to the staff room. This will ensure effective cleaning and decontamination of this space and to minimise risk of infection. This will be completed by 31/08/2022. This toilet area will be completely refurbished as part of phase 4 of the works.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The registered provider has met with the fire officer and the builder and a fire evacuation risk assessment has been completed.
2. Once works have been completed this temporary door will be removed and access to the fire exit door will be unrestricted.
3. The Person in charge has commenced fire evacuation drills with all staff to ensure that they are aware of the procedure to follow in the event of a fire. This will ensure the timely and safe evacuation of residents in the event of fire.
4. The Person in Charge ensures that staff are aware of the potential risk associated with the temporary door structure. This risk is discussed at the safety pause three times daily within the unit.
5. The fire Policy within the centre has been updated to reflect the risk identified and the process for evacuation

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	30/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/08/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/07/2022