



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

Issued by the Chief Inspector

Name of designated centre:	Cherryfield Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Cherryfield Lawn, Hartstown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	16 December 2021
Centre ID:	OSV-0000750
Fieldwork ID:	MON-0035118

About the designated centre

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

Cherryfield Housing with Care is a 56 bed centre providing residential care services to males and females over the age of 18 years. The service is designed to care for people with low to medium care needs. The centre is run by Fold Ireland, a not for profit organisation registered with Approved Housing Bodies of Ireland. The centre is a purpose built two-storey building. Each floor has its own dedicated entrance. The ground floor is a dementia specific unit. All bedrooms in the centre are single rooms containing en-suite shower and toilet facilities and a small kitchenette. Each floor has its own dining and sitting room areas and there are also several rest spots located in alcoves of the corridors with comfortable seating, books and magazines. A small computer station was also available for residents use. The centre is located approximately 10km north west of Dublin city centre. It has access to lots of local amenities including Blanchardstown shopping centre, restaurants, libraries, public parks and coffee shops. The centre is well serviced by local transport including a bus and rail service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 16 December 2021	09:00hrs to 17:00hrs	Michael Dunne	Lead
Thursday 16 December 2021	09:00hrs to 17:00hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy with the care they received within the designated centre. Inspectors observed many positive interactions between staff and residents. Overall, inspectors observed a relaxed environment in the centre throughout the inspection day.

Residents were highly complimentary of the staff team and reported that they were caring and kind. The general feedback was that residents had a good quality of life within a homely environment. While residents spoken with were happy with the care they received in the centre inspectors actions that were required in relation to fire safety, infection prevention and control, premises, behaviours that challenge and the oversight of systems to ensure a quality service was consistently provided.

Resident accommodation was located over two floors which was serviced by a lift. Bedrooms were all single with a kitchenette and an en-suite shower facility. There was a range of communal rooms decorated in a homely manner. There was access to an enclosed garden with raised beds and seating which was available to residents and their visitors. However action was needed in the enclosed garden area in relation to the removal of moss on footpaths. Access for some residents was restricted to the enclosed garden as the exit doors were locked in some areas.

When inspectors and visitors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19.

Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported. Interactions between staff and residents were seen to be courteous and respectful.

Resident privacy was respected by staff who were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities. While there were many examples observed where residents exercised choice and had their needs and preferences taken into account in the planning, design and delivery of service, the system which facilitated residents to enter and exit their own bedroom on the ground floor required review as it hampered residents free movement in and out of their rooms.

Residents were seen to choose where to take their meals, some chose to dine in the communal rooms and others chose to take their meals in their bedrooms. Inspectors saw that there was plenty of choice available on the menus. For residents with communication difficulties, there was a pictorial menu available. There was positive feedback from residents regarding the food that was on offer.

Inspectors saw that residents had access to a range of meaningful activities and social opportunities in the centre. The activities were specific to the needs of residents. There was a weekly timetable of activities available to residents in the centre and on the day of the inspection activity staff held an exercise session in the morning and music in the afternoon.

Overall, the centre was homely and well decorated. Resident bedrooms were tastefully decorated and provided sufficient storage and space for residents to access their private belongings without hindrance. However, there were areas which required attention which included decoration and maintenance works to communal bathrooms located on both the ground and first floors. Inspectors found inappropriate storage of equipment in bathrooms and in stairwells which the provider removed immediately after the inspection. Inspectors found on the day of inspection the designated centre to be very warm. There was no appropriate ventilation seen on the first floor. It was observed an air conditioning unit had been installed in the medication room. On speaking with residents, one resident found the centre very warm.

Notice boards contained up-to-date information on activities and key events within the centre. These were seen to be appropriate to residents' communication needs. There was appropriate information to assist residents orientate themselves around the centre with information on how to make a complaint advertised in prominent locations.

Visitors indicated that they felt welcomed by the staff, with visitors seen meeting their loved ones in resident bedrooms. They said that they were kept updated regarding their loved ones condition and that they were well cared for. They mentioned that if their family member's condition changed, they were promptly seen by the GP or by other specialists.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 and to review the registered providers compliance plan interventions arising from a previous inspection. The register provider had made a number of interventions to achieve compliance for regulations relating to training and development, records relating to staff, complaints, notification of incidents and care planning.

However, while there were management systems such as audits in place to ensure that good quality care was delivered to residents, improvements were still required to ensure regulatory compliance. These improvements are highlighted under the

sections of this report relating to premises, infection prevention and control, managing responsive behaviour, medication and fire safety. Further detail concerning these regulations are also found under the quality and safety section of this report.

Fold Housing Association Ireland company limited by guarantee is the registered provider of Cherryfield Housing with Care of which there are eight board members. There was a well defined management structure in place in the designated centre with the person in charge supported by a number of senior care workers, care workers and household staff. Management support was provided by the director of care services. The person in charge also has access to clinical support within the organisation although the designated centre did not provide nursing care. Cherryfield Housing with Care designated centre provides care and welfare support to 56 residents with low to medium care needs, while one floor of the designated centre is dedicated to those residents with a diagnosis of dementia. Care interventions were based mainly on a social model of care where residents were encouraged to be as independent as possible but to receive timely support when required.

Action plans reviewed from the inspection carried out in October 2020 indicated that the registered provider now had a centre specific complaints policy in place. Records reviewed on inspection indicated that this policy and procedure was being used effectively to record and monitor complaints received by the registered provider.

A review of the risk management policy indicated that this was a generic document and related more to risks faced by the organisation rather than to the designated centre. Furthermore this policy did not identify the risks specified under regulation 26. Other policy areas which required review to ensure that they were supportive of current practice was the medication policy. The centre had moved to a computerised prescription and administration system however this was not evident in the current medication policy.

Staffing levels were sufficient to provide care and support to meet the needs of the residents. Dedicated Staff groups were allocated to both the ground and the first floors. This method of cohorting staff provided a degree of protection should an outbreak of COVID-19 occur in the centre but also assisted in residents and staff becoming more familiar with each other.

Records relating to schedule 2 were now available in the centre and were accessible for inspectors to review. There were effective systems in place to ensure staff had access to an induction process with further support provided through supervision and an appraisal process.

Inspectors met with staff throughout the day. Staff were knowledgeable of the needs of the residents and confirmed that they had access to regular training and support arranged by the management team. Staff were knowledgeable regarding their role in relation to fire safety, assisting residents with their complaints and on how they would promote resident safety by utilising their safeguarding training.

There was an annual plan of quality and safety in place for 2020 which was provided

to inspectors post inspection. The report included the views of residents and their families. The 2021 satisfaction survey results had recently been received and inspectors were informed these results would be incorporated into the 2021 annual plan.

Regulation 15: Staffing

Inspectors found that there was an adequate number of staff available with the required skill mix to provide timely support to the residents taking into account their assessed needs and the layout of the centre. Staff were observed assisting residents with their individual care needs in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of Personal Protective Equipment (PPE).

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the oversight of systems to ensure the service provided was sufficiently monitored required improvement. For example:

- Previous hygiene audits had recorded 100% compliance however inspectors found examples where adequate cleaning had not taken place as described under regulation 27.
- The standard of decoration and facilities available for residents to use in communal bathrooms were poor and required review and upgrade. Flooring was stained and was in need of replacement. Wood paneling used to secure pipework was damaged and stained. Inspectors observed water stains on the ceiling which also required repainting.
- Actions were required regarding review systems which monitored policies and procedures to ensure that they were current and informed current practice.
- The monitoring of fire doors and fire exits to ensure that they gave the

required protection in the event of fire were poor. Existing oversight arrangements did not identify a number of concerns regarding the inadequate closure of fire doors and obstructions to fire exits, these poor practices put residents at risk in the event of a fire emergency.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place to deal with complaints received from residents or other stakeholders. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback and appeal. The complaints policy was publicised in key locations within the centre. Residents spoken with in the course of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the complaints policy and saw their role as supporting residents use the complaints procedure when required.

A review of the complaints log was undertaken and it showed that all complaints received were logged appropriately. The log record also showed that complaints were investigated promptly, with feedback given at appropriate stages of the process.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors found that the designated centre's medication policy was not in line with current practice in terms of how medication was dispensed and recorded. The designated centre had implemented a new medication system however the medication policy reviewed on inspection reflected the previous system.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported to have a good quality of life which was respectful

of their wishes and preferences. The quality of care received by residents was of a high standard with timely access to health care interventions evidenced in the records reviewed during the inspection. Residents were also provided with a range of social care supports which included assistance to maintain contacts with their family and friends. Inspectors met with and spoke with many residents throughout the inspection and the overall consensus was that they liked living in the centre and that they felt safe and secure living there.

Although there were numerous activities provided by the designated centre, there were no specific care plans in place for each resident regarding activities. The provider had identified this as part of their internal monitoring as an area for improvement, however, all residents had a key to me document in place which provided information on their preferences for a range of social and health issues.

The process of needs assessment included identifying each resident's risk of falling, malnutrition, and the supports they needed regarding their personal care and mobility needs. There was evidence of referral to, and recommendations from, other healthcare professionals such as the G.P, dietitian, public health nurse, physiotherapist and national retina screening service where necessary. There was evidence of a resident having access to a medical practitioner chosen by themselves.

A number of residents' care plans were reviewed and these records indicated that there was a pre-assessment in place before a person was a resident in the centre. Care plan records reviewed showed that residents, and where appropriate their families, were involved in the care planning process with care plans detailing residents' preferences as to how they wanted to be cared for.

Care plans reviewed in respect of responsive behaviour were reflective of good practice. However restrictive practices were observed during the inspection where residents were impeded from accessing their own bedrooms. A system to ensure that residents had autonomy over their own room environments had the opposite effect and resulted in residents having to wait for staff to assist them gain entry to their own bedrooms. This is discussed later in the report under Regulation 7 managing challenging behaviour

The environment was found to be hygienic and clean however the communal bathrooms required action. There was inappropriate storage and fabric armchairs that did not lend themselves to cleaning. Inappropriate storage of incontinence wear, personal belongings and furniture was observed in a decommissioned bedroom. Inspectors observed whilst a call bell system was in place in every bedroom, these were not in accordance with schedule 6 of the regulations where emergency call bell facilities should be accessible from each resident's bed. This had the potential to render the call bells ineffective should residents be unable to use them to alert staff to their needs.

The centre had policies and procedures in place to promote medicine management. Systems were in place for ordering, supply and dispensing. All controlled (MDA) medicines were stored appropriately, and a register of these medicines was maintained with the stock balances seen checked and signed by two members of

staff at the end and beginning of a working shift. Inspectors observed 2 residents retaining control of their own medicine management. This was reflected in the medication policy. There was good evidence of medication reconciliation. A new digi-care computerised medication system had recently been introduced, it was in the process of being fully computerised. However it was observed that whilst the medication rooms were locked, the medication fridges and medication cupboards were open.

Residents were kept informed of updates in the COVID-19 pandemic and changing public health guidance. Inspectors found evidence of vaccination programmes for residents and staff including seasonal influenza vaccination. Members of staff within the designated centre had received training in Covid-19 swabbing. However, inspectors found some practices that were not consistent with measures to maintain an infection free environment and these practices are described under regulation 27. There was a detailed preparedness plan in place in the event of a COVID-19 outbreak which was formulated in November 2020, this document was due to be reviewed in November 2021 however inspectors could find no evidence that this review took place.

While there was good knowledge within the staff team concerning fire procedures and their role in evacuation of residents in the event of fire, current practice in relation to monitoring access to fire exits and the monitoring of fire doors to ensure they closed properly required review. The registered provider addressed the issues identified on inspection and sent in assurances the day after the inspection to show that these issues had been rectified.

Regulation 11: Visits

Visiting was in compliance with the current Health Protection Surveillance Guidance. The registered provider has arrangements in place for residents to receive visitors in suitable communal and private facilities. Residents also has the option to receive visitors in their own bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to access and retain control over their personal property, possessions and finances. Records seen showed that the centre acted as a pension agent. Documents supplied by the provider showed that this arrangement was well managed with evidence available to show the deposits, withdrawals and residents current balances. Bank statements and reconciliation paperwork were available at the time of the inspection. All residents had a financial care plan in place. Residents

also had adequate space to store and maintain their clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

Inspectors found inappropriate storage in a number of areas as described under regulations 27 and 28. A number of bathrooms on the ground and first floor required decoration and upgrade to ensure they were suitable for residents use. Inspectors encountered mal odours emanating from the sluice room located on the ground floor which did not have adequate ventilation in place. Inadequate ventilation was also found on the first floor of the centre. Inspectors found that call bells in a number of resident rooms were not accessible from the residents bed.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy reviewed on inspection did not contain the requirements of regulation 26 in respect of identifying measures and actions to control risks of

- Abuse
- the unexplained absence of any resident
- Accidental injury to residents, visitors or staff
- aggression and violence
- Self-harm

Judgment: Not compliant

Regulation 27: Infection control

There were area's related to good infection prevention and control practices which required action. For example:

Cleaning supplies were stored on the floor of the medication room and in bathrooms, this did not allow for adequate cleaning of these rooms and presented a risk of cross contamination.

Inappropriate storage of laundry trolleys in a bathroom also had the potential to

lead to cross-contamination.

The designated centre did not have appropriate sluicing facilities as set out in schedule 6 of the regulations. The sluice room located on the ground floor did not have any sluicing equipment in place. There were no shelving facilities to safely store equipment such as bedpans or urine bottles.

PPE and alcohol hand rub were not available in key transit areas of the centre such as the entrance to dining rooms.

Inspectors observed poor hand hygiene practices where two staff members were found to be wearing rings and wrist watches. There were no clinical hand wash basins available in the designated centre.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors were not assured that there were adequate arrangements in place to protect residents in the event of a fire emergency. Inspectors found;

- A number of fire doors located on the ground and first floors of the designated did not close properly.
- Fire doors being wedged open in resident bedrooms.
- Inappropriate storage of materials and mobility equipment on landings. which had the potential to impede evacuation.
- Fire exits in dining rooms being blocked by tables and chairs.
- Carpets and cleaning equipment being stored underneath stairwells.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

On the day of inspection unsafe practice was found in relation to the storage of medication.

- The two medication fridges and several storage cupboards were not locked in the clinical rooms.
- The temperature log check for the medication fridges had missing entries which did not provide assurance that medication was consistently stored at the correct temperature.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were reviewed on the day of inspection, they were found to be person centred reflecting the individual resident. Residents had a comprehensive pre assessment prior to admission and care plans were prepared within 48 hours of admission. Consultation in the preparation and/or review of care plans was seen to be evident with residents and their families.

Judgment: Compliant

Regulation 6: Health care

There was a good standard of health care, with residents having appropriate access to medical and specialist health care including out of hours medical support. All residents in had the choice of retaining their own G.P on admission. There were care records in place which described the care delivered to individual residents on a daily basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

During the course of the inspection, inspectors observed restrictive practice. Residents on the ground floor did not have access back into their bedrooms after they had left them. The doors were only accessible by a fob system, not all residents possessed a fob. Staff stated this system had been installed to prevent residents from entering into other resident rooms but in the process had restricted the resident entry into their own bedroom. The inspectors observed the smoking room door to be locked and there was a poster up displaying smoking times. Staff confirmed that the smoking room was locked in between smoking times.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents who spoke to the inspectors indicated that they liked living in the designated centre and found that staff were kind and caring. While there were restrictive practices observed on the day of the inspection and described under regulation 7, there was also examples where residents were supported to engage in

the group activity programme or by being supported to pursue their own individual hobbies and interests. Residents views on the quality of the service were accessed through planned satisfaction surveys and through day to day feedback from residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherryfield Housing with Care OSV-0000750

Inspection ID: MON-0035118

Date of inspection: 16/12/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • 2 of the identified Bathrooms have been repainted, to include ceilings and wood paneling used to secure pipe work has been replaced. we have a planned and a cyclical maintenance policy in place. • Ongoing Audits will continue to ensure compliance with Regulation 27 • Policies are reviewed on 3 year rolling basis or more frequently if required, and Cherryfield continues to follow current practice as advised by the HSPC and the HSE. • Cherryfield will monitor the fire doors to ensure they give the required protection in the event of a fire. Staff will also check to ensure all fire exits are kept free from obstruction. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • Medication policy has been updated. 	
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"> • We have Identified areas where we can convert into additional storage space within Cherryfield. • 2 Bathrooms one on the ground floor and one on the first floor have been decorated to ensure they are suitable for resident's use. • One Bathroom on the ground floor and one on the first floor will renovated to provide additional storage. • The sluice room has been repainted and a replacement fan has been installed. • Within Cherryfield first floor there are additional windows located in the upper area of the Atrium which can be opened if the residents request so these windows will provide additional ventilation • Each resident shall be provided with a wrist call bell pendant to enable them to alert staff of their needs 	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Risk Management policy has been reviewed and updated, to comply with regulation 26</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Provision of clinical hand wash basins is currently under review • Cleaning supplies have been removed from the medication room and bathrooms. staff have been informed to store cleaning supplies correctly to reduce the risk of cross contamination. • Staff have been advised to ensure that laundry trolleys are stored away correctly. • Whilst there are shelving facilities in the sluice room these are not used to store urine bottles or bed pans as none of residents use bed pans or urine bottles. This room is currently used for domestic waste only so the name of the room will be changed to Waste Room, we have plans in place to remove large 'Belfast Sinks' from this room as not in use. • Hand sanitizers are located at the entrance to all dining rooms, and throughout the building, PPE is available in the event of been required by staff • Staff are informed at daily hand overs that they must be bare below the elbow 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire doors have been reviewed by the external company that service our firefighting equipment, adjustments have been made to ensure all the doors close correctly • It is the choice of some of our residents to keep their doors open, and on advice from our external company that looks after our firefighting equipment it has been recommended that we put door closures on these doors, we are in the process of doing this • All fire exits and evacuation areas have reviewed staff have been informed not to store items in these areas, additional storage identified. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Staff have been informed that medication and storage cupboards in the medication room is locked at all times. • Missing entries on the temperature log for the medication fridge has been addressed with the relevant staff. 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • When residents move into Cherryfield they are provided with a key to their Individual room, the doors are accessible with this key and a fob system. All residents on the ground floor have been issued with a fob. They have been assessed on their ability to use it and shown by staff how it works. • The smoking room is currently unlocked and will be monitored for the moment, if there is no risk to the health and safety and wellbeing of the residents living with Dementia we 	

will keep it unlocked.

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	31/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	17/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/12/2022

	consistent and effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	14/02/2022
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	14/02/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	14/02/2022
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	14/02/2022

Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Orange	14/02/2022
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	14/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2022
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.	Not Compliant	Orange	22/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/03/2022

	reviewing fire precautions.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	07/02/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	07/02/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	31/03/2022