Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	TLC Centre Santry
Name of provider:	TLC Spectrum Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0037370

About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 128 men and women over the age of 18 years in single and twin bedrooms across four storeys. The ethos of TLC Santry is to promote an individualised person-centred approach to care for residents and their families who choose to live in the designated centre. TLC Centre Santry aim to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment. All staff encourage residents to maximise their independence, achieve their potential and maintain interests. We support residents to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 July 2022	08:00hrs to 19:40hrs	Niamh Moore	Lead
Thursday 7 July 2022	08:00hrs to 19:40hrs	Siobhan Nunn	Support
Thursday 7 July 2022	08:00hrs to 19:40hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

During the inspection, there was a relaxed and calm environment within TLC Centre Santry. From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre. Residents spoken with said that management and staff were supportive and caring. Visitors said that there was very good care provided to their loved ones and that they were kept up-to-date by management and staff with changes in care.

When inspectors arrived at the centre, they were met by the receptionist who conducted a signing in process, ensuring hand hygiene and the wearing of a face mask upon entering the designated centre. Following an introductory meeting with two members of management, the inspectors were accompanied on a walkabout of the designated centre. Inspectors saw that many residents were dressed and spending time within communal areas during this tour. It was evident from the walk around that the person in charge was well known to all residents as friendly interactions were observed.

The designated centre is located in Northwood, Dublin 9. The building comprises of five storeys with resident bedrooms set out across the ground, first, second and third floors, which were accessible by stairs and lifts. The laundry, kitchen, staffing changing facilities and store rooms were located within the basement floor. The centre provided accommodation for 128 residents in 60 single and 34 twin bedrooms. Residents had access to en-suites or shared bathrooms.

Inspectors viewed a number of residents' bedrooms and found they were personalised with family photographs, throws, and ornaments including plants and flowers. Inspectors were told that the provider had plans to complete a refurbishment within the centre and as part of these plans a sample single room was viewed. Inspectors observed that this room was completed to a high standard and was of a sufficient size. While the designated centre had 34 twin bedrooms, only one twin bedroom was occupied by two residents on the day of the inspection. The other 33 rooms were occupied by one resident, however they were not reconfigured for single use. Inspectors observed that the floor space and storage facilities available within the shared bedrooms was not adequate. This will be further discussed within the report.

Since the last inspection, there had been upgrades to the outdoor garden area with new decking installed; decoration of many areas such as flooring and paintwork remained outstanding. Overall the premises was found to be clean on the four floors and efforts to create a homely environment were evident. Residents who spoke with inspectors said that they were satisfied with the level of cleanliness of their rooms and the communal areas. However, inspectors observed that the registered provider had not maintained the cleanliness of a part of the basement to an acceptable safe standard. Two storerooms and a small hallway had mould on walls, a toilet was seen to be heavily stained and one room had evidence of a insect infestation. The

registered provider was requested to take immediate action to rectify the infestation and hygiene issues on the day of the inspection. This was partially addressed during the day of inspection.

Activities on offer were displayed on notice boards. There was a wide variety of activities being provided to residents which included exercise classes, assisted by the centre's physiotherapist, a therapeutic activity delivered as group and individual sessions for people with dementia, coffee mornings and gardening. There were several communal rooms available for residents' use. Inspectors observed that some of these rooms were used for visiting and also for activity provisions. There was access to an enclosed garden with garden seating available and residents were seen to enjoy this space on the day of the inspection. Inspectors were told that this area was to be used for a planned BBQ during the summer.

Inspectors observed the lunch-time meal within the centre. Residents were seen to be dining in the dining room areas, some smaller day spaces or within their bedrooms. The menu was displayed on each floor and showed that there was sufficient choices available for the main meal, tea time meal and desserts. There was also a 24 hour snack menu advertised which included hot and cold snacks made available if requested. Inspectors observed a relaxed and positive dining experience where residents were seen enjoying their meals and being assisted and supervised discreetly by staff. Most residents spoken with were complimentary regarding the food choices and meals within the centre. One resident told inspectors that the chef attends the resident committee meetings where feedback relating to food is sought and received.

The inspectors spoke directly with individual residents, reviewed feedback from resident meetings and surveys, and also spent time observing staff and resident engagement. The general feedback from residents was that staff were kind and caring with comments such as "staff couldn't be nicer". This was also evident within the 2021 satisfaction survey with 100% of respondents being satisfied or very satisfied with the politeness and the willingness of staff to listen.

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 on the quality and safety of the service being delivered.

Capacity and capability

The registered provider had a well-organised management structure in the centre, ensuring good quality clinical care was being delivered to the residents. While, inspectors found that there were systems in place to monitor the service through a variety of committees, auditing and reviewing, these systems were not effective for all areas of care. Action was required in the overall governance and management of the service to ensure that there was sufficient oversight for all areas of the

designated centre. This included gaps found in oversight of the premises, maintenance, infection control and fire safety.

This was an unannounced risk inspection carried out by inspectors of Social Services to follow up on actions from the last inspection in February 2021 and in advance of an application to renew the designated centre's registration.

TLC Spectrum Limited is the registered provider for TLC Centre Santry. The senior management team including a Chief Operating Officer, a Regional Director, Associate Regional Director and the person in charge. The person in charge is supported in their role by two assistant directors of nursing (ADON), four clinical nurse managers (CNM) and an advanced nurse practitioner. Other staff resources included staff nurses, team leaders, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff. During the inspection, inspectors reviewed worked and planned rosters and found that the provider had ensured that there was sufficient staffing available to meet residents' assessed needs. Staff reported to be well supervised within their roles, this included a CNM working weekends and at night to provide management oversight and support.

The provider had systems in place to monitor the service. There were regular management meetings held in the centre that are attended by the person in charge and members of the senior management team. Meeting minutes were reviewed by inspectors and they showed that key clinical information was collected and analysed monthly to monitor the safety and quality of the care delivered to residents. However, inspectors found that the management systems and oversight through audits and meetings failed to effectively manage all areas of non-clinical care within the designated centre. For example, environmental audits and fire safety checks failed to identify areas of high risk, such as areas of the centre that were ineffectively monitored. A risk assessment completed by the person in charge in relation to damaged flooring was reported to the provider in February 2022 and no action had been taken.

In addition, inspectors found that risk was poorly managed. Risks that were identified in a fire risk assessment completed by the provider in September 2021 had not been addressed. This is further discussed within this report.

Inspectors were assured that any records requested during the inspection were available, accurate, safe and accessible.

The annual review of the quality and safety of the service delivered to residents in 2021 had been done in consultation with residents. A meeting was held by the person in charge with families to discuss the findings of this review and the satisfactory survey. Residents' and families feedback was being used to improve the service, such as providing greater variety to meal choices.

Inspectors reviewed a sample of contracts for the provision of services between the resident and the registered provider and these were seen to meet the criteria set out within Regulation 24.

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet the residents' needs. Rosters showed there was a minimum of one registered nurse on duty per floor at all times.

Judgment: Compliant

Regulation 21: Records

A review of a sample of staff files provided assurances that information required under Schedule 2 of the regulations was maintained to ensure documentation was accurate, up to date and accessible.

Judgment: Compliant

Regulation 23: Governance and management

This inspection identified that management systems failed to ensure that the delivery of care was safe and sustainable, particularly in the areas of the premises, infection control and fire precautions. For example:

- The registered provider had insufficient oversight of the basement floor within the designated centre. Managers were unaware of their responsibilities related to the upkeep of the basement. Inspectors observed dirt, mould, an infestation, a poorly maintained toilet, inappropriate storage and a room which was locked which contained combustible items. Due to risk found, an immediate action was issued to the registered provider to resolve this during the inspection.
- Inspectors found that the oversight of risk management within the designated centre failed to address all issues found within the fire risk assessment of September 2021. For example, it was identified that there was inappropriate storage and securing of oxygen cylinders. This was due to be actioned within one week of the fire risk assessment report. However, it remained a finding on the day of the inspection.
- The person in charge had identified some areas of the premises which required improvement to the registered provider in February 2022, such as flooring in communal areas, which was also previously identified at the last inspection in February 2021. Inspectors found there was insufficient action by

the registered provider to address these required improvements.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of two contracts for the provision of services and found that the information required by the regulations to include the terms and fees on which they reside in the centre was clearly set out.

Judgment: Compliant

Quality and safety

This inspection identified that action was required to ensure the premises, infection control and fire precautions arrangements within the designated centre complied with regulation. The registered provider delivered good quality clinical care to residents with good access to healthcare. Residents were consulted with and had opportunities to participate in activities in accordance with their interests and capabilities.

While communal spaces, such as dining and lounge areas, were spacious and welcoming, the provider needed to improve how the premises was maintained. Inspectors were told that the registered provider had plans to refurbish areas of the centre on a phased basis from Quarter 3 (July-September) 2022. However, a number of areas such as paint work, flooring and equipment were seen to be in disrepair and the basement was poorly maintained. In addition, the configuration of the twin bedrooms did not allow residents sufficient personal space to access their belongings in private. This is further discussed under Regulation 17: Premises.

Infection control training was available to staff using a blended approach, through online modules and face-to-face training. Hand hygiene practice and the correct donning and doffing (to take on and take off) of personal protective equipment (PPE) was monitored through regular audits and practice sessions for staff. Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead. In their absence, the ADON became the lead should an outbreak occur. The centre had access to Public Health for outbreak support. However, there was no ongoing support from a qualified infection control practitioner as recommended in the National Standards for Infection Prevention and Control in Community Services.

The centre had experienced a significant COVID-19 outbreak at the start of 2022, which was closed by Public Health on 20 February 2022. It effected a high number

of residents and staff. The management of the outbreak was supported by Public Health and an infection control team from a local hospital. Recommendations from these specialists were seen to be implemented, such as the cohorting of residents with suspected or confirmed COVID-19 infection and the use of filter vacuum cleaners in the centre.

The registered provider complied with best practice requirements with regard to the maintenance and management of water distribution systems and all water within the facility. Staff understood how to safely store and dispose of waste and how to manage spills. Residents and staff were monitored regularly for any signs of possible infection to facilitate early detection and control the spread of infection. There was a COVID-19 vaccination programme available to residents and staff that was monitored and promoted by the provider. Records showed that there was a high uptake of influenza vaccination among residents in the centre. Staff were observed following infection control guidelines with the correct use of PPE and hand hygiene. There were hand hygiene sinks available, however they did not comply with the current recommended specification. Alcohol based hand rub was available at the point of care and accessible in communal areas around the centre. Notwithstanding some positive findings during this inspection, further review and development under Regulation 27: Infection Control was required.

The registered provider had contracted a competent person to complete a fire risk assessment in September 2021. Inspectors were told that the registered provider was responding to the risks found in a phased approach. Some measures were in place to manage the risk of fire, inspectors found that further action was required to fully protect residents from the risk of fire which will be further discussed under Regulation 28: Fire Precautions.

Residents' records were maintained on an electronic system. A number of residents' records such as pre-assessments, assessments and care plans were reviewed. A pre-admission assessment was completed prior to a residents' admission to ensure the designated centre could meet their needs. Validated risk assessments were used to develop care plans. Inspectors found that care planning records were person-centred and detailed clearly residents' assessed needs and their individual preferences for care. Care plans were seen to be reviewed regularly and were completed in line with regulatory timeframes every four months.

Residents had timely access to healthcare. Inspectors were told that a general practitioner (GP) visited the centre twice a week. A visit was seen to occur on the day of the inspection. Records showed that residents had access to other services such as gerontology, physiotherapy, occupational therapy, dietetics, tissue viability nursing and to the national screening programme.

The registered provider had a policy on restrictive practice reduction dated November 2019 and a restraints register in place. Restraints were monitored by management through monthly audits. Records reviewed indicated that where residents had a restrictive practice in place such as bed rails or sensor alarms, there was a risk assessment and care plan in place to evidence its use. Inspectors also viewed documentation on the management of residents with responsive behaviours

(how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Records showed that residents displaying responsive behaviours were managed in the least restrictive manner with access to specialist input such as psychiatry of later life.

Staff spoken with demonstrated good knowledge of appropriate measures to take if any safeguarding risks were identified. The registered provider had a safeguarding policy in place and preliminary screenings were seen to be submitted to the local Health Service Executive safeguarding team for advice and oversight. Inspectors found that there was appropriate systems in place for the transparent management of resident finances.

Overall residents' rights and dignity were respected. Positive and respectful interactions were seen between staff and residents. Residents had access to an advocacy service. Inspectors found that there was plenty of opportunities for residents to participate in activities in accordance with their interests and capacities. The centre employed three activity staff and activities were held from Monday to Sunday within the centre.

Inspectors saw that the TLC group had completed a monthly TLC Times newsletter for residents and families for all five TLC centres. Inspectors reviewed the June 2022 issue and saw it detailed residents' life stories, the employee of the month and recent activities and events that had taken place in each centre.

The provider had arrangements in place to support residents to receive their visitors. Residents confirmed they were happy with the visiting arrangements within the centre.

Inspectors accompanied a staff nurse to observe the lunch-time medicines round. Inspectors found that the staff nurse actively engaged with residents when undertaking this medicine round and medicine practice was seen to be completed in accordance with the directions of the prescriber.

Regulation 11: Visits

The centre had a system in place to facilitate unrestricted visits, which was in line with public health guidance.

Judgment: Compliant

Regulation 17: Premises

Action was required to the premises to ensure that it was kept in a good state of

repair internally, in line with the requirements of schedule 6 of the regulations. There was numerous areas of wear and tear seen within the décor of the centre, such as flooring in dining rooms, day rooms and corridors were badly marked and repairs to paintwork was required in a number of areas including to bedroom door frames, skirting boards and in ceilings where historical leaks remained visible.

Action was required to ensure there was suitable storage within the designated centre. Inappropriate and unsafe storage was observed within the basement area and inappropriate storage of two hoists were seen in a shared bathroom on the third floor.

Inspectors viewed eight twin bedrooms and found they were not configured to allow two occupants an area of 7.4 m2 of floor space for each resident which included a bed, a chair and personal storage space. For example, some spaces measured between 4.96m2 and 7.28m2. These rooms were not configured to ensure that residents could access their belongings in private as many rooms had one wardrobe which residents had to share. On the day of the inspection, only one room was occupied by two residents.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example:

- Surveillance of infections and colonisation was not used to inform antimicrobial stewardship measures.
- The provider did not have adequate oversight of cleaning in a number of store rooms and staff changing rooms in the basement. There was evidence of infestation and mould seen on floors and walls. Clinical waste bins for use in the centre were stored in this area which could pose a risk to residents if used in care areas.
- Visitors were not checked if they had any symptoms of COVID-19 infection or of any other infection before being admitted into the centre which may result in onward transmission of a droplet of airborne infection to residents.
- There were barriers to hand hygiene identified in two out of three sluice rooms, as there was one sink used as a dual purpose for decontamination of equipment and hand hygiene. This increased the risk of cross infection.

There were gaps seen in some practices to ensure effective infection prevention and control was part of the routine delivery of care to protect people from preventable healthcare-associated infections. For example:

- There was no cleaners room on one floor and cleaning staff used a sluice

room to prepare and wash out chemical cleaning bottles. This practice may result in cross contamination of cleaning equipment and cleaning chemicals.
- Routine decontamination of the care environment was performed using a combined detergent and disinfectant solution when there was no indication for its use.
- Areas within the kitchen, such as the flooring and behind shelving were unclean.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. For example:

- Some surfaces did not have a smooth surface to allow for effective cleaning. For example, the wall behind the sink in the cleaners' room was damaged and not clean. Grab rails throughout the centre were sticky and were seen to be worn. Carpets and flooring in a number of areas such as the laundry room, a linen storage room, in some bedrooms and communal areas were in poor condition, they were either heavily stained, worn or damaged.
- Supplies used for resident care such as continence wear and PPE were stored inappropriately in boxes on the floor in the clinical store. The doors to this clinical store and laundry room in the basement were left open which may result in ingress of rodents and contamination of supplies stored within these rooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The current systems in the centre did not support effective arrangements for the evacuation of residents. For example:

- The provider did not have sufficiently reliable arrangements in place to monitor fire doors and evacuation routes to ensure that they were kept clear of all obstructions. For example:
    - A gap was seen in a cross corridor fire door.
    - Three fire doors were seen to be held open on the day of the inspection.
    - Three bedroom doors and one double door in a communal room did not fully close.
    - A cleaning trolley was stored in a fire stairwell on the 3rd floor.
- Personal emergency evacuation plans (PEEPs) did not provide enough detail to guide staff on evacuating residents in the event of a fire. For example:
    - Four PEEPs did not contain details of the assistance required by each resident relating to the number of staff required in the event of an evacuation.
    - Two PEEPS were incomplete as the mobility aid required section was

blank.

- Improvements were required to ensure that all staff were aware of the procedure to be followed in the case of a fire. For example:
    - The weekly fire drills did not provide assurance that staff were adequately prepared for the evacuation of residents in the event of a fire. These drills were to evacuate a bedroom and did not simulate the evacuation of the largest compartment with the lowest number of staff available.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed the administration of medicines, the record of medicine related interventions and the storage of medicines. Inspectors found that the registered provider had safe systems in place for the administration of medicines. Medicines were seen to be securely stored and disposed of in accordance with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors were assured that residents had comprehensive assessments and detailed individualised care plans in place to guide staff on their care. Records showed that when changes occurred, care plans were regularly reviewed and updated. Two residents spoken with also said they were involved in the development of their care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to health and social care professionals, through medical treatment recommended by the GP and access to other professionals including a high standard of evidence-based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with were knowledgeable and skilled in responding to and managing residents who were displaying responsive behaviours. Care plans reviewed guided staff on how best to manage and respond to the behaviour.

From a review of residents' assessments and care plans, it was evident that restraint was used in accordance with national policy of the Department of Health Towards a Restraint Free Environment in Nursing Homes.

Judgment: Compliant

Regulation 8: Protection

From a review of safeguarding documentation, inspectors found that the registered provider had taken all reasonable measures to protect residents from abuse. For example:

- Safeguarding investigations were completed in a timely manner
- Care plans were in place to guide staff on safeguarding measures
- The system for the management of residents' monies was transparent and records of balances were in order.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld. Advocacy services were available via an external advocate. Residents were encouraged and facilitated to participate in the organisation of the centre, through surveys and residents meetings.

Televisions, telephones and radios were available for residents' use.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 TLC Centre Santry OSV-0000184

Inspection ID: MON-0037370

Date of inspection: 07/07/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The section of the basement which was identified during the inspection, for the most part had remained unused, was immediately attended to during the day of the inspection on the 7/07/22. The area was treated for mould, cleaned and decluttered. Pest control attended the centre on 7/07/22. The zone identified as having an infestation was treated. The pest control follow up report identified the infestation as low level infestation which did not require any follow up treatment. Immediately following the inspection, the basement was attended to by the Facilities Management Team with additional works carried out to resolve the issues identified. The basement is now part of our centre floor plan. The basement is now included in our monthly health and safety environmental audits and risk assessments.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance schedule for replacing and repairing is currently in place. Flooring and bedroom furniture has been replaced in several bedrooms. Painting and decorating of communal spaces and bedrooms is currently underway. The basement is now included in our centre floor plan. The basement is now included in our monthly health and safety environmental audits and risk assessments.	

All shared bedrooms are currently under review to identify their suitability for re-configuration to allow both occupants an area of 7.4 m2 of floor space for each resident which includes a bed, a chair and personal storage space.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Notices for Covid-19 awareness are very visible and displayed at key points at the entrance to the centre. A Covid-19 declaration form in place.

A review of the cleaning schedules, cleaning products and cleaning storage areas has taken place. Changes to practice have been implemented resulting in improved processes.

Surveillance of infections has been ongoing and in place in the centre. More robust data analytics of colonisations is now included and informing and guidening SMART antimicrobial stewardship measures.

The basement is now included in our centre floor plan. The basement is now included in our monthly health and safety environmental audits and risk assessments.

The refurbishment of specific areas within centre is currently underway which includes swapping out of carpet for alternative flooring for several bedrooms, corridors and communal dining spaces.

Hand Hygiene sinks have been ordered for all floors, we are currently awaiting delivery and installation.

Chemical solution preparation is now being completed in an alternative preparation area. The cleaning trolley is kept in the household store room on the second floor.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An enhanced weekly auditing schedule is now inplace to monitor fire doors and evacuation routes to ensure that they are kept clear of all obstructions.

Fire doors identified during the inspection have been reviewed with corrective actions determined.

All Personal Emergency Evacuation Plans (PEEPs) have been audited and actioned accordingly.

Scheduled Face-to-Face on site Fire Training is currently underway in the centre for all staff which includes compartmental evacuation.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/10/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	15/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	31/10/2022

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			