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

Issued by the Chief Inspector

<table>
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<tr>
<th>Name of designated centre:</th>
<th>FirstCare Nursing Home - Earlsbrook House</th>
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<tr>
<td>Name of provider:</td>
<td>FirstCare Ireland (Earlsbrook) Limited</td>
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<tr>
<td>Address of centre:</td>
<td>41 Meath Road, Bray, Wicklow</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>11 August 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000033</td>
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<td>Fieldwork ID:</td>
<td>MON-0029677</td>
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About the designated centre

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

The centre is registered to accommodate 64 residents and provides care and support for both female and male residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. Accommodation consists of 48 single rooms, nine of which have en-suite shower, toilet and wash-hand basin while three others have an en-suite toilet and wash-hand basin. In addition, there are eight twin rooms, five of which have full en-suite facilities. Additional toilets and showers are located around the building. Two passenger lifts provide access to the first floor and chairlifts were provided to provide access to areas not accessible by passenger lifts. Other accommodation included four homestead areas incorporating a kitchenette, dining space along with a day room area. There was also a small oratory, a smoking room, a treatment room and a hairdressing salon. A family room was also provided along with a suitably sized kitchen. Laundry facilities were located within the premises. Some office space was also provided.

According to their statement of purpose, the centre aims to provide person centred care in accordance with evidence based practice. They aim to ensure that all residents live in an environment that is comfortable, safe and clean, with the greatest dignity, support and respect possible, awarded to them by a team of appropriately qualified and trained staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 43 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Tuesday 11 August 2020</td>
<td>12:30hrs to 18:15hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
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<tr>
<td>Wednesday 12 August 2020</td>
<td>08:45hrs to 16:40hrs</td>
<td>Caroline Connelly</td>
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<td>Tuesday 11 August 2020</td>
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The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to care and were found to be very kind and caring.

The inspectors met and spoke with a large number of residents during the inspection and also spoke to three visitors. The inspectors arrived to the centre unannounced and staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre.

The inspectors saw that the premises was set out in four different units/areas each of which included a homestead area. The homesteads incorporating a kitchenette, dining space along with a day room area. These rooms were decorated with items of domestic furniture such as dressers with decorative chinaware and fire places to provide a homely environment for the residents to enjoy. The inspectors saw a lot of different activities taking place in these rooms from bingo, to arts and crafts, individual activities such as newspaper discussions and music. There were two care assistants allocated to each areas and the inspectors saw that they took the supervision of these areas and the activation and socialisation of the residents in their care very seriously. Staff were observed to sing residents favourite songs with the resident, this was also used as a distraction technique at times of residents becoming agitated to help settle them. It was obvious that staff appeared to know residents well and residents responded very positively towards the staff.

Outside some residents' rooms there was a 'Life-Bio', that is, a short biography of the resident to inform people about the resident. Documentary evidence showed that this was done in conjunction with the resident or when appropriate their next-of-kin. This provided insight into the resident, their life story and people and places that were important to their life. A number of bedrooms were seen to be personalised with space for clothing and belongings. However, the inspectors observed that in a number of bedrooms there was furniture that was broken or chipped that required repair and some bedside lockers required repainting. The inspectors also observed that areas throughout the centre required refurbishment and repainting. A painter was in the centre during the inspection who explained to the inspectors he was redecorating the hall ways. Hand rails were available on corridors to maintain residents' safety and mobility needs.

Some residents described the times when they were confined to their rooms during the COVID-19 outbreak as difficult but were grateful for mobile phones, skype and technology which they said helped them stay in contact with their families. Many residents were delighted to be back using the lounges and dining rooms again. They can see their friends and meet other people and were made aware of maintaining
Residents reported that their views were listened to and records of residents' meetings showed that any issues or suggestions made by the residents were acted on. For example, the menu was discussed and the chef was invited to the residents' meeting to hear direct feedback from the residents. Residents said they subsequently saw improvements in the food choice and menu. Overall residents were complimentary about the food and said they were offered choice via a menu system. The inspectors observed the lunch and teatime in the centre. There were a number of dining areas with extra areas created for social distancing. Dining tables were appropriately set with table cloths and the food presented to residents looked both appetising and the portions served were appropriate.

Residents and relatives spoken to were very complimentary about the staff. They said they were very grateful to the staff who had worked so hard during the outbreak and particularly to the activity staff who kept their spirits up with activities on a one-to-one basis and in small groups. One resident who had recovered from COVID-19 stated he missed going out as he had previously gone out daily for a walk to the seafront. Since the start of the lockdown in March he has not been out but is looking forward to getting back out in the next number of weeks. Residents were pleased that visiting restrictions had eased. One resident said whilst she understood the risks associated with visiting, she felt sad about the ongoing restrictions which kept her apart from her family. But she was very grateful to the staff who cared for her so well at all times and who did their best to keep her going during this time. She was also grateful to see her family when they could visit and was complimentary about the new visitors room and also about the window visits. Some families stated they found the visiting restrictions too stringent and would like to see more visiting. The inspectors saw that indoor visiting only took place two days a week at the time of the inspection with window and garden visits available other days. The inspectors saw indoor visiting and window visiting taking place during the inspection which was managed very well.

The centre had a number of outdoor spaces which residents had easy and open access to. The inspectors saw residents enjoying the courtyards which had a bird house two large rabbits. A number of the residents took responsibility for feeding and minding of the rabbits. They were a great source of enjoyment and entertainment for the residents and staff alike.

**Capacity and capability**

There were non-compliances identified with fire safety and the inspectors issued an urgent action plan to the provider in relation to these issues to ensure the safety and wellbeing of the residents. Reassurances were received from the provider that
they were taking appropriate action and the provider is in ongoing liaison with the HIQA Fire and Estates Inspector.

The centre had an outbreak of COVID-19 which had a significant impact on residents, staff and families in the centre. 21 residents had been diagnosed with COVID-19 and sadly five residents had passed away. 22 staff had acquired and recovered from the infection. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. The inspectors found that some of the management systems in place required strengthening to achieve regulatory compliance.

This was an unannounced risk-based inspection conducted over two days and the inspection was triggered by:

- notification of an outbreak of COVID-19 with a number of residents and staff testing positive
- the receipt of unsolicited information raising concerns about care of residents, weight loss and restricted visiting for residents

The findings on the day of the inspection did not validate the concerns received prior to the inspection in relation to care practices and weight loss. Inspectors found that the management team were taking appropriate investigatory action in relation to any complaints made. The current system of visiting was seen to be restrictive for inside visiting and the person in charge was in the process of reviewing visiting arrangements to allow further inside visiting.

The designated centre is operated by Firstcare Ireland (Earlsbrook) Limited. The provider has in place a senior management team that included the registered provider representative, a managing director reporting to the board of directors, a group director of operations and an operations manager. There is also human resources and training support at group level. The person in charge reports to the operations manager. The person in charge had two clinical nurse managers working at the centre to support her in her role day-to-day. The management team is further strengthened by the addition of senior care staff who act as team leaders and take responsibility for the induction of new care staff. A household manager is also appointed to manage the housekeeping and laundry staff. Overall the inspectors were satisfied that the lines of authority and accountability were in place and there is a clearly defined management structure in the centre. However, due to risks relating to fire safety, infection control and maintenance of the premises which inspectors identified on inspection, further oversight of the service was required.

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 in the centre and had a preparedness plan in place should another outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. The
centre experienced staff shortages at the start of the outbreak, due to the significant number of staff impacted by the virus and the resultant increase in care needs of residents who contracted COVID-19. In response, another centre within the group provided nursing staff. The centre had also employed further staff, part-time staff worked full-time and agency staff were also utilised. Cleaning procedures were updated and frequency increased for specific areas of the centre particularly the isolation area and all high traffic and touch areas. Cleaning and housekeeping staff all worked increased hours. Staff took down all decorations, arts and crafts displays that could not be effectively cleaned. However, the inspectors identified that torn and worn equipment and bedroom furnishings that were damaged could not be effectively cleaned. There were other areas of infection control that required review including, work flows in the laundry to ensure correct segregation of clean and dirty linen and correct storage of PPE.

There was evidence of communication with families and residents throughout the outbreak and pandemic in general, with regular emails written to residents and relatives. However, at the start of the outbreak the person in charge was providing direct resident care which had an impact on the flow of communication as set up prior to the outbreak.

There was evidence of quality improvement strategies and ongoing monitoring of the service. A post COVID-19 review was undertaken with the public health who declared the outbreak over 26/05/20, as there were no new cases in 28 days. There was a system of audit in place that generally reviewed and monitored the quality and safety of care and residents' quality of life. There was a comprehensive record of all accidents and incidents that occurred in the centre and appropriate action taken to review residents following a fall. Incidents had generally been notified to HIQA as required by the regulations.

**Regulation 14: Persons in charge**

The person in charge was new to her role in the centre since February 2020 but had extensive experience of the person in charge role in other centres. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

**Regulation 15: Staffing**
The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. There were 43 residents residing in the centre on the days of the inspection. There was a minimum of two registered nurses on duty at all times. Eight care staff worked 12 hour days and three care staff covered the night shift. The duty roster highlighted the staff members responsible for supervision in lounge/day rooms on a daily basis. The inspectors found good levels of supervision in communal areas throughout the inspection. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

Adequate contingency arrangements had been put in place to limit staff movement between the units and ensure that each area was individually staffed. Arrangements were in place to ensure that only dedicated staff were providing care to residents who were newly in isolation or were suspected of having COVID-19 symptoms.

The centre had to rely on nursing staff from a sister nursing home and dedicated agency staff to cover staff absences during the outbreak. The person in charge provided direct care to residents and there was strict allocation of dedicated staff to the isolation unit including specific and dedicated household staff. Staff spoken with during the inspection reported that once they were in a routine they felt things worked very well during the outbreak.

Judgment: Compliant

**Regulation 16: Training and staff development**

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through a series of webinars which were seen to be very comprehensive. A record was maintained of staff attendance at these mandatory training sessions.

There was evidence that newly recruited staff had received a thorough induction with evidence of sign off on key aspects of care and procedures in the centre.

A training matrix for other ongoing training was in place and made available to the inspectors. Although there were reasonable levels of training provided, the inspector identified gaps in some mandatory training. A number of staff had not received up-to-date training in safeguarding of vulnerable adults. Fire training was last provided to some staff in January 2020 but 13 staff, which included four nurses had not attended annual fire safety. Two of the staff spoken to were unable to assure the inspectors that were fully aware of the actions required in the event of a fire in the centre. Training to support people who had responsive behaviours also was not in place for all staff. This was scheduled to take place in the coming months.
Judgment: Substantially compliant

**Regulation 21: Records**

Records as requested during the inspection were made readily available to the inspectors. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspectors which were held electronically were found to very well maintained and generally contain the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the person in charge assured the inspectors nobody was recruited without satisfactory Garda vetting.

Judgment: Compliant

**Regulation 23: Governance and management**

There were some good management systems in the centre with monthly clinical governance meetings having taken place prior to the COVID-19 outbreak, which were attended by all heads of departments minutes of these were viewed where all aspects of the governance and management of the centre were discussed. During the COVID-19 outbreak meetings in relation to the management of the outbreak took place. The last Governance meeting had been in February 2020 and the operations manager had not visited the centre since March 2020. The person in charge said she was supported remotely with regular teleconferences and video conferences and the management team were contactable by phone.

There was evidence of preparedness should the centre experience a second outbreak and evidence of a review and learnings from the first outbreak. The operations manager told the inspectors they planned to do a further analysis and review of the outbreak to identify changes required going forward. The person in charge was collecting key performance indicators and audits demonstrated improvements in the quality and safety of care. However the auditing system did not identify the deficits and risks the inspectors found in infection control procedures in the centre and issues identified with the premises and fire safety issues that required further oversight.

At the time of the inspection the provider has not identified and taken appropriate action to address the risks associated with the following issues:

**Fire:**

- Some systems required review to ensure that all precautions against the risk of fire were in place in the centre. These issues are detailed further under
**Infection Control:**

- There were some risks identified with infection control which are further outlined under regulation 27: Infection Control

**Premises:**

- Some areas in the centre were in poor repair. This is outlined under regulation 17: Premises

**Judgment:** Substantially compliant

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**Regulation 24: Contract for the provision of services**

Contracts for the provision of services were in place for residents. Contracts included type of accommodation provided whether single or twin bedroom accommodation. They identified the fees to be paid as well as additional fees to be charged.

**Judgment:** Compliant

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**Regulation 31: Notification of incidents**

Records made available and examined by inspectors provided assurance that the person in charge submitted the required statutory notifications of incidents involving residents to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:** Compliant

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**Regulation 34: Complaints procedure**

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was
signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

**Quality and safety**

Inspectors found that the quality and safety of resident care during the COVID-19 outbreak, had been well managed with a planned and coordinated approach by management and support from public health and from the Firstcare group with staffing. The needs of residents had been to the fore and this continued to be the ethos of care in this centre. Dedicated staff in the centre worked tirelessly with the assistance of staff from an agency and another centre to maintain safe levels of care to residents at the height of the outbreak. Initially high numbers of staff went out sick and they had access to various supports including the employee assistance programme. Their safe return to work was facilitated by the management team who liaised with public health team.

Good quality health care was provided to residents and general practitioner (GP) support was maintained throughout the outbreak. While all GPs did not attend the centre initially, residents were reviewed by a GP through their online system. Residents’ care files confirmed that they had been reviewed by a GP during the outbreak. All residents who required additional assessment and support from allied health professionals were now receiving the these services as required, for example, the dietician and the physiotherapist.

The centre had reduced the use of bed rails and where they were used there was risk assessment and safety checks in line with the national policy. Responsive behaviours such as wandering and agitation were generally well managed and the centre had safe spaces for residents to wander around if they wished to do so including easy access to the outdoor courtyard areas.

Activity provision was interrupted at the start of the outbreak and while it remained challenging due to COVID-19 restrictions, a full activities programmes was in place. The imposed restrictions around group numbers and maintaining social distance and the added barrier to communication from wearing face masks had changed how activities were now provided. However music in the afternoons proved very popular as was bingo. Residents’ suggestions were taken on board and activities will continue to be developed further in line with residents’ wishes. Resident meetings continued, this also helped keep residents connected with each other. Visits had resumed but currently residents were only able to have indoor visits two days per week this required review.

The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs. There was access to the enclosed gardens from the day rooms and from the
corridor. However, the inspectors noted that parts of the centre was generally in a poor state of decor and repair. Numerous areas required repainting, some equipment required repair or replacement. Although some painting was taking place during the inspection a further ongoing programme of regular proactive maintenance was required in the centre. Fire safety was also identified as requiring immediate action due to the size and layout of the premises over four units and three floors. Fire equipment checks were all in place and fire drills had been undertaken in the past but there was no recent drill evident. Although drills had taken place with night time staffing levels the person in charge confirmed they had not simulated a drill of a full compartment. An immediate action was submitted to the provider looking for assurances around the evacuation to be assured that staff could timely and safely evacuate residents with minimum staffing levels. This was received with a number of drills of a full compartment having taken place following the inspection.

The provider had put infection control procedures and protocols in place to mitigate the effects of the outbreak in the centre. These included an isolation area for COVID-19 residents who were cared for by a separate team of centre staff who knew them well. PPE was readily available to staff. Good hand hygiene and surgical mask wearing was observed throughout the two days of the inspection. The centre continues to monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place and updated during and following the outbreak. Some improvements were identified in other aspects of infection control in relation to laundry systems, storage of PPE, abilities to deep clean areas due to poor maintenance and inappropriate storage.

There were systems in place to safeguard residents from abuse and staff were aware to report all suspicions of abuse. All staff had a valid Garda vetting disclosure in place prior to their commencement of work at the centre.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection. Although staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance, the number of visits at the time of the inspection was inadequate. A visiting room was made available to the right of the reception area. This was a large well decorated room with chairs laid out to facilitate social distancing. Visitors could book an appointment and a schedule of arranged visits was in place. However, as there was currently only two days of indoor visiting per week with maximum 6 or 7 visits per day, this was inadequate as it did not facilitate the 43 residents in the centre to have even one visit per week.
The person in charge said on other days of the week families could book window visits and some garden visits were also facilitated along with skype or facetime calls. A number of residents and relatives said this arrangement did not facilitate flexibility. If relatives could not book a suitable slot or were unable to attend on one of the two scheduled days then they missed out on an indoor visit with their loved one.

The inspectors found even with these additional visiting arrangements there was inadequate visiting slots to facilitate suitable visiting for all residents and families. Visiting was identified to the inspectors as an issue prior to and during the inspection. The person in charge informed the inspectors that she keeps this under constant review and this was and is an ongoing discussion at governance meetings to ensure safety as well as support and social connection of residents and visitors.

Judgment: Substantially compliant

Regulation 13: End of life

End-of-life care plans reviewed showed that residents were frequently asked their wishes and preferences regarding decisions should their condition deteriorate. Next-of-kin were involved in discussions when appropriate and there was documentary evidence of on-going discussions regarding care including end-of-life care. There was documentary evidence that residents wishes were respected in relation to their end of life care. Families were supported to visit residents who were very ill or approaching end of life and staff ensured that residents were not alone during their final hours.

Judgment: Compliant

Regulation 17: Premises

The premises communal areas and external gardens were generally suitable for the centre's stated purpose and met the residents' needs in a homely way. Residents had access to a number of day rooms and dining room facilities. They also had easy access to a safe enclosed courtyard gardens which contained lovely garden furniture, plants and flowers for residents enjoyment. The main courtyard garden was also home to two pet rabbits.

The centre was a three story building in parts and was very centrally located in Bray town. The provider had a preventative maintenance programme in place for the upkeep of the centre. However, when inspectors reviewed the maintenance programme, they saw the dates for completion of the schedule of works was not specified in the plan. Given the age and layout of the building, the requirement for a
more robust system to monitor and oversee the ongoing maintenance of the centre was evident. There was evidence on the days of the inspection that parts of the premises were not kept in a good state of repair, including some bedrooms where residents spent considerable periods of time. Inspectors saw that the reception area had been decorated and a corridor was being painted on the day of inspection. A painter spoke with inspectors stated that his remit was to paint the corridors only. A number of issues with the premises that required action were identified:

- There were numerous areas where paint was chipped on walls and woodwork, this was particularly evident in residents' bedrooms. Many aspects of the centre were in need of redecoration including the aforementioned bedrooms.
- There was bedroom furniture including radiator covers and bed-tables that were broken or chipped that required repairs and some bedside lockers required repainting.
- There was a lack of storage space for equipment. Essential equipment were stored inappropriately in toilets, bathrooms and along corridors. As already described PPE equipment was inappropriately stored on corridors.
- One bedroom did not contain a wash-hand-basin as required by regulations.
- Chair lifts were worn in parts and could not be properly cleaned.

Judgment: Not compliant

**Regulation 18: Food and nutrition**

Residents gave positive feedback regarding their food and mealtimes. Many residents spoken with complimented the chef and kitchen staff regarding the quality of food. They reported that they had choice in where and when they took their meals. Inspectors noted that several residents had their breakfast before 08:00hrs in the dining room. They told inspectors that this was a 'habit of a lifetime' and they enjoyed having their breakfast in the dining room where they could sit and chat together after breakfast. Inspectors observed that meals-times were social events with lovely interaction and socialisation with residents and staff. One resident was observed in the courtyard at 17:45hrs enjoying their tea. Residents' records demonstrated that they had timely access to dietician services and each resident had a food care plan to inform individualised care. Good nutritional plans were put in place post COVID-19 and residents were seen to be back at their pre outbreak baseline weights.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**
Transfer letters for residents going to the acute care were detailed and provided comprehensive information to the receiving centre of the assessed care needs to ensure the resident could be appropriately care for.

**Judgment:** Compliant

**Regulation 26: Risk management**

While most storage cupboards were securely maintained, clinical presses with dietary supplements were unsecured enabling the potential for inappropriate access.

An oxygen concentrator was stored in a resident's bedroom there was no cautionary signage in place warning against the use of naked flames etc and would present as a fire risk.

The inspectors identified a number of risks included those outlined previously in the report in relation to fire safety, the premises and to infection prevention and control.

**Judgment:** Substantially compliant

**Regulation 27: Infection control**

Inspectors observed that staff completed hand hygiene in accordance with the World Health Organisation (WHO) five moments of hand hygiene best practice. Guidelines issued by HPSC and HSE with regards to the use of PPE were being followed and additional advice/clarification was sought from the Public Health team following a request by the inspectors in relation to the wearing of additional PPE providing care and cleaning. Assurances that the centre was abiding by public health advice was forwarded to the inspectors following the inspection. The centre had managed their outbreak of COVID-19 well.

The inspectors identified that there was a lack of an effective system of oversight of infection control as the inspectors identified the following practices during the inspection that required action:

- Inspectors saw that there was not sufficient segregation of clean and used linen. Used linen when it was taken to the laundry to be washed was transported through an area where clean duvets and other clean equipment was stored. Likewise when clean linen was being transported from the laundry it had to pass through an area with used linen. This presented a risk of cross contamination, therefore work-flows in the laundry required review.
to ensure practices were in line with best practice national standards and HPSC guidance

- there was storage of inappropriate items in bathrooms and bedrooms which prevented thorough cleaning
- equipment such as bed tables, lockers and crash mats were in poor condition so effective cleaning could not be facilitated
- creams prescribed for individual residents, shower gels and a shaving brush were seen in communal bathrooms.
- sluice rooms were too small with inadequate storage for bedpans, urinals and commode inserts; these were seen on the floor and stacked in the bedpan washer on the first day of inspection and remained in the same place on the second day of inspection.
- laundry bins were stored in communal toilet/shower rooms
- the sink in the laundry had domestic-type taps rather than clinical taps to support safe hand washing
- there was inadequate storage facilities in the secure house-keeping room as there was lots of items stored on the floor
- a discarded wound dressing was seen in the waste bin in a resident's bedroom rather than discarded in a clinical waste bin to prevent the risk of cross infection
- there was a lack of signage on effective hand hygiene beside sinks and hand sanitisers.

Judgment: Not compliant

**Regulation 28: Fire precautions**

Comprehensive records were maintained of fire safety checks such as daily, weekly and monthly checks. Fire servicing records were available and these were up to date.

There were a number of issues identified with fire procedures in the centre:

- While there were emergency floor plans displayed throughout the centre, they did not clearly identify escape routes.
- Some evacuation routes were not totally clear of equipment to ensure unobstructed passage, for example, the area outside room 72, which had two large boxes of PPE, one of which was on top of a table. A chair lift was noted to be left on the stairs which was obstructing the escape route in the case of fire.
- On the days of the inspection the person in charge could not provide assurances that the largest compartment could be evacuated in a timely manner.
- Evacuations and fire drills were undertaken, however, evacuation of a compartment had not been completed recently to ensure the timely and safe evacuation of residents with minimum staffing levels. Following the inspection
a number of compartment fire drills were undertaken with minimal staffing levels, providing reassurance that residents could be evacuated from a compartment within reasonable time frames.

- An urgent action plan was sent to the provider following the inspection and assurances were received from the provider, including evidence of evacuation of the largest compartment with night time staffing levels in an acceptable time frame. The provider is proactively liaising with HIQA's Fire and Estates inspector.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Best practice was observed regarding medication management practices. Administration records were electronically maintained and these were comprehensive. Prescription times were such that they enabled meal-times to be protected where residents could enjoy their meals without being interrupted to take medication. As administration records were electronic, it was very easy to audit records to provide on-going oversight of practice.

Controlled drugs were maintained in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Four care plans which were viewed in detail by the inspectors were found to be comprehensive, extremely personalised and very person-centered. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to COVID-19 guidelines. They provided a holistic picture of the resident and their individual needs, wishes and preferences. The psychological impact of COVID-19 and the necessary precautions were detailed including the suggested interventions to alleviate the loneliness caused by the lack of visiting. Residents reported that they had video calls with their families and that 'kept them going'.

Care plans in end of life care had been updated based on resident's expressed wishes and there were clear pathways in place for treatment escalation.
Risk assessments such as bed rail assessments were completed in line with best practice. Pain assessment was diligently monitored to ensure residents had appropriate pain management.

Judgment: Compliant

**Regulation 6: Health care**

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. GPs had coded access to soft copy notes with individual access for medical notes as well as medication management reviews and updates. There was good oversight of medication assessments with diligent assessment of titrated medication to enable best outcomes for residents. Residents had access to specialist services such as psychology, psychiatry, community mental health care.

In relation to COVID-19, there was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same. Minutes of meetings were maintained including liaison in relation to the COVID-19 outbreak.

Residents' weights were monitored and informed their plan of care. For example, one resident had post-COVID-19 fatigue and was prescribed nutritional supplements for a short period to supplement their diet and provide additional energy.

Wound management was reviewed and the support of tissue viability specialist was accessed. Wound management records detailed dressings and wound progress with photographic records in line with best practice guidelines. However, there were inconsistencies with recording of dressing changes with some only recorded in the daily flow notes and not entered in the wound management assessment as required. The person in charge took action to ensure wound management charts were effectively updated.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Observations demonstrated that staff were knowledgeable regarding residents communication needs. Interventions to minimise anxieties and concerns were individualised and respectful. There were behavioural assessments for residents with complex communication needs and while the behaviour and interventions were appropriately recorded, the antecedent to the behaviour was not routinely reported appropriately. Identifying the antecedent may further assist in mitigating behaviours
and help in providing better outcomes for residents. nonetheless, there were
detailed records maintained of residents' mood and their level of engagement and
interaction during the day which were monitored in conjunction with medication
management.

Judgment: Compliant

**Regulation 8: Protection**

Residents reported to feeling very safe in the centre and families confirmed that
despite the COVID-19 outbreak and indeed throughout it residents were treated
with respect and dignity. As previously outlined under Regulation Safeguarding
training was in place for all staff and all new staff had undergone satisfactory Garda
Vetting.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents who spoke with the inspectors reported that they felt safe in the centre
and that their rights, privacy and expressed wishes were respected. Inspectors
spent time observing residents and staff engagement. The atmosphere in the centre
was calm and relaxed, and a sense of well being was evident. Residents looked well-
groomed and content and those who spoke with the inspectors confirmed that they
were living well in the centre despite the limitations imposed by the current Health
Protection Surveillance Centre Interim Public Health, Infection Prevention and
Control Guidelines on the Prevention and Management of COVID-19 Cases and
Outbreaks in Residential Care Facilities guidance.

There were two staff with responsibility for activities working in the centre. A
comprehensive activity programme was in place in the centre. A review of social
care plans demonstrated that this programme was informed by comprehensive
assessments of residents' preferences, interests and capabilities. Bingo, music
and outdoor games were popular group activities. One to one interventions were
available for residents who were unable to participate in groups and there were
plans in place to develop more specialist sensory activities for residents with
dementia. There was a dedicated room in the centre for residents with specialist
sensory needs. Photographs of activities and residents special occasions were
displayed throughout the centre. The residents told the inspector that some of their
art work had to be removed earlier this year because it could not be cleaned
effectively. Gardening and outdoor activities featured when weather permitted
and some residents also assisted with minding and feeding the centre's rabbits.
Residents had access to daily newspapers, to internet, telephone facilities and to local media. Residents spoken with said they understood the reasons for recent restrictions and staff wearing masks. They all commended the staff for supporting them throughout the outbreak, and ensuring that they could maintain regular contact with their families. Relatives who met the inspectors also shared this view and praised the staff for their compassion and efforts to maintain and enable contact. Residents had access to internet services and video messaging to facilitate them to stay in contact with their families and keep up to date on the news.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for FirstCare Nursing Home - Earlsbrook House OSV-0000033

Inspection ID: MON-0029677

Date of inspection: 12/08/2020

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. Specific 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Prior to Covid, training, including safeguarding, fire, and responding to behaviours that challenge, had been booked into the yearly training schedule as part of our ongoing and robust training program. However, all scheduled and proposed training had to be postponed due to the restrictions and requirements as advised by Public Health and following all HSE and Public Health guidelines to mitigate risk of COVID-19 transmission or spread. Internal training on these topics did continue and our original planned schedule has since been updated.

(a) With government restrictions being lifted, training as planned with our specialist external providers recommenced in the home in August: to date all staff have been received fire training on the following dates: 18/08/20, 25/08/20, and 01/09/20, with an additional date 22/09/20 also confirmed: Completion date: 22/09/20.

(b) Responsive behavior training has also been undertaken 16/08/20 with a further date confirmed 14/09/20 and 29/09/20. With further dates to be confirmed: Completion date: 31/12/20.

(c) Safeguarding training undertaken 25/05/20, 03/06/20, 04/06/20, 05/06/20, 24/06/20 and 25/06/20 with further dates to be confirmed for the week of 21st September. Completion date: 01/10/20

| Regulation 23: Governance and management | Substantially Compliant |

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Outline how you are going to come into compliance with Regulation 23: Governance and management:
The nursing home has a very robust governance and management system in place with includes support systems, oversight guidance and input from senior staff (Operations, HR, Finance, Facilities). This will continue with regular onsite and offsite virtual meetings as required and in line with COVID 19 national guidelines and as other circumstances such as ethical decision making dictates for members of the team. These meetings were at a minimum daily during the surge and subsequently reduced back to normal meeting structures in August and is continuous.

Prior to the onset of COVID-19 the auditing system included a monthly H&S building walkthrough by the PIC (and Ops Manager when on site), which includes checking décor, furniture, infection control practices along with a range of other areas. The information is then reviewed with the Ops Manager/ PIC (Ops Manager will at times attend the walkthrough also) and any follow up on issues emerging completed. During COVID-19 surge, this aspect of the auditing programme was not carried out, due to need to restrict movement and reducing the risks of transmission spread as much as possible – and as per the Public Health guidelines.

As discussed on the day of inspection, the Ops Manager had planned to be onsite on the 12th August when the above normal governance and management (including h&s walkthrough and risk assessments) was scheduled; this meeting & onsite visit was arranged on the 30th July with a plan for the day to review evidence folders, review complaints, and complete H&S walkthrough. Up to this time daily virtual meetings had been held during the surge and with recent Government changes to protocols onsite meetings were scheduled. Onsite visits are prearranged on a rolling basis moving forward unless guidelines indicate otherwise. As the inspection commenced in the same time period (12th Aug) the planned meeting and walk through was rescheduled with same including update of risk assessments 11/09/20 and will be fully completed by 31/10/20

The home has a robust auditing and risk management process, including daily, weekly and monthly management and governance meetings and as evidenced during COVID 19 surge this was scaled up to daily virtual operational and governance meetings to support the PIC and team. In relation to auditing to identify risks for premises, fire, and infection control, all such risks are on the general risk register and are monitored and reviewed regularly in line with the Risk Management Policy. The risk register will be updated along with Individual resident risk assessments to reflect practices such as a resident using the chairlift independently & not returning this to the bottom/ top of the stairs when finished; Completion date 31/10/20.

Premises:

The RRP/Director of Estates, accompanied by the PIC and Operations Manager, had completed an entire premises review in Feb 2020 in advance of COVID restrictions with an agreed programme for making further enhancements to Earlsbrook House to be rolled out across the year. Due to national COVID restrictions, imposed by the HSPC/HSE this work was temporarily postponed. The RPR/Director of Estates reviewed the home again during the restrictions and arrangements were made for the works to continue as soon as possible and in keeping with the government and HSA guidelines. This work was in process prior to, during the inspection and continues at the present time. As per
Management meeting minutes provided to inspectors, the capital spending programme for 2020/2021 was discussed both for Earlsbrook House and the group, and in line with Government and Public health advice, two visiting areas have been developed in the home to accommodate safe visiting in the home, this has been priority, for example with safe and state of the art “Covid resistant” chairs being purchased, new healthcare friendly flooring laid, wooden decking replaced with washable hard wearing decking ensuring disinfection can occur. Full audits have been undertaken with the facilities manager as to what equipment is required for the home, such as bed lockers damaged due to movement within the home, and as there has been delays with suppliers due to COVID 19 restrictions on workplaces, shipping etc we are currently waiting updates from suppliers but expect this to be all insitu by 25/9/20
This is further outlined under Reg 17. Completion date: 25/9/20

Fire:
As per outlined under Reg 28 there is a comprehensive program in place to monitor and action all actions required for fire compliance, health and safety of all stakeholders. This includes daily, weekly and monthly checks as well as the mandatory servicing of equipment. The Nursing Home has had a full fire report completed, and the authority were satisfied with same. The General Operative (Facilities Maintenance) went through all fire safety records and no gaps or issues were identified. Further information re: fire has been submitted to HIQA on 05/09/20.
Fire compliance will continue to be monitored as per our governance, management and risk systems.

Infection Control:
audits, monitoring and reporting are completed, and all elements of infection control are included in daily, weekly and monthly systems of audit and supervision to ensure compliance. All guidelines issued by HPSC and HSE with regards to the use of PPE are being followed and additional advice/clarification is sought from the Public Health team as required. The PIC and RPR will continue to monitor for changes to national guidelines, update practices accordingly and will continue to seek advice/support and input from the Public Health teams. Action for confirmation as follow up to the inspection was completed on 18/08/20 with confirmation by Public health that our use of PPE is appropriate.

<table>
<thead>
<tr>
<th>Regulation 11: Visits</th>
<th>Substantially Compliant</th>
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</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 11: Visits:</td>
<td></td>
</tr>
<tr>
<td>As discussed with the inspector, in home (indoor and outdoor) visits are managed in line with current national guidelines and is reflective of the guidance issued by the HPSC / HSE; and as such is under constant ongoing review due to the potential changing status</td>
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</tbody>
</table>
in the community and from Public Health. This was noted in our risk assessment and was due for review on the 13/08/20. Following this planned review, in home visiting was increased to facilitate visiting at weekends, commencing 15/08/20, to date these appointments have not all been taken up, but will remain under review and an option going forward, but still many preferring window visits at this current time.

Indoor and outdoor visiting is facilitated as well as ‘window’ visits. Current residents are satisfied that the arrangements in place are meeting their needs. The HSPC/ HSE websites are being monitored daily for updates and the PIC is monitoring / assessing visiting to ensure that this not only promotes and respects residents rights to visits, but the risk of COVID-19 transmission is reduced/ managed and the home can safely manage visits in line with resources/ facilities. Completed: 15/08/20

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) The RRP/Director of Estates, accompanied by the PIC and Operations Manager, had completed an entire premises review in Feb 2020 in advance of COVID restrictions with an agreed programme for addressing improvements to be rolled out across the year. Due to national COVID restrictions, imposed by the HSPC/HSE this work was temporarily postponed. The RPR/Director of Estates reviewed the home again during the restrictions and arrangements were made for the works to continue as soon as possible and in keeping with the government and HSA guidelines. This work was in process prior to, during the inspection and continues at the present time. As per Management meeting minutes provided to inspectors, the capital spending programme for 2020/2021 was discussed both for Earlsbrook House and the group, and in line with Government and Public health advice, two visiting areas have been developed in the home to accommodate safe visiting in the home, this has been priority, for example with safe and state of the art “Covid resistant” chairs being purchased, healthcare friendly flooring has been laid, wooden decking replaced with washable hard wearing decking ensuring disinfection can occur. Full audits have been undertaken with the facilities manager as to what equipment is required for the home, such as bed lockers damaged due to movement within the home, and as there has been delays with suppliers due to COVID 19 restrictions on workplaces, shipping etc we are currently waiting updates from suppliers but expect this to be no later than 25/9/20</td>
<td></td>
</tr>
<tr>
<td>(b) Supplies of PPE are stored in vacant rooms at present which are locked and secured. These rooms will remain unoccupied for the purpose of storage until no longer required. Staff have been reminded to store equipment appropriately and this is kept under review daily by the CNMs, raised at handover as further reminders and included in checks as well as the Health and Safety walkthroughs conducted by the PIC.</td>
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<tr>
<td>(c) Although not raised on previous inspections, the wash hand basin has been fitted in this bedroom Completed date: 07/09/20</td>
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<tr>
<td>(d) Chair lifts in house are serviced regularly and repainting of the metal treads were identified in February and are part of the ongoing works in the home. Completion date:</td>
<td></td>
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</tbody>
</table>
31/10/20
(e) All signage was removed to accommodate painting of the areas. This is reinstated as each area has been completed. All painting and decorating will be complete by 31/10/20 and all signage will all be back in place fully by that date.

Regulation 26: Risk management | Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
26 (a) As with all medications in house, supplement drinks and creams are kept in a locked cupboard and practice is to lock following every drug round. This cupboard also contains fluid thickener, so may need to be accessed between Medication rounds, this was the case on the day of inspection, and was an oversight not to lock it afterwards; this is an area that the PIC/ CNMs check regularly and it has not occurred previously. This was addressed immediately, and a reminder sign put in place to reduce the risk of this happening again. Completed: 12/08/20

26 (b) Where Oxygen is stored in house signage for same was in place; in relation to Resident Oxygen Concentrators signage is now in place. Completed 14/08/20

26 (c) As outlined above and as seen on the day of inspection the PIC was reviewing and updating the risk register/ analyzing audit results to reflect current guidelines and new practices post Covid 19. This included regular auditing such as hand washing / sanitizing technique, Donning and Doffing of PPE along with the re-commencement of Health and Safety walkarounds in the home to identify areas where works were required or equipment / furniture required repair or replacement. As seen on the day of inspection, areas within the home had already been identified, and works in motion re: redecoration and refurbishment. The policy and procedure will be further reviewed in line with any changes and updates made. Completion date: 31/10/20

Regulation 27: Infection control | Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
(a) The Laundry flow system was reviewed during the previous two inspections (24/04/19 + 10/07/19) and no issues identified. The PIC, HK and facilities manager have reviewed the laudry flows and are satisfied that clean and soiled laundry is managed in line with HPSC guidelines. Completion date: 14/08/20

(b) Taps in the laundry have been replaced. Completed: 07/09/20
(c) Sluices and housekeeping room being reviewed for additional shelving: Completion date: 31/10/20
(d) The PIC has met and spoke to all staff and outlined the proces for disposal of Clinical waste. Completion date: 21/08/20
(e) All guidelines issued by HPSC and HSE with regards to the use of PPE are being followed and additional advice/clarification is sought from the Public Health team. The PIC and RPR will continue to monitor for changes to national guidelines, update practices accordingly and will continue to seek advice/support and input from the Public Health teams. All actions for confirmation follow up were completed on 18/08/20 as confirmed with Public health via email and forwarded on to HIQA.
(f) Hand hygiene and hand sanitisers signage was taken down for paint works, reinstated post same. Completion date: 15/08/20 and ongoing in each section until all complete.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</td>
<td></td>
</tr>
<tr>
<td>(a) While there are emergency floor plans displayed throughout the centre, we have further ensured the escape routes are clearly marked. Post minor works and changes being progressed with the lifting of restrictions the floor and emergency plans have been updated with these changes (ie. Entrance to the Family room)</td>
<td></td>
</tr>
<tr>
<td>(b) Room numbers: as the staff are trained to the zones and compartments, and the emergency services would follow the floor maps, the numbering of rooms have not been raised by any stakeholder as an issue prior to this inspection. On discussion with the fire consultant we have been advised this is not considered necessary to re-number the rooms.</td>
<td></td>
</tr>
<tr>
<td>(c) Chairlift: this issue was resolved on the day of inspection and subsequent actions have been taken to ensure this will not reoccur such as communication with all people utilising the chairlift, signage reminders, update to care plans, communication with staff.</td>
<td></td>
</tr>
<tr>
<td>(d) Evacuation and drills: Where weekly fire drills / fire door checks / fire exits checks were all maintained during Covid 19, evacuation training planned for 31st March was cancelled as advised by HSE and Public health. Where Fire Evacuation Drills were carried out in December 19 and January 20, with the lifting of restrictions, Evacuation training has been completed 18/08/20, 25/08/20, 01/09/20 with an additional date confirmed for 22/09/20. Completion date: 22/09/20.</td>
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</tbody>
</table>
| (e) Fire training: Prior to Covid, training, including Fire training, as part of our ongoing and robust training program had been booked into the yearly training schedule. However, all scheduled and proposed training had to be postponed due to the restrictions and requirements as advised by Public Health and following all HSE and Public Health guidelines to mitigate risk of COVID-19 transmission or spread. Internal training on these topics did continue and our original planned schedule has since been updated. With government restrictions being lifted, training as planned with our specialist external providers recommenced in the home in August: to date all staff have been received fire training on the following dates: 18/08/20, 25/08/20, and 01/09/20, with an
additional date 22/09/20 also confirmed: Completion date: 22/09/20.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 11(1)</td>
<td>The registered provider shall make arrangements for a resident to receive visitors.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/08/2020</td>
</tr>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Color</td>
<td>Date</td>
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<tr>
<td>26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/08/2020</td>
</tr>
<tr>
<td>26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>27</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>22/09/2020</td>
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<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/08/2020</td>
</tr>
</tbody>
</table>