



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	28 October 2021
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0034323

About the designated centre

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

The designated centre is registered to accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of the persons with physical disability, intellectual disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of communal facilities available including three large day room areas, two dining rooms an oratory and an activity room. In addition there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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 28 October 2021	15:15hrs to 19:15hrs	Manuela Cristea	Lead
Friday 29 October 2021	08:30hrs to 15:00hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

During this unannounced two days inspection, the inspector observed residents being well cared for by a dedicated team of staff who knew them well and worked hard to ensure residents living in the centre enjoyed a good quality of life.

The inspector communicated with more than 10 residents during the two days, who were all unanimous in their appreciation for staff, food and activities available to them on a daily basis. Three residents said that the centre was a 'home from home' and that they felt safe and happy living there. The inspector also observed staff-residents interactions, which were all warm, courteous and person-centred. Residents who were unable to communicate with the inspector were observed to be relaxed and comfortable in their living environment and their body language conveyed a sense of wellbeing and contentment.

There were many and varied activities taking place during the inspection which were all very well-attended. They included one to one or sensorial activities, music, parachute games, puzzles, mass, physical exercises, baking and reading. When the inspector arrived at the centre on the first evening of the inspection, residents were taking part in the Rose of Cuan, and all the ladies were excited having received a beautiful red rose that day. A resident observed spending time by themselves in their room said that was their own choice, and that they were always free to join any activities as they wished. Residents' preferences and choices were respected, and this included when they wanted to go to bed or get up in the morning. The inspector observed that there was a lively atmosphere in the centre until late in the evening, with numerous residents enjoying tea and biscuits while listening to music and playing with the therapy dog in the communal space.

Residents were also observed receiving visitors in private and some were facilitated to go out with their family for the day. There were numerous visitors seen coming and going throughout the two days and the inspector had the opportunity to speak with more than eight visitors. The feedback received from visitors mirrored what residents had communicated to the inspector in that they were very satisfied with the standard and quality of care provided, the communication with the management team was positive and that they were updated and kept informed of any changes. Two visitors mentioned that their loved one was thriving and had adjusted well to the life in the centre. They were satisfied with the standard of cleanliness and said that their relative always looked well and presentable when they visited. Visitors also commented that resident's property was well cared for and that they never had any concerns about items going missing. One visitor said that communication with management was always positive, staff always looked happy and that they were always made feel welcome. Another visitor said they felt there was a 'spirit of community' where they felt they were not just a number but part of a bigger family.

On the first day of inspection the inspector completed a walkabout of the centre together with the person in charge. There were no immediate risks identified during

this tour, and the inspector observed good levels of compliance to ensure the centre was safe. Although the inspector identified some areas for improvement in respect of premises and infection prevention the environment was generally very clean, bright and well ventilated. It was evident that efforts had been made to create a welcoming and comfortable living space for the benefit of the residents.

Residents' bedrooms were decorated with personal memorabilia and doors were personalised with residents' names and a symbol chosen by themselves, representative of what mattered to them. For example musical notes for someone who enjoyed music, or a dog for those who loved their pet. One resident with impaired communication approached the inspector and showed them a piece of paper that read they would be attending the next rugby match and supporting the national team in one of the Dublin stadiums. This resident was a big rugby fan and arrangements had been made for a nurse to accompany this resident and fulfil their dreams.

Communal areas were inviting and furnished in a homely manner and there was good natural light and signage throughout the centre. Several other communal areas were available for residents' use and this variety offered residents choices about where to socialise, whilst also providing access to quiet spaces. There were three enclosed courtyards which were accessible and to which the residents had unrestricted access. These areas were appropriately furnished with tables and benches and had various features to provide stimulation for the residents. One of these courtyards was fitted with artificial grass, bird feeders and pumpkins and decorations in time for Halloween festivities. Residents who chatted with the inspector said that they were very happy with the activities available to them on a daily basis and said that there was always something to do. Residents told the inspector that any suggestions they made were readily taken on board by staff. For example bus trips were being organised to locations they had recently chosen.

The inspector saw that residents' meetings were well attended and took place on a monthly basis. This provided an opportunity for discussion about what other improvements they would like in the centre, or any other concerns in respect of infection prevention and control advice.

All residents who met the criteria had received their vaccine for COVID-19, including the third booster. All staff were vaccinated and at the time of inspection, dates were being scheduled for the flu vaccine. Residents said that they felt protected by the vaccine and by all the precautions taken by staff to keep them safe. Throughout the inspection, the inspector observed staff consistently adhering to standard infection prevention and control precautions, wearing face masks and washing or disinfecting their hands frequently. There was good signage and alcohol gel dispensers located at frequent points throughout the centre.

A number of residents' satisfaction surveys had been completed, which reflected the high level of overall satisfaction with life in the centre. Following a large outbreak of COVID-19, a families' satisfaction survey had also been completed. The inspector reviewed a sample of 10 such forms and found that with the exception of one, they were all largely positive of how the management team had managed and

communicated with relatives throughout the outbreak. A sample of comments included: 'the level of care was good and continues to be outstanding', 'staff always answered the phone so courteously and graciously despite being so busy and under pressure at all times', 'staff treated residents with such respect and care at all times'. One family was not satisfied with communication and the measures implemented during the outbreak, which they felt resulted in unnecessary prolonged isolation for the resident. Some visitors commented that providing adequate shelter was not provided during bad weather when they were not able to visit in the centre. The person in charge was aware of this feedback and they informed the inspector that the families' suggestions had been listened to and a plan put into place in the event that visiting restrictions were reintroduced.

The next part of the report will present an overview of the findings in respect of capacity and capability and the quality and safety aspects, and present the regulatory judgments under each individual regulation.

Capacity and capability

Overall, the inspection found that this was a capable and responsive provider that was appropriately resourced and worked hard to ensure a safe and high quality service was consistently provided to the residents living there. This was demonstrated by the very high levels of compliance found on this inspection, and the low level of complaints or concerns received by the Chief Inspector in respect of the centre since the last inspection.

There had been a significant outbreak of COVID-19 in the designated centre in January 2021, shortly after the residents had received their second vaccine to protect them against the virus. During the outbreak more than 50 residents and over 29 staff contracted the virus and, sadly 9 residents had died. Despite the significant impact that the virus had on the centre, the management team implemented the centre's COVID-19 contingency plan to ensure that the centre remained appropriately resourced at all times and that residents were safeguarded and well cared for throughout this period.

The registered provider is Newbrook Nursing Home Unlimited company, which is part of the larger Newbrook Group. The provider had a clearly defined management structure in place, as outlined in the centre's statement of purpose, and the lines of authority and accountability were clear within the centre.

A new person in charge had been appointed since the last inspection, and the inspector found that they were knowledgeable about their regulatory responsibilities and had the required experience. At operational level the person in charge was well supported by an assistant director of nursing working who worked full time in a management capacity and together they provided good leadership to the team. There was a well established management team who had good oversight of the service. The management team included a practice development manager, a

training facilitator and the registered provider representative who visited the centre on a regular basis. Minutes of the governance and management meetings showed that where areas for improvement were identified, these were followed up with an action plan. As a result most of the substantial compliances found on this inspection had already been identified by the provider, and records showed that a time bound action plan was in place to improve compliance. This proactive approach to improving the service was reflected in the feedback given to the inspector by families visiting on the day.

There was a stable team of staff and when vacancies arose, they were immediately recruited into. A contingency plan was in place in the event of an outbreak of COVID-19 which was reviewed on a regular basis and discussed with staff at all levels. Infection prevention and control was a set agenda topic for discussion at all levels of management and staff meetings and there was good oversight and regular audits of staff practices and environment.

Staff had access to a suite of mandatory and relevant training and in their conversations with the inspector they were found knowledgeable and confident about infection prevention and control, safeguarding vulnerable adults and fire safety. Staff told the inspector that they felt supported in their respective roles. Daily talks and regular staff meetings took place to keep staff updated on national infection prevention and control guidance, precautions and. Staff were appropriately supervised.

There was a low level of complaints in the centre and a review of complaints log showed that when concerns were raised they were responded to in line with local policy. Other records such as staff files, certificate of insurance, policies and procedures and statement of purpose were reviewed and found satisfactory.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the designated centre. She was known to all residents and staff and had the required qualifications and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient number of staff of appropriate skill-mix to meet the assessed needs of the residents. There were a minimum of two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory and other relevant courses were available to all staff and a rolling schedule of training was in place. Appropriate induction and appraisal processes were in place and all registered nurses had an active registration with Nursing and Midwifery Board of Ireland.

Judgment: Compliant

Regulation 22: Insurance

A valid certificate of insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was appropriately resourced and there were clear lines of responsibility and accountability which were known by all staff.

Effective management systems were in place to ensure that services provided in the centre were safe and consistently monitored. These included spot checks of staff practices, clinical and environmental audits, and reviews of care provision and risk management. An annual review of the quality and safety delivered in the previous years was available for review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an updated complaints policy available. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly by the nominated complaints officer. There were a number of complaints opened at the time of inspection, all from the same complainant, which were being followed up in line with local policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were available and had been reviewed in in the past three years as per regulatory requirement.

Judgment: Compliant

Quality and safety

The provider was keen to provide a good quality service, and the inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and preferences. Residents' needs were being met through good access to health care services, and opportunities for social engagement and activities which met their interests and capabilities. This was a well managed service in which risks were identified and managed and residents were protected. However, some improvements were required in relation to the documentation and oversight of care and in ensuring that the premises and infection prevention and control processes promoted and maximised residents' safety. This is discussed further under the relevant regulations.

Staff displayed good knowledge of what to do in the event of suspected or alleged abuse. There was a varied and interesting activity programme in the centre which was tailored towards residents' interests and abilities. Three dedicated activities staff provided a rich activities programme across each day of the week. Visiting arrangements were facilitated appropriately in line with public health guidance, and residents were supported to maintain contact with their loved ones through access to communication devices and virtual technology.

The design and layout of the premises supported residents to have a good quality of life. All bedrooms in the centre had an en-suite facility, and the layout of the premises enabled residents to spend their time in a number of different communal areas, with good access to outdoor space. In the main, the centre was observed to be clean, warm, comfortable and pleasantly decorated and there was a preventative maintenance programme in place, which was overseen by the management team. However some staff areas and utility rooms were not maintained and organised to ensure they met the national infection prevention and control standards.

Resident's care needs were comprehensively assessed on admission to the centre, and person-centred care plans were observed to be in place with evident input from the resident, or the resident's family where appropriate. In addition to a holistic care

plan, each resident had a visiting plan and a COVID-19 prevention care plan in place. Care plans were regularly updated whenever residents' needs changed and included relevant detail to guide staff in how to best meet the assessed needs of the resident. However, there were a number of gaps in residents' care records, which did not provide sufficient assurance that all interventions identified in the care plan were appropriately and timely implemented by the care staff, as further described under Regulation 6: Healthcare.

The inspector found that residents had access to appropriate medical support to meet their needs. Residents could retain their general practitioner (GP) of choice if they wished to, and a GP was observed to visit the centre on the day of inspection. The person in charge confirmed there had been no disruption to GP services during COVID-19 outbreak when additional support was also received from a consultant geriatrician from the affiliated general hospital. Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology, psychiatry of later life was available. A physiotherapist visited the centre on a weekly basis and provided tailored interventions as well as group activities, yoga and physical exercises for all residents.

The inspector saw numerous examples of excellent practices in respect of infection prevention and control and the centre was clean and free from odours. Any suggestions for improvement discussed with the person in charge on the first day of inspection were promptly implemented and introduced by the next day. For example in respect of safe and appropriate storage and segregation of residents wash basins in the shared bedrooms. An infection prevention and control lead was identified and COVID-19 drills had been completed to ensure staff were fully prepared in the event of a suspected of positive case in the centre. Regular hand hygiene and environmental audits were carried out by the person in charge which were effective at identifying areas for improvement and were followed up with concrete action plans to address any shortcomings.

Appropriate fire management systems were in place, including regular servicing of equipment and observational checks and there was good oversight of equipment and staff practices in respect of fire safety. Residents' beds were fitted with fire blankets and up-to-date personal emergency evacuation plans were in place in respect of each resident detailing the appropriate method to safely evacuate each resident. Staff knew the fire evacuation procedures and each staff had participated in at least one fire drill to ensure they were prepared and skilled in safely evacuating the residents in the event of fire. Fire drills took place on a weekly basis and included simulated night time scenarios of evacuating the largest fire compartment with the minimum staff available on duty. The inspector observed that all fire escape routes were unobstructed and that each fire safety door was appropriately fitted with self-closing devices.

Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection and arrangements were in place for residents to receive their visitors in private. Visits were pre-booked to manage footfall and social distancing.

A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

Judgment: Compliant

Regulation 17: Premises

While the inspector was satisfied that an improvement plan was in place in respect of refurbishing the premises, the following required review;

- The equipment sink in the housekeeping room was leaking on the day of inspection.
- Lockable presses for storing chemical products were required in the sluice room in line with National Standards.
- A number of bedrooms and areas were found to have damage and scuffs to the walls and in some areas there were visible marks on the ceiling.
- A number of bins were damaged with rust and were not fit for purpose.
- The staff smoking area required review to ensure it was well-maintained.

Judgment: Substantially compliant

Regulation 20: Information for residents

An information guide was available, which included all relevant information in respect of the service and facilities provided. The guide was written in an accessible format and there were plans in place to create an audio version for residents with visual impairments.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risks associated with the centre and good systems in place which ensured that the health and safety of residents, staff and visitors was promoted and protected. A live risk register was in place which was regularly updated. A serious incident review identifying learning had been completed

following the COVID-19 outbreak in the designated centre. A COVID-19 contingency plan had been developed which identified and included the controls in place to various clinical and organisational risks. Records showed that equipment including the bedpan washer had been serviced on a regular basis.

Judgment: Compliant

Regulation 27: Infection control

While infection prevention and control practices were generally safe and in line with national standards, some further opportunities for improvement were identified. For example;

- A full review and inventory of resident equipment was required to ensure it was fit for purpose and it supported effective cleaning (for example chairs, commodes, mattresses etc).
- There was no clear process in place to ensure communal equipment such as slings were cleaned in between each use and appropriately stored. The person in charge informed the inspector that additional slings had been ordered and were due for delivery so that every resident who used a hoist would have their own sling.
- Daily cleaning schedules did not provide sufficient detail in respect of required tasks to be completed and the system of cleaning the frequently touched surfaces required review, in that this task was not allocated when the housekeeping staff were not on duty.
- The oversight of staff who were using the clocking in system as they arrived for work did not ensure that staff were following appropriate procedures for decontaminating the equipment between each user.
- A one way system was not in place in the laundry to prevent cross contamination and reduce the risk of transmission of infection

The provider had already identified that some of the hand washbasins available in the centre were not of the optimal standard to support best practice and had a plan in place for their upgrade.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed that some fire doors had been painted over, including the brush strip in one instance. This had rendered that fire door ineffective at preventing the passing of smoke into the next compartment.

A review of all fire doors and their frames was needed to ensure they were appropriately sealed and effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and found that care plans were extensive and included person-centred details about the resident, reflected residents' needs and were created in consultation with the resident. There was evidence of comprehensive assessments using validated screening tools, and these were reviewed every four months. Wounds were managed well with appropriate input from specialist tissue viability nurse and dietetic input as required.

Judgment: Compliant

Regulation 6: Health care

Although the inspector was assured that residents received good access to medical treatment and specialist supports, some Improvements were required to ensure that a high standard of evidence based nursing care was consistently being delivered and appropriately documented for all residents.

The care records reviewed on the day did not fully evidence the care that residents received on a daily basis, for example:

- Residents identified as at risk of dehydration, did not have detailed records of intake recorded, so that an accurate determination of daily intake could be made. Additionally the 24 hour total of fluid intake was not recorded, which meant these records were of poor therapeutic or monitoring value.
- Turning charts for residents at risk of developing pressure sores were not maintained in line with the established interventions as per residents' care plan and were not completed in a contemporaneous manner.
- Residents' daily observations and temperature checks were collectively documented on one list rather than in their individualised records, which was not best practice.

The inspector accepted that the introduction of electronic tablets to assist care staff in the timely documentation of the care they provided could address some of these issues. For example inputting the fluid intake detail, the safety checks or regular turns in real time rather than retrospectively. On the day of inspection, seven such electronic tablets were being installed at various points in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Appropriate processes were in place to protect residents from abuse and these were being implemented. There was an updated policy on the prevention, detection and response to abuse available in the centre, and the inspector observed that staff had completed training in the safeguarding of vulnerable adults.

The registered provider was pension agent for a three residents, and there were systems in place to ensure residents' pension monies were appropriately managed, including a separate residents' account distinct from the company's account. Records in respect of each financial transaction were appropriately maintained and easy to track.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld by the centre and there were appropriate facilities and opportunities for activities and meaningful engagement in line with identified needs. Staff were observed to be courteous and respectful in their interactions with residents, and were seen to request consent before assisting residents with their care and knock on doors prior to entering residents' bedrooms. Staff knew the residents well and were keen to support residents to exercise choice in their day-to-day lives.

Residents had access to an advocate who visited the centre on a weekly basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0034323

Date of inspection: 28/10/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The leak that was noted in the hygiene room has now been fixed. • Lockable storage has been fitted in both sluice rooms as recommended • Areas identified have been repaired and a plan has been put in place for bedrooms with damage and scuffs to be repaired and decorated by the end of Jan 2022. All remaining bedrooms after this will be redecorated by end of April 2022. • An audit has been carried out on bins and new bins have been ordered to replace damaged bins. • Smoking area has been added to the maintenance schedule for weekly review. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • A review of all equipment has been completed and anything unfit for purpose has been disposed of • Individual slings have since arrived so now all residents have their own individual slings insitu. • New cleaning daily schedule is in place with more detailed information on cleaning of all areas, signed daily by hygiene staff. Frequently touched surfaces are being disinfected by HCA staff in the absence of hygiene staff. • Education of decontaminating of surfaces ie: clocking in machine has been provided to all staff departments at recent team meetings. • One way system was and is in place in the laundry. Signage is now erected to make this clearer. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A review has been completed of fire doors and action is in place to replace any fire strips that require it. This will be fully completed by the end of Jan 2022. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Fluid intake and output charts have been introduced as required for catheter care and as and if required as per individual care plan • Education given to staff around the importance of live documentation in particular repositioning online entries. New tablets have been erected to make this process easier to improve compliance. • Residents' observations to include daily temps are now only being logged BD on their own individualised EpicCare section. 	

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	31/01/2022
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.	Substantially Compliant	Yellow	15/11/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	31/01/2022

	extinguishing fires.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	15/11/2021