



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

Issued by the Chief Inspector

Name of designated centre:	Clontarf Private Nursing Home
Name of provider:	Clontarf Private Nursing Home Limited
Address of centre:	5 - 7 Clontarf Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	30 June 2023
Centre ID:	OSV-0000127
Fieldwork ID:	MON-0040652

About the designated centre

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

Clontarf Private Nursing Home is a few miles from the city centre and close to Clontarf village. The building is three separate redbrick townhouses, which have now been combined and renovated to include 35 long stay care beds. There is a car park to the front of the building and there are public transport stops close to the centre. There are a range of sitting and dining rooms, and an enclosed garden to the rear of the premises. Care and support is offered on a long stay or short stay basis and is available to male and female residents over the age of 18 for the following needs: Long Stay Residential Care, Dementia Focused Care, Medical Illness Care, End Of Life Care, Respite Care, Post Operative Convalescence Care, Post Illness Convalescence Care and Transitional Care

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Friday 30 June 2023	09:00hrs to 17:00hrs	Margo O'Neill	Lead
Friday 30 June 2023	09:00hrs to 17:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents reported that they were happy living in Clontarf Nursing Home and expressed satisfaction with the service provided to them. Inspectors observed that there was a relaxed and calm atmosphere and residents received a good standard of care.

Residents reported positively regarding staff saying that they are all 'nice' and they responded to their needs in a timely manner when assistance was required. Inspectors saw that residents were well supported by staff and that residents and staff interactions were respectful and friendly. Residents reported they felt safe living in Clontarf Nursing Home.

Clontarf Nursing Home is located close to the Clontarf seaside promenade and is comprised of three separate redbrick townhouses. There are 35 registered beds in the centre residents set out over three floors. The centre was found to be warm and nicely decorated throughout. Inspectors were informed that there was an ongoing programme of refurbishment and painting. Inspectors observed one bedroom that had recently been reconfigured, painted and furnished with new furniture; this had been completed to a good standard. Inspectors observed that there remained some areas that required further attention and maintenance such as the flooring in the large dining room on the lower ground floor where many residents spend much of their time; further details are outlined in the quality and safety section of the report.

Inspectors also observed other areas in the designated centre that were in need for upgrading and refurbishment as aspects of premises impacted on fire safety and infection prevention and control and therefore were essential to ensure a safe environment was provided to residents at all times. These are detailed under regulations 17; Premises, 27; Infection prevention and control and Regulation 28, Fire precautions later in this report.

Inspectors observed that many of the 14 twin occupancy bedrooms had been reconfigured locally by the centre's management. Storage was now available within the privacy curtain space so that residents could access their personal items in private better supporting residents' right to privacy and dignity. Two twin occupancy bedrooms were identified as requiring further attention to ensure that their configuration provided sufficient personal private space and access to storage for residents. Inspectors observed that many residents personalised their bedroom space with artwork, photographs and other personal items to reflect their life and interests.

All bedrooms provided adequate storage space and a lockable drawer space for residents to store their clothes and personal possessions. Residents reported that their laundry was well cared for and returned to them in a timely manner.

An activity programme was run Monday to Sunday to provide recreation and

occupational opportunities by the centre's activity co-ordinator. At weekends a designated health care assistant lead on the activities allocated by the co-ordinator. Inspectors were informed that a weekend activities box had been compiled and been implemented to provide resources for the designated staff to use when carrying out activities at the weekend.

Residents reported that their right to choose how to spend their time was respected. For example, they were informed what activities were on in the centre however if they chose to spend time on their own to engage in solitary activities such as reading, that this was respected.

Visitors were observed attending the centre throughout the day. Visitors reported positively regarding the service provided to their loved ones stating that staff were 'terrific' and the atmosphere is 'lovely'. Residents reported they were happy with the arrangements in place for receiving visitors.

Residents reported that food was an area for improvement, for example; one resident stated that their food was not always served hot enough and had to ask the staff to heat it further.

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

Capacity and capability

Inspectors found that residents living in Clontarf Private Nursing Home received a good standard of care that met their assessed needs and residents were supported to live a good life. Overall, this was a well-governed centre, however management systems required strengthening to ensure effective oversight of all areas of the service, such as the premises, fire precautions and infection control. Further action was required to ensure that full compliance in a number of regulations; this is detailed through out the next two section of the report.

There was a clearly defined management structure that identified lines of authority and accountability. The person in charge provided good leadership to the team and records of regular meetings between management and staff were available to review. Management systems were in place to provide oversight of the quality and safety of the service however inspectors found that identified risks and areas for improvement were not consistently addressed with timely action.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 32 residents living in Clontarf Nursing Home. At least one clinical nurse manager worked Monday to Sunday providing clinical oversight and management support to staff. At the time of the inspection there was one vacant nurse position. Inspectors were informed that the registered

provider was at an advanced stage of the recruitment process to fill this vacancy. Inspectors reviewed a sample of staff files and found that they complied with regulatory requirements including Garda vetting. Inspectors were informed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in Clontarf Nursing Home.

There was a current and valid contract of insurance against injury to residents in place.

Inspectors found that not all documentation was retained in the centre for the required time frame as outlined in the regulations. This was confirmed by the registered provider and the person in charge and this is further detailed under Regulation 21, Records.

A sample of contracts for the provision of services were reviewed and found to meet the requirements of the regulations. Appropriate notice regarding absence of the person in charge was submitted as required to the Chief Inspector of Social Services.

No volunteers were attending the centre at the time of inspection. The management team were aware of their responsibilities under the regulations should this change.

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 32 residents living in Clontarf Nursing at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 21: Records

While records of existing residents living at the centre were maintained appropriately in the designated centre, the inspectors were informed that in line with local arrangements, records were being transferred to an external archive facility after a two year period. This was not in accordance with regulations which required that all records were maintained on site and available for review for a period of seven years.

Judgment: Substantially compliant

Regulation 22: Insurance

A current contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

Oversight systems required strengthening to ensure that areas of risk identified were addressed with timely action and measures. For example;

- Inspectors identified that although environmental and infection control audits had identified areas for maintenance and the information had been brought to health and safety meetings, identified areas such as flooring in the lower ground floor dining room and a communal shower room had not yet been addressed. Further details are outlined under Regulation 17, Premises.
- Inspectors were not assured regarding the measures in place for the containment of fire. Numerous fire doors had been identified as requiring replacement in November 2022. On the day of inspection inspectors observed significant gaps in smoke seals and fire doors that raised concerns regarding containment of fire, smoke and fumes in the event of a fire. This is detailed further under Regulation 28, Fire Safety.
- Oversight systems for infection prevention and control also required strengthening, this is detailed under Regulation 27, Infection Control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors followed up on the action from the last inspection in June 2022 and found that the sample of residents' contracts reviewed contained details such as the residents' bedroom number, room occupancy, fees and individual contributions payable.

Judgment: Compliant

Regulation 30: Volunteers

At the time of inspection no volunteers were attending the centre. The registered provider was aware of their responsibilities under the regulations should this change.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care in Clontarf Private Nursing Home and appeared well cared for. Residents reported that they were supported by staff to have a good quality of life and that their choices were supported. Action was required however in the following areas to ensure compliance with the regulations; Infection control, Premises, Fire precautions, Residents' rights and Personal possessions.

Care plans in place for residents reflected residents' health care needs and details of residents' wishes and preferences. These were found to be of a good standard and the sample reviewed by inspectors were found to be updated every four months or more frequently if required.

Inspectors reviewed a sample of end of life care records. These indicated that staff communicated with residents to establish their end of life care wishes and preferences and used this information to formulate individual end of life care plans. Advanced decision making records had been completed in conjunction with the resident and general practitioner (GP) to inform staff regarding residents' wishes about accessing treatment. There was good access to palliative care specialists, advice and services through links with a local hospice.

Visiting arrangements had returned to pre-pandemic arrangements. There was an open visiting policy and visitors were observed attending the centre during the inspection. Residents could receive their visitors in the privacy of their bedrooms or in a private visiting room as required.

Residents had access to a varied activity schedule over seven days of the week. Residents met frequently to discuss the service provided to them and records indicated that residents' input and opinions were actively sought regarding the service and action plans developed to address issues raised. The person in charge confirmed they were aware of the recent changes to the regulations in March 2023 and detailed that a process of engaging with external advocacy agents and reviewing of resident literature had begun to ensure that the service was responding to ensure that residents' rights could be supported fully. Inspectors were not assured that the layout of two twin occupancy bedrooms facilitated access for residents to sufficient private space or to their personal storage in private. This is detailed further under Regulation 9, Residents' rights.

All bedrooms provided adequate storage space and a lockable drawer space for

residents to store their clothes and personal possessions. A system was in place to collect residents' laundry and return it to their rooms when it was cleaned. The registered provider acted as a pension agent for five residents at the time of inspection. Arrangements in place to manage this were clear and transparent. The registered provider had a system in place to hold small quantities of monies and valuables for residents. Access at weekends for residents to their valuables and monies held in safe-keeping required review.

Although a programme of maintenance and refurbishment was ongoing in the centre and a number of areas had been repainted and upgraded since the last inspection, inspectors identified areas of the premises that did not conform to the requirements set out in schedule 6 of the regulations. This is detailed under Regulation 17, Premises.

Processes were in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Inspectors were informed that fire safety works had been completed in the centre in order to reduce the size of the compartments and to enhance fire safety measures in place. However inspectors found significant amount of works that were still outstanding and therefore that the identified risk had not been effectively mitigated in a timely manner. Inspectors were not assured that the registered provider had taken all precautions against the risk of fire. This is detailed further under Regulation 28, Fire Precautions. Action was also required to ensure that infection prevention and control practices in the centre were in line with best practice. This is further discussed under regulation 27, Infection Control.

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending the centre throughout inspection. There was a private room available for residents to meet visitors in private if required.

Judgment: Compliant

Regulation 12: Personal possessions

Access for residents' monies held by the provider for safe-keeping on the request of residents required review to ensure that residents had access to their finances at weekends also if required.

Judgment: Substantially compliant

Regulation 13: End of life

The person in charge had measures in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident.

Judgment: Compliant

Regulation 17: Premises

Inspectors identified that some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows:

- An area of wall on the lower ground floor in a store room was observed to be damp due to an issue caused by the external gutter pipes.
- In two bedrooms ceiling paper had become unstuck and was hanging down. Inspectors were informed that this had occurred two days prior to the inspection. This was actioned on the day of inspection for removal.
- Some areas of flooring throughout the centre could not be cleaned effectively due to wear and tear, for example; the flooring in the centre's dining room was badly marked. This issue had been highlighted in residents' meetings and requested for replacement.
- The layout of two twin occupancy bedrooms did not provide adequate space to allow residents to sit to undertake activities in private or to have some quiet time. Curtain space around beds were found to be confined and limited.
- The ground floor sluice room did not support effective infection prevention and control practices; there was no lockable storage for chemical products and no bedpan washer available on this floor.
- The centre's sluice and cleaning rooms required full review to ensure that they were in a good state of repair. Inspectors observed items of equipment such as shelving containing rust, which could prevent effective cleaning.
- Grout between tiles in many bathrooms was observed to be worn and stained and in need of attention.
- A wooden external building containing equipment necessary for the centre to function was found to be corroded and water damaged and in need of repair.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors identified that the environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Some items of equipment were found to be unclean; for example, bed tables, a resident's wheelchair and mattresses. Other equipment such as urinals and commode basins in both sluice rooms were observed to retain residue despite having been through a bedpan washer.
- Inspectors identified that the travel distance to the centre's sluice room which was located on the first floor required staff to walk for quite a distance to take equipment for an automated cleaning process to be completed. This increased the risk of cross contamination.
- Single use dressings which were opened were observed to be retained and not discarded. This compromised the sterility of the dressing and posed a safety risk.
- Yogurt was observed to be warm to touch, stored at room temperature on medicine trolleys prior to medicines rounds; this practice posed a risk.
- Alcohol based hand gel stored in the centre's clinical room was observed to be out of date. This could potentially compromise the efficacy of hand washing.
- Dust was observed in communal areas and on keypads for doors.
- Other items of equipment and furniture were observed to be worn and in need of replacement or repair, for example; laminate covering bedside tables for residents, a resident's bed had severe markings of wear and tear and thus obstructing effective cleaning; pedestals of some wash hand basins in residents' bedrooms were cracked and in need of repair. Some pillows were observed to be worn and had cracked covering. This did not support effective cleaning of these items.
- Clinical hand hygiene facilities in line with recommended guidelines were not available.
- A suction machine had not been effectively cleaned prior to storage, inspectors observed it still contained water, and this could act as a reservoir for infection.
- The dedicated specimen fridge for the storage of laboratory samples awaiting collection was located within the clinical room. This increased the risk of environmental contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors were not assured that the registered provider had taken all adequate precautions against the risk of fire and that the premises was maintained to an appropriate standard. The following issues were identified:

- Evacuation routes were not maintained to a reasonable standard. Inspectors observed that the external means of escape, a stairwell for vertical evacuation was covered in moss that posed a slip hazard. There was areas of rust on the stairs also observed which caused concern regarding the integrity of the stairs. This required addressing.
- There was a plan in place to address issues identified in the centre's Fire Safety Risk Assessment completed November 2022 by an external fire safety expert. However on the day of inspection there were many high risk items that remained outstanding, including numerous doors that needed to be replaced. Inspectors observed gaps in smoke seals and fire doors that raised concerns regarding containment of fire, smoke and noxious fumes in the event of a fire.
- Inspectors observed that in one communal space that there was an electrical extension lead that had several appliances plugged into it; this posed a fire safety risk.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. Prescriptions were reviewed every four months or sooner if required.

There was an effective system in place to maintain oversight of medicines including internal audits and external audits completed by pharmacists.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care records were reviewed and were found to contain a range of validated assessment tools. Completed assessments were used to inform and develop comprehensive person centred care plans to inform staff when providing care. Care plans and assessments were reviewed and updated as residents needs changed or as a minimum every four months. Records indicated that residents and their families or nominated support person were involved with care plans and assessment reviews.

Judgment: Compliant

Regulation 9: Residents' rights

Two twin occupancy bedrooms required attention in order to enhance and facilitate residents' right to privacy and dignity. The configuration in these rooms did not provide adequate space to allow residents to sit to undertake activities in private or to have quiet time. Curtain space around beds were observed to be confined and limited.

Inspectors observed that there was an over reliance on plastic cups to serve residents. Inspectors observed that all residents were served with plastic cups at meal and drinks rounds. Many of these plastic cups were worn and stained. When asked why residents could not use glass or ceramic crockery, staff informed inspectors that it was because they were lighter. However, there had been no individual risk assessments completed. Such a blanket approach did not uphold residents' right to dignity and choice.

Judgment: Substantially 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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	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 9: Residents' rights	Substantially compliant

Compliance Plan for Clontarf Private Nursing Home OSV-0000127

Inspection ID: MON-0040652

Date of inspection: 30/06/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Records for residents will be reviewed re the storage to ensure they are safe and accessible and available within the centre. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The Estates and Engineering Manager completes a detailed review with the PIC on a monthly basis. All actions are reviewed and followed up on, with an agreed plan to address non conformances found. This includes any IPC concerns found at Audit. Further details are outlined under Regulation 17, Premises. • Remedial works have been carried out on fire doors which were assessed as requiring repair. Doors which have been assessed as needing to be replaced will be actioned accordingly. Phase 1 of these replacement works has commenced. This is detailed further under Regulation 28, Fire Safety. • The Infection Control Committee locally will receive support from IPC Working Group at group level, to streamline terms and references, standardized agenda and review of Infection Control Audits. 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Standard Operation Procedure created by PIC and reviewed by PPMI to ensure residents have access to monies held in Safe as per resident's request for safe keeping. Standard Operation Procedure Implemented. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Repair work to the external guttering will be costed and addressed with a follow up action to remediate the internal element of works to repair, re plaster and paint the internal wall to address the ingress of water through the wall. • The ceiling paper has been fully removed, the ceilings were then prepared and fully painted to achieve a clean and lasting finish. • It has been noted by the Estates Manager that some areas of flooring would benefit from replacement . These works will be costed and included in the facilities improvement plan as required. • The two twin room identified by the inspectors have been reviewed by our architects : one of the twin room meets the size requirement of 17 sqm, the second twin room will now become a single room and we will begin the process of deregistering this bed. • The ground floor sluice room will be reconfigured to support effective infection prevention and control practices; which will include lockable storage for chemical products and a bedpan washer. • The centre's sluice and cleaning rooms will have a full review to ensure that they are in a good state of repair. • The homes maintenance personnel will complete the required works re grout as identified on inspection. • A new shed is currently being costed. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The centre’s IPC committee will review practices around equipment cleaning and implement audits on: cleaning of clinical and non-clinical equipment. Will also review condition of overall equipment and furniture; replacement will be organized by priority. Since inspection one bed has been replaced and two overbed tables have been ordered. • A temporary Risk Assessment in place until works completed into the identified travel distance to the centre’s sluice room which was located on the first floor required staff to walk for quite a distance to take equipment for an automated cleaning process to be completed. • Single use dressings which once opened will be disposed off. • Yogurt once opened will be disposed of. Education Session with the nurses have taken place to remind staff of single use items and to eliminate practice to leave yogurt on top of medication trolley in advance of the medication round. • Alcohol based hand gel stored in the centre’s clinical room has been replaced. • The issue of dust has been addressed with our external cleaning company and will be reviewed in the homes cleaning audits. Meetings with the Cleaning Contractor Team Supervisor has taken place and monthly audits with the Facilities Coordinator will take place to identify areas of improvement. • All defect items will be caught within the home’s FIP (Facility Improvement Plan) and actioned as required. • To ensure the clinical hand hygiene facilities are in line with recommended guidelines additional hand gel units. A review is currently underway to determine the appropriate locations for clinical hand wash sinks. • A detailed cleaning schedule is now in place to ensure the suction machine is effectively cleaned prior to storage. • A dedicated specimen fridge for storage of laboratory samples moved from the clinical room to reception. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The identified evacuation route has been cleaned to remove moss. The rust will be treated and refinished as required. • A number of fire doors that are currently scheduled to be replaced and work has commenced on this. This will close out any defect issues on fire doors which have been assessed as beyond repair. • The use of an electrical extension lead having multiple items plugged into it does not 	

necessarily result in it posing a fire risk. The items in question were of no significant electrical loading and cable protection at the distribution board would have interrupted supply if necessary. We do strive to replace extension leads by having new socket outlets fitted if and when necessary.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The two twin room identified by the inspectors have been reviewed by our architects : one of the twin room meets the size requirement of 17 sqm, the second twin room will now become a single room and we will begin the process of deregistering this bed.
- Residents' preferences for what type of cups to use are always respected. Their preference this will be recorded on resident's plan of care. Resident where a risk of using glass or ceramic crockery is identified a risk assessment will be included in their plan of care.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	09/08/2023
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	31/03/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained	Substantially Compliant	Yellow	08/09/2023

	for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.			
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	31/10/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2024
Regulation 9(3)(a)	A registered	Substantially	Yellow	09/08/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Compliant		
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	09/08/2023