



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

Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0043667

About the designated centre

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

St Carthage's House is located on a large site on the outskirts of Lismore town, Co Waterford. It is owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. It is a single-storey purpose built centre and was opened in its current location in 1994. It was set up by local people to provide support with activities of daily living to residents with a low to moderate dependency needs who do not require full-time nursing care. Residents are charged a weekly fee, an annual grant is allocated to the centre via statutory funding and additional funds are raised through on-going local fund raising. It is currently registered to provide residential care to 42 older people. There is a large communal sitting room, two smaller sitting rooms in the main building along with a dining room and a small Oratory. Accommodation in the premises comprises four "Courts". Oakland accommodates 14 residents in single bed rooms and two residents in one shared bedroom. Woodvale accommodates 17 residents in single bedrooms. The main court contained one single bedroom. Elm Way is adjoined by a glass corridor to the rear of the main building and comprises eight single en-suite bedroom flats. St Carthage's house is a residential setting catering for the residents to live independently with supportive care. The centre is specific in its criteria and facilitates older adults to continue independent living. The centre does not provide 24 hour nursing care but a registered general nurse is responsible and accountable for the daily running of the centre and nursing staff administer medication during the day and at night time. The staffing structure includes nursing, care staff, household and catering staff and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 22 May 2024	09:50hrs to 16:10hrs	Aisling Coffey	Lead
Wednesday 22 May 2024	09:50hrs to 16:10hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

The consistent and enthusiastic feedback from all residents who spoke with the inspectors was that they greatly liked living in St Carthage's House. Residents spoken with were highly complimentary of the centre and the care they received. One resident summed up their feelings, telling the inspectors "I love it here" while another described the centre as "beautiful, well run, and I could not say better". When it came to the staff that cared for them, the residents informed inspectors that the staff "are marvellous, you could not get better, and they are always in good form". Another resident informed inspectors that the staff "are better than my own family" and confirmed there was a "lovely matron". Visitors who spoke with the inspectors provided equally positive feedback, referring to the centre as a "godsend", describing the improvement in their loved one's well-being since entering the centre and outlining the array of creative activities their loved one engaged in daily. When the inspectors asked a resident if they felt safe, they stated they felt "terribly safe". Another resident proceeded to show the inspectors their artwork on the centre's walls and shared copies of poetry they had written in the centre.

Overall, resident and visitor feedback captured the person-centred approach to supported living seen in St Carthage's House and how the residents were supported in pursuing their interests and nurturing their talents. The inspectors observed warm, kind, dignified and respectful interactions with residents and visitors throughout the day by staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management prioritised providing high-quality care, promoting resident independence and human rights.

The inspectors arrived at the centre in the morning to conduct an unannounced inspection. Residents were seen to be enjoying the sunshine within the centre's grounds in the early morning. During the day, the inspectors spoke with several residents and their families to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

St Carthage's House is a single-storey building in Lismore, County Waterford. The centre is located within walking distance of the local shops and amenities. The centre is registered to offer long-term residential care to 42 residents with low-to-medium dependency care needs who do not require 24-hour nursing care. There were 39 residents accommodated in the centre on the day of the inspection, with one resident in hospital and two vacancies. The model of care facilitates residents to continue independent living with care and support.

On the inspection day, residents and visitors were seen coming and going as they pleased. Internally, the centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a large day

room, a smaller sitting room in Oakland, a main dining room, a visitor's lounge, and an oratory. Residents were observed relaxing and reading newspapers in the visitors' lounge, engaging in musical activity in the large day room, while others relaxed in their bedrooms, reading papers, books and magazines in line with their preferences. The centre was pleasantly decorated, with residents' art displayed on the walls. There was a designated external smoking area containing the necessary safety equipment for residents who chose to smoke.

Bedroom accommodation is set out in three "courts", named Oakland, Woodvale and Elm Way. Oakland accommodates 16 residents in 14 single rooms and one twin room. Woodvale accommodates 17 residents in single rooms. Residents in Oakland and Woodvale share communal toilets and shower facilities within their courts. Elm Way, in contrast, is registered to accommodate eight residents in single-bedroom flats, all individually named. Each of the flats has en-suite facilities that include a shower, toilet and wash hand basin, except for one flat. This flat has an en-suite toilet and wash hand basin only, meaning this resident was required to avail of showering facilities in Woodvale. Two of the flats were unoccupied on inspection day, having been recently refurbished to convert the sleeping and living areas to open-plan. The provider is in the process of renovating all eight flats, whereby four flats have been refurbished, and four flats are awaiting refurbishment. The provider representative explained that the process was dependent on fundraising. Within the central court is one further single bedroom with en-suite facilities that include a shower, toilet and wash hand basin. All bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs, except for one bedroom. This bedroom, located in Elm Way, was only accessible through another room, presenting a risk to safe evacuation in an emergency. The provider was in the process of supporting this resident in relocating to more suitable accommodation within the centre. The three courts providing bedroom accommodation are linked to a central court, the main hub of the centre, where the main entrance, most communal areas and kitchen are located.

Outside the centre, there was a pleasantly decorated and well-maintained front garden containing flowers, shrubs, seating, and a shrine for quiet reflection and prayer. In addition to the outside garden areas, internally, there were three well-maintained open courtyard areas with raised planters.

There was a relaxed and unhurried atmosphere in the centre. Residents were up and dressed in their preferred attire and appeared well cared for. Some residents informed the inspector they had appointments that day and were seen to leave the centre and return later. There was an activities schedule displayed on the notice board in the reception hall, and aligned with the schedule, there was music and exercise taking place in the large day room, enjoyed by all participants on inspection day. Other activities available on alternative days included art, card games, sing-along and bingo. On inspection day, residents could visit the centre's shop and purchase food, beverages and other comforts. There were arrangements in place for residents to access advocacy services. Residents could receive visitors in the centre

within communal areas or in the privacy of their bedrooms. Multiple visitors were observed during the day. The rosary was recited daily for those who wished to participate. Roman Catholic Mass is celebrated in the centre once per week. Clergy from other denominations are also welcomed and encouraged to visit the centre.

Lunchtime at 12.15pm was observed to be a sociable and relaxed experience, with all residents choosing to eat in the dining room. Meals were freshly prepared onsite in the centre's kitchen. The menu choices were displayed outside the dining room, and the food served appeared nutritious and appetising. A choice of main course and dessert was offered, and ample drinks were available for residents at mealtimes and throughout the day. Later in the afternoon, tea and biscuits were being served. Residents spoke positively to the inspectors about food quality, quantity and variety, with one resident commenting that the "food is better than any hotel".

While the centre was generally clean and in good repair, some areas required maintenance and cleaning to ensure the residents could enjoy a safe and pleasant living environment. These findings are discussed under Regulation 17: Premises and Regulation 27: Infection control.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that St Carthage's House was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices. While management systems were in place, some action was required to ensure all areas of the service met the requirements of the regulations.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and review the registered provider's compliance plan from the previous inspection. The inspection also informed the provider's application to renew registration.

The registered provider had progressed with the compliance plan, and significant improvements were identified concerning Regulation 28: Fire precautions and Regulation 17: Premises. Other improvements were also found in Regulation 18: Food and nutrition, Regulation 16: Training and staff development and Regulation 6: Healthcare.

St. Carthage's House was established in 1994. The registered provider is St. Carthage's House Company Ltd. The company is comprised of six directors who

work in a voluntary capacity. The secretary represents the provider for regulatory matters and was onsite on inspection day. The secretary and the board of directors chairperson attended for feedback at the end of the inspection. While the centre does not provide 24-hour nursing care, a registered general nurse is responsible for the daily running of the centre, and nursing staff administer medication day and night. Should a resident's needs increase, they are supported to source alternative accommodation.

The provider had a clearly defined management structure, and staff members were clear about their roles and responsibilities. The person in charge is responsible for overall governance and reports to the board of directors. The person in charge is supported by a deputy manager, who is also a nurse and works on a 0.65 WTE basis, as well as nursing staff, caring staff, cleaners, catering staff and an administrator. The deputy manager deputises for the person in charge.

The inspectors reviewed past and future rosters and found the staffing and skill mix were appropriate to meet the needs of the centre's residents and aligned with its model of care. An on-call system was also in operation to support staff in an emergency.

Staff had access to appropriate training and development to support them in their respective roles. Staff were also appropriately supervised and supported in their respective roles.

Communication systems were in place to ensure clear and effective communication between the person in charge and the board of directors. The person in charge reported to the board on key issues within the centre. There were also staff meetings to discuss operational matters concerning the daily care of residents and health and safety issues. The provider had an audit schedule examining key areas such as falls, infection prevention and control and medication management. The provider oversaw incidents within the centre and had a weekly check system for recording, monitoring, and managing related risks. The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review. This inspection found that some areas of auditing and the weekly check system needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The inspector sought to review the directory of residents and found that while the centre held the majority of required information, including date of birth, home address, admission date, and general practitioner details, there were a small number of gaps, and this information was being held in multiple locations rather than in one directory format as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse, with the required level of experience nursing older persons. They have previous management experience and post-registration management qualifications.

Judgment: Compliant

Regulation 15: Staffing

The centre had a well-organised staffing schedule. Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a comprehensive training programme supporting staff in their roles. Training concerning safeguarding vulnerable adults at risk of abuse, fire safety and infection control was fully adhered to. The provider had plans for further staff training and development. Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The centre held the majority of information required under Schedule 3 in paper and electronic format. However, some information was not routinely recorded as required by the regulation, such as the residents' sex and marital status, the address of next of kin, and the date, time, and cause of death for deceased residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, such as weekly checks and an audit schedule, these systems required strengthening as they were not fully effective in identifying risks and driving quality improvement in areas such as infection prevention and control, fire safety, and individual assessment and care planning as found on inspection day. Additionally, while the provider had a risk register in place to monitor risks to residents, some gaps were found where certain risks were not recorded; for example, a risk related to a resident's choice not to abide by a prescribed diet recommendation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Quality and safety

While inspectors observed kind and compassionate staff treating the residents with dignity and respect, the systems overseeing the service's quality and safety in some areas required improvement.

Residents told inspectors that they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, further action was required to ensure safe and effective

care delivery concerning individual assessment and care planning, premises, infection control and fire precautions.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and brightly decorated with residents' artwork. It had an on-site laundry service and well-maintained external grounds. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

While the centre's interior was generally clean on the inspection day, several areas for improvement were identified to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services (2018)*, which will be discussed under Regulation 27.

Concerning fire precautions, the centre has undergone significant improvement works over the past year to improve fire safety. Inspectors noted that the provider had enhanced external emergency lighting along escape routes, widened pathways around the centre to the assembly point, upgraded the fire doors and installed three new cross-corridor fire doors in both Oakland and Woodvale. The provider had improved the safety of storage arrangements, including oxygen storage, and enhanced fire detection throughout the centre. Preventive maintenance for fire detection and fire fighting equipment was conducted at recommended intervals, and staff had undertaken fire safety training and were knowledgeable on the centre's fire safety procedures. Notwithstanding these good practices, some further actions were required.

Residents reported that they immensely enjoyed the food in the centre and that it was provided in sufficient quantities. Inspectors observed mealtimes in the dining room as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. A written communication system was in place between nursing and catering staff to ensure residents received food and nutrition aligned with their care plan.

The person in charge described the arrangements for assessing residents before admission into the centre. Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Inspectors found that residents were supported in communicating freely and had specialist communication requirements recorded in their care plan. Notwithstanding these areas of good practice in care planning, some gaps were observed concerning the assessments and care plans, which will be outlined under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers.

Regulation 10: Communication difficulties

Inspectors found that residents with communication difficulties had their communication needs thoroughly assessed. The inspectors reviewed person-centred communication care plans, which described communication techniques to enable effective communication between staff and residents and promote the resident's inclusion. Specialist referrals and equipment to assist communication were documented in the care plans and observed to be used on the day of inspection. Staff were knowledgeable about residents' specialist communication needs.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required attention to be fully compliant with Schedule 6 requirements, for example:

- The centre did not have appropriate sluicing facilities.
- The position of the call bell in one of the wet rooms on Woodvale was inaccessible to a resident using the toilet or shower in this wet room
- A flat in Elm Way was missing a shower head and hose, meaning the shower facility could not be used.
- A bedroom in Woodvale did not have a wash hand basin as required by the regulations.
- Decor in some areas, such as corridors and bedrooms, showed signs of wear and tear. The provider had a painting schedule in place to address this.
- While the provider was renovating the centre, further work was required to ensure safe floor covering, as gaps in flooring were noted in several areas, such as outside the Oakland treatment room and in the storage area leading into the laundry.
- There was some loose concrete on the pathways surrounding the centre, presenting a trip hazard to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality and quantity of food in the centre. Food was freshly prepared and cooked on site. Choice of main course was offered to residents in the morning, and options not on the menu were also available if a resident chose this. The food menu was displayed outside the dining room. Food

was attractively presented. There was adequate supervision and assistance at mealtimes. Fresh drinking water was available to residents throughout the day. Records reviewed found residents had access to dietetic and speech and language therapy, and any changes to a resident's diet were reflected in their nutritional care plan. There were written communication systems between nursing and catering staff to ensure that dietary needs prescribed by healthcare professionals were followed.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services (2018)*, for example:

- The infrastructure of the laundry did not fully support the functional separation of the clean and dirty phases of the laundering process. Due to the layout, there was no clean area to sort and fold residents clothing in the laundry. Instead, staff undertook this task on a trolley in the main corridor of the centre.
- As the centre did not have appropriate sluicing facilities, inspectors were informed by staff members that the contents of commodes, bedpans or urinals were manually decanted and washed in residents' communal bathrooms. This practice could result in increased environmental contamination and cross-infection.
- There was inappropriate storage of items. For example, resident commodes were stored in communal bathrooms throughout the centre. Clean and dirty items were stored alongside each other in the new sluice room. Residents' bed linen and duvets were stored directly on the floor of store rooms. These practices posed a risk of cross-infection, and storing items directly on the floor meant the floors could not be cleaned.
- The oversight of cleaning practices required improvement, particularly concerning communal bathrooms and the en-suite bathrooms within Elm Way.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider's arrangements for providing means of escape required review as one bedroom in Elm Way was noted to be an inner room, contrary to the

centre's floor plans. This meant that exit from the bedroom was only possible by passing through another room, presenting a risk to the resident's safe evacuation in an emergency.

The registered provider's arrangements for maintaining means of escape required review as transport wheelchairs and laundry trolleys were observed being permanently stored on the corridors along fire exit routes. This posed a potential obstruction on this horizontal escape route.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, and reviewed at required intervals, action was required to ensure that:

- The comprehensive assessment by an appropriate healthcare professional completed before or on the resident's admission to the centre is retained in the resident's file.
- Care plans are prepared based on comprehensive assessment no later than 48 hours after the resident's admission
- There is consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, chiropody and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Carthage's House OSV-0000687

Inspection ID: MON-0043667

Date of inspection: 22/05/2024

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of Residents currently being compiled into one format and will be ready for use by 30th September 2024.</p>	
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>We will review scheduled audit practices as far as possible in order to strengthen audits to enable us to pick up on areas identified. This will be completed and in place by 30th September.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The centre did not have appropriate sluicing facilities: New Sluicing machine for commodes ordered and to be installed. A designated area is being facilitated in order to store commodes, this will be in place by September 30th 2024. • The position of the call bell in one of the wet rooms on Woodvale was inaccessible to a 	

resident using the toilet or shower in this wet room: An extra call bell will be installed in this bathroom. 30th August 2024.

- A flat in Elm Way was missing a shower head and hose, meaning the shower facility could not be used: This has been rectified and this shower is now fully equipped with a shower head and hose.
- A bedroom in Woodvale did not have a wash hand basin as required by the regulations: A wash hand basin will be fitted in this bedroom by 30th September 2024.
- Painting, loose concrete and gaps in new flooring will be completed by 30th September 2024.

Regulation 27: Infection control

Substantially Compliant

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

In relation to laundry, all clean clothes are folded in house as this is completed by care staff.

New Sluicing machine for commodes ordered and to be installed. A designated area is being facilitated in order to store commodes, this will be in place by September 30th 2024.

Cleaning SOPs will be reviewed in a scheduled meeting with domestic staff early August 2024.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The means of escape in Elm way has been rectified as the resident has moved to a renovated flat and there are plans to renovate the vacant flat in early 2025.

The location of Trolleys and wheelchairs has been reviewed and the wheelchairs have since been moved.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A pre admission assessment tool has been upgraded to reflect the concerns raised.</p> <p>Care plan implemented with dates no later than 48hrs post admission.</p> <p>Care plan reviewed in line with the resident and family member where required. This is also documented on review.</p>	

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	30/09/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2024

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/07/2024
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	15/07/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	30/09/2024

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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