



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

Issued by the Chief Inspector

Name of designated centre:	The Four Ferns
Name of provider:	FFNH Limited
Address of centre:	Brighton Road, Foxrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 May 2021
Centre ID:	OSV-0007729
Fieldwork ID:	MON-0032007

About the designated centre

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

The Four Ferns is located in Foxrock, Dublin and the registered provider is FFNH Limited. The centre accommodates 144 residents, both male and female over the age of 45. The living accommodation comprises of 138 single and 3 twin bedrooms, all of which have en suite facilities. The centre provides 24-hour nursing care to residents assessed as independent up to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83
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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 5 May 2021	10:30hrs to 16:30hrs	Naomi Lyng	Lead
Thursday 6 May 2021	08:00hrs to 14:00hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

The inspector spent time communicating with residents and observing daily life on the ground floor and first floor of the centre over the two day inspection. The second floor was observed to be vacant at the time of inspection. The overall feedback from residents, and from what the inspector observed over the two days, was that the centre was a good place to live and was managed effectively to ensure a safe and quality service for residents.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The inspector observed posters displaying COVID-19 information and precautions throughout the building, and both staff and residents were observed using the wall-mounted hand sanitisers that were placed at appropriate locations. Residents who communicated with the inspector reported that they felt safe in the centre and that they did not feel worried about contracting the COVID-19 virus. One resident reported that receiving the COVID-19 vaccine had greatly helped them overcome the fear of receiving visitors again. Residents reported feeling happy that visiting had been increased in line with national public health guidelines, and a number of visits were observed to be ongoing over the two days. Visits were happening in the communal seating areas and in residents' bedrooms. One resident told the inspector that "it is great to have some normality again", while another resident reported the frustration that they could not get out to visit local cafes and community services as they had done before the pandemic.

The premises was a new purpose-built facility and was finished to a high quality and specification. The building was pleasantly decorated, with attractive flooring, furniture and planting throughout. One resident likened the premises to "a boutique hotel", and residents were observed enjoying the communal sitting rooms and dining rooms. There was a large secure garden with landscaped paths and planting. Residents were observed enjoying this facility independently and with assistance from staff. The inspector spent time in the large ground floor communal seating area where a number of residents gathered throughout the day and found that, in the main, it was a comfortable and companionable space where residents watched television and chatted together easily. However, the inspector noted that on one occasion the sitting room was very noisy due to the two televisions that were in close proximity to each other showing different shows at a high volume. This was reflected in some residents' feedback on inspection, where they informed the inspector that the sitting room was too loud at times.

Residents reported feeling very happy with their bedrooms. The bedrooms were observed to be spacious, comfortable spaces and were tastefully decorated with attractive furnishings and fittings. There was a large amount of storage available in the bedrooms, and they were observed to be personalised with residents' photographs, ornaments and personal possessions. One resident told the inspector that they loved the view from their bedroom window. All bedrooms in the centre were ensuite, and these were observed to be large, nicely decorated wet-room

facilities with adequate storage in place for residents' personal belongings.

Residents reported that they could choose how they lived their lives in the centre, and that they decided when they got up in the morning or when they would like to eat. One resident reported that he was pleasantly surprised on moving into the centre to find that life was not regimented and that "it's a good place and well run." Residents were encouraged to live as independently as possible, with hand rails and orientation signs available throughout the centre, and measures in place to support residents with communication barriers. Advocacy services were advertised at prominent locations in the centre, and frequent surveys of residents' experiences of living in the centre were completed.

Residents were complimentary of staff working in the centre, and a number of residents described staff as kind and helpful. One resident reported that some staff were "nice and jolly", and helped to brighten his day when he didn't feel like leaving his bedroom. The inspector observed a number of positive interactions between staff and residents, and it was clear that they knew each other well as they chatted about their families and current affairs. The inspector observed that, in the main, residents were supported to exercise choice in the care provided and informed consent was requested in a polite and respectful manner. However, the inspector observed some incidents which highlighted that staff training and supervision required improvement to ensure that there was a consistent safe and appropriate approach to care provision. This is discussed further under Regulation 16.

Staff were observed to be knowledgeable in the appropriate management of responsive behaviour (behaviour presented by a person with dementia as a way of responding to something confusing, frustrating or negative in their social or physical environment). The inspector observed an incident where a resident was clearly confused and upset, and was pacing a corridor and raising their voice. A staff member was observed approaching the resident in a calm and friendly manner, acknowledged and validated the resident's frustration and offered different choices of activities which she knew the resident enjoyed. The inspector observed the staff member assist the resident to return to their bedroom to get a warm coat, and both were seen a couple of minutes later enjoying a walk in the garden and laughing together.

There was a strong emphasis in the centre on creating opportunities for residents to participate in meaningful activities in accordance with their interests and abilities. The weekly social programme and upcoming events were displayed on noticeboards at appropriate locations around the building. Staff informed the inspector that they were currently organising a bus trip for a small number of residents, following receipt of feedback and suggestions from the residents. Residents told the inspector that they were aware of the staff in charge of organising activities, and one resident reported that they had a meeting planned with activity staff in the coming days to discuss setting up a bridge club in the centre.

The inspector observed a number of group activities taking place over the two days of inspection including group exercise, bingo and a quiz, and residents were clearly enjoying taking part. One resident told the inspector that they greatly enjoyed the

exercise classes but found that at times the class ran too quickly and they couldn't keep up with everyone else. They reported that staff had noticed that they were upset by this and had arranged for the activity organiser and physiotherapist to come and discuss this with them in the coming week.

Staff were observed supporting residents with one-to-one activities in an unrushed manner, including jigsaw puzzles and reading the newspaper. On other occasions the inspector observed residents singing and dancing along to a music concert and celebrating mass together. There was a bustling and enjoyable atmosphere in the centre over the two days.

There was mixed feedback from residents with regard to the choice of food available in the centre. One resident reported that while the food was good, they did not enjoy the choices that were offered. This was echoed both in what other residents' told the inspector, and from a review of complaints raised by residents in the centre. The general feedback was that while the quality and quantity of the meals offered was good, there was not always enough choice available and meal options could be repetitive. The inspector observed that while refreshments were offered at different times of day, there was limited selection of snacks available. Staff informed the inspector that there was a planned taste test survey to be held by the catering team in the coming month, and that arrangements were being made to allow residents to make informed choices in relation to their meals through the use of photographs of plated meals.

Residents told the inspector that they were aware of how to raise a complaint or concern in the centre and felt comfortable doing so. From a review of complaints records, the inspector found that a number of complaints made by residents in relation to task-oriented care by staff were resolved effectively. and There was also clear evidence of learning from complaints, with the centre identifying training requirements in relation to changing the culture towards having a non-task oriented home.

In summary, this was a good centre where residents were supported to live a meaningful and engaged life. Areas identified as requiring improvement are discussed under the relevant regulations in the next two sections of the report.

Capacity and capability

This was an unannounced risk inspection and took place over two days. The aim of the inspection was to monitor the provider's compliance with the regulations and to assess the centre's preparedness and management of a COVID-19 outbreak.

The centre had experienced a COVID-19 outbreak in April 2020, where 33 residents and 37 staff were confirmed COVID-19 positive. Sadly, six residents passed away who were confirmed to have contracted COVID-19. The outbreak had been monitored closely by the Authority at the time, and there was regular

communication between the inspectorate and the person in charge. On inspection, the inspector interviewed staff, residents and reviewed the detailed records available, including a review completed by the management team in relation to the course of events and learning as a result of the COVID-19 outbreak. The provider had also reviewed the centre's COVID-19 contingency plan in the event of another outbreak occurring in the centre. The inspector was assured that the centre was in compliance with public health guidance, "Interim public health, infection prevention and control guidelines on the prevention and management of COVID-19 cases and outbreaks in residential care facilities."

FFNH Ltd is the provider for The Four Ferns and has three company directors. There was a clear management structure within the centre, and the person in charge was supported by a nursing manager on each floor, two clinical nurse managers, a preceptor (who assists with the induction and training of staff), a social care manager (who manages the activity provision and social calendar within the centre) and an accommodation manager.

There was a good level of compliance observed on this inspection, which demonstrated the provider's capacity and capability to provide a safe and quality service for residents living in the centre. Areas identified as requiring some improvement included staff training and development, infection prevention and control (IPC) and notification of incidents. These findings are discussed further under the relevant regulations.

There were sufficient resources available in the centre to ensure the effective delivery of care provision. While there were significant staff vacancies identified in nursing and healthcare assistant roles, this had been managed by the provider by appropriately reducing the occupancy of the centre. As a result the top floor of the designated centre was vacant at the time of inspection. There was evidence of ongoing recruitment of new staff with a number of new staff due to commence employment in the coming weeks and a recruitment drive to bring the staff complement to a sufficient level to allow for an increased schedule of admissions in the future. The centre also had an ongoing contract with an agency for use of recurrent temporary staff designated for use in the centre only.

There were management systems in place, including a crisis management team with designated roles and responsibilities for key staff and deputising arrangements in place. An IPC committee had been established which included an IPC lead for the centre, monthly meeting reports which were increased where required, regular audits of staff compliance, supported ongoing serial testing, and shared updated public health guidance with staff and residents. The inspector reviewed ongoing quality improvement plans and initiatives which demonstrated evidence of resident and staff input, and these were available on an accessible system which identified the accountable parties and facilitated regular review by the executive team.

The inspector reviewed a sample of staff files in the centre and these met regulatory requirements, including a record of current An Bord Altranais (ABA) professional registration for nursing staff.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available in the centre having regard to the needs of the residents and the size and layout of the designated centre.

There was at least one registered nurse working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were observed to have access to a suite of relevant training including training in fire safety, manual handling and infection control. Staff were observed to have received additional COVID-19 training in breaking the chain of infection, hand hygiene and the use of personal protective equipment (PPE). However, the inspector observed gaps in the staff training records for safeguarding of vulnerable adults, and the management of responsive behaviour which was not in line with the centre's own policies.

While senior staff were observed to be available on each of the units, the supervision of staff practices required improvement to ensure that care provision consistently promoted residents' rights and needs in a safe and appropriate manner. For example:

- the inspector observed an incident of poor manual handling practice
- the inspector observed an incident of task-oriented care where a resident was not supported to exercise choice in their personal care needs and choice of refreshment
- while staff were observed to be compliant with the use of face masks at all times in the centre, these were observed to be incorrectly used at times

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre which identified the lines of authority and accountability across all roles. The centre had sufficient resources available to ensure the effective delivery of care in line with the

statement of purpose.

There were management systems in place to ensure that services provided in the centre are safe, appropriate and effectively monitored. This included a large suite of audits completed on a structured basis internally by the management team, and twice yearly by an external provider. There was evidence of appropriate and timely quality improvement plans in place as a result of these audit findings.

There was an annual review available for 2020, and this included consultation with residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector, however the inspector observed that these notifications were not consistently made within the required time frames.

Incidents that were notified were found to be managed appropriately and in accordance with the centre's policies and procedures.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed records of open and closed complaints in the centre and found that they were managed in line with regulatory requirements and showed evidence of appropriate quality improvement measures being put in to place in response to the concerns raised.

Judgment: Compliant

Quality and safety

Overall the inspector found that the quality of care and support provided to residents in the centre was of a high standard. Residents were supported to have a good quality of life, which was respectful of their wishes and choices and encouraged to participate in meaningful activities and opportunities for engagement with their community and loved ones. Some improvements were required in

infection prevention and control procedures (IPC) and this is discussed further under Regulation 27.

Residents' healthcare records and care plans were managed electronically and were of a high standard. All residents were observed to have a comprehensive assessment of their health, social and personal needs on admission to the centre by appropriate health care professionals. Of the sample of care plans reviewed, the inspector observed that these were person-centred, detailed, reflected residents' feedback and were updated appropriately. For example, one psychosocial care plan which had been recently reviewed by nursing staff had identified the impact of restricted visiting on the resident and identified clear measures to support the resident to maintain contact with their community and loved ones.

Residents had good access to medical and allied healthcare services in the centre. A designated general practitioner (GP) visited the centre three times a week, and other medical services had also been utilised during the COVID-19 outbreak. The provider had arranged for regular onsite private physiotherapy and occupational therapy to be available to meet residents' assessed needs as required, resulting in positive outcomes for residents. From a review of residents' records and communication with staff and residents, the inspector found that residents' health care needs were supported with input from speech and language therapy, dietetics, chiropody, psychiatry of older age and tissue viability nursing.

There was a responsive approach to the management of risk in the centre, and records were updated appropriately to reflect changes both within the centre and in line with ongoing changes to public health guidance. For example, the risk register showed that there was an increase in residents with cognitive impairment living in the centre which prompted the provider to review policies and the action log for dementia care within the centre, provide additional training and communication to staff, and increase monitoring and auditing of staff practices and use of restraints. There were personal emergency evacuation procedures (PEEPs) in place for all residents and these were readily accessible. Appropriate strategies were observed to be in place to control the identified risk of falls in the centre.

While the inspector noted an increase in the recorded use of restraints in the centre, assurances were provided that residents were involved in the decision-making process and that comprehensive risk assessments were completed, and alternative less restrictive measures were trialled routinely. There were sufficient resources available to support the centre to move to a restraint-free environment including reality orientation measures, low low beds, crash mattresses and a variety of alarms.

The provider had notified the Chief Inspector of incidents of safeguarding allegations in the centre and the inspector followed these up over the two day inspection. There was comprehensive investigations of any safeguarding concerns raised, and evidence of learning from each incident to ensure all reasonable measures were taken to protect residents. The provider had employed a social worker who worked across a number of designated centres and was available for residents and their families if required. There was evidence of Garda (police) vetting clearance in place

for all staff employed in the centre.

The inspector observed evidence of quality interaction schedule (QUIS) audits (validated observational tool used was used to rate and record the quality of interactions between staff and residents at timed intervals), spot checks of staff engagement with residents and reviews of the residents' rights policy completed in the centre. There was evidence of learning from these audits, and residents' rights were promoted through ongoing resident engagement and staff training.

There was an updated infection control (IPC) policy in place in the centre and enhanced IPC measures were in place in response to the COVID-19 pandemic. This included twice daily of frequently touched surfaces and a review of the cleaning products used. Housekeeping staff spoken with on inspection were knowledgeable of their role and responsibilities, and demonstrated awareness of COVID-19 measures and restrictions.

Regulation 11: Visits

The inspector observed that arrangements were made for residents to receive visitors in line with public health guidance, "*COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)*". This included scheduling of visits by the reception team, the rostering of designated staff to organise and monitor visits as required, and the use of separate entrances for each floor to ensure that the flow of visitors in and out of the centre was managed effectively.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place and this met Schedule 5 requirements. The inspector observed that there were arrangements for the identification, recording, investigation and learning from serious incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre had a clean, well maintained and well presented appearance. Infection control (IPC) procedures were in place in the centre, and the inspector observed that these were in line with the standards for the prevention and control of healthcare-associated infections published by the Authority, and were generally

implemented by staff. However, the inspector identified some areas for improvement which are important to ensure good infection control practice, including:

- shared usage and inappropriate storage of hoist slings, which presented as a risk of cross-contamination of infectious diseases
- storage of items on the floor which did not facilitate effective cleaning practices
- a housekeeping room within the kitchen area did not contain an appropriate accessible handwashing facility
- storage of residents' equipment and personal possessions in a communal bathroom; the inspector observed that this was addressed on the first day of inspection

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were care plans in place for all residents and these were prepared within 48 hours of admission to the centre based on a comprehensive assessment of residents' health, personal and social needs. The inspector observed that care plans in place were detailed, comprehensive and person-centred, and were reviewed and updated at appropriate intervals. There was evidence of residents, and where appropriate that resident's family, being involved in the development of their care plan and their review.

Judgment: Compliant

Regulation 6: Health care

Residents were observed to have good access to appropriate allied health professional input, and were facilitated to access a general practitioner (GP) of their choice in so far as is reasonably practical.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The majority of staff working in the centre were observed to have completed training in the management of behaviour that challenges within the previous three

years. However, as discussed under Regulation 15 Training and Staff Development, the inspector found gaps in the responsive behaviour training records which had not been addressed at the time of inspection.

The inspector reviewed a number of behavioural care plans and found that these were person-centred, reflected residents' needs and preferences, and informed staff on appropriate interventions to trial in the event of responsive behaviour. For example, one resident's care plan identified that staff should acknowledge and validate the resident's feelings, identified the resident's communication preferences and listed methods of distraction that had proved successful in supporting the resident to feel comfortable.

The inspector noted that the use of bed rails in the centre had increased over the previous year. This was not in line with national guidance, "*Towards a Restraint Free Environment*." From a review of the records available and discussions with staff, the inspector was assured that a comprehensive risk assessment was completed for all residents where restraints, for example bed rails and lap belts, were in use. These restraint assessments identified the least restrictive interventions trialled, showed evidence of resident and multidisciplinary input, and were reviewed at appropriate intervals.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put in place measures to protect residents from abuse. While the inspector observed some gaps in the records of staff training in relation to the safeguarding of vulnerable adults, staff spoken with over the two day inspection were knowledgeable in the detection and prevention of and responses to abuse. The inspector was satisfied that all incidents or allegations of abuse were investigated thoroughly by the person in charge, and that appropriate measures were put in place in response to allegations of abuse in the centre.

The registered provider was not a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights in relation to communicating freely and freedom of movement were promoted in the centre and staff were observed to have regard to the diversity and individual abilities of residents.

There were opportunities for residents to engage in meaningful activities in accordance with their interests and capacities. There were facilities in the centre for occupation and recreation, and the premises supported residents to undertake personal activities in private. Residents were observed to have access to radio, television, newspapers and the internet.

The centre had access to an advocacy service and this was advertised throughout the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Four Ferns OSV-0007729

Inspection ID: MON-0032007

Date of inspection: 06/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1.The PIC in collaboration with HR Department will conduct monthly audit on our employee training record. 2.Two Days Classroom Induction Program have re-commenced since June 2021, this is ongoing monthly. The training program covers all mandatory and essential trainings to equipped all new staff with knowledge and skills in the provision of safe, high quality and person-centered care to our residents. 3.Managers will conduct on going spot inspection and monitoring inspection. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. PIC have re-educated the clinical management team regarding HIQA Guidance on Notifiable events. 2. A clear process on reporting responsibility of notifiable events to HIQA was outlined to all members of the clinical management team. 3. The PIC will review and verify draft HIQA NF report will submit notification via HIQA portal within the time frame. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Residents with suspected and confirmed infection will be provided with their own hoist slings and which are going to be stored in the resident's bedroom. 2. Cleaning and disinfection protocol of hoist slings is in place. 3. Storage areas are checked daily and a regular spot checking by unit managers and Accommodation Manager will be conducted, this is to ensure that medical equipment, walking aids and other items are being stored appropriately. 4. In addition to the handwashing sink that is available within 4 meters from the house keeping room, hand sanitizing dispenser will be put up inside the house keeping room by the 20th of July 2021. 5. Learning outcome from the recent HIQA inspection including items 1-3 has been communicated to the team. These will also be communicated during the induction training of new staff. 6. Person In Charge will continue to provide on going infection control awareness notification and discussion to the team. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/07/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Substantially Compliant	Yellow	15/06/2021

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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