



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0030128

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and 2 shared rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 August 2020	09:30hrs to 15:30hrs	Helen Lindsey	Lead
Wednesday 5 August 2020	09:30hrs to 15:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Inspectors received a warm welcome from residents and staff. Staff members explained the infection control measures in place to inspectors when they arrived. This included cleaning shoes in a foot bath, taking temperatures, cleaning hands and enquiring about medical wellbeing and wearing face masks.

Residents spoke about the impact of COVID-19 on their lives, and how they missed being able to have regular visitors. They were very happy when visiting had resumed on a planned basis. Residents said that they understood the measures that had to be taken to keep them safe from COVID -19

Residents who spoke with inspectors said that the staff were very kind and attributed their safety during the COVID -19 pandemic to the hard work of the staff. Inspectors observed staff helping residents to sanitize their hands and maintain social distance.

The centre contained two well-maintained enclosed gardens. Residents said that they enjoyed the view of the gardens from their rooms, and sitting in the gardens on fine days.

Inspectors observed staff patiently assisting residents with individual activities in their rooms and in communal areas. On the afternoon of the inspection residents enjoyed a socially distanced exercise class from their doors in the Liffey unit corridor.

Inspectors observed staff talking with kindness to residents, and staff had knowledge of resident's needs and preferences. Three residents who spoke to inspectors said that they were happy with their rooms, and that their privacy and choices were respected. If residents had any concerns, they confirmed that they would feel able to speak to staff.

Capacity and capability

This was a short term announced inspection and the registered provider had been contacted on the 4th August 2020. This was done to ensure that inspectors were aware of the current infection prevention and control procedures in place in the centre and to ensure that key documents requested were available on their arrival.

The designated centre was well managed by an established management team

focused on the provision of good quality person-centred care.

The designated centre reported suspected cases of COVID -19 on the 21.04.2020 and their outbreak finished on the 4.06.2020. During that time one member of staff was confirmed with COVID-19. The registered provider liaised with the public health team for advice and to ensure that the resources required to maintain good infection prevention and control were in place.

The registered provider ensured that there was adequate, well trained staff in place to meet the assessed needs of residents. Staff were trained to carry out COVID-19 testing and to implement infection control measures in accordance with 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.

The management team were involved in the day to day operation of the service, and were able to provide all documentation requested to support the inspection process. A person centred focus was evident throughout the documentation, and the management team confirmed this was an area they had specifically focused on over the last year. Improvements were noted in the systems for identifying and auditing risk. An audit schedule for 2020 was viewed which included the areas of health and safety, falls, and medication management.

One area that required improvement remained outstanding from the last inspection. Bathrooms and the general decor of the centre required improvement, and while steps had been taken to plan the improvements, they had not taken place at the time of the inspection.

There was an effective complaints policy in place, and it was seen to be followed in practice. Residents confirmed they knew who to speak with if they had any concerns, and records showed any concerns were dealt with in a timely manner.

Regulation 15: Staffing

Inspectors observed that there were sufficient staff available on the day of inspection to support residents' needs. Rosters showed that good staffing levels were in place in each unit, including the isolation area. The provision of care was supported by laundry, household and maintenance staff.

Inspectors observed staff engaging positively with residents and residents were complimentary of the care provided by staff.

A recruitment system was in place to ensure that adequate staff numbers would be available in the event of staff going off sick in the future due to COVID-19

Judgment: Compliant

Regulation 16: Training and staff development

A variety of training both in person and on line was available to staff. The training matrix and training records were viewed which indicated that all staff had received training on infection control and manual handling. Staff who had not received recent safeguarding or fire training had dates to attend in the near future.

The provider kept staff updated in relation to the 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. Staff were informed of updates when coming on shift.

A table was set up with up to date guidance in the staff dining room and staff were required to sign a confirmation sheet when they had read the guidance. Inspectors witnessed staff adhering to guidance on hand hygiene, maintaining social distance and using personal protective equipment appropriately throughout the centre.

Judgment: Compliant

Regulation 23: Governance and management

A well-established management team was in place with oversight arrangements organised to ensure that residents received high quality person centred care. For example regular meetings were held with staff to share information and gather feedback. A daily walk around was carried out by senior staff to identify risks. Improvements had been made in the risk management system since the last inspection and regular audits were carried out with action plans in place, including end of life care, privacy and dignity and care plans.

While areas of good practice were noted within the service, the registered provider had not made progress with renovations identified as necessary to comply with regulation 17 premises, and regulation 27 Infection control at the last inspection, in June 2019. Although certain materials had been purchased to progress the work, resources had not been used to ensure that the work was completed in the 14 months since the last inspection. The provider confirmed they would be arranging for renovation works to commence in line with COVID-19 guidance on visitors to the centre.

Inspectors viewed the annual report which was informed by residents' views obtained through feedback questionnaires. A quality and safety plan was in place detailing improvements identified in the annual report. The report was person-centred and covered the areas of resident's rights, mealtime experiences,

safeguarding and a falls prevention programme. The report did not include actions needed to improve premises or infection control which were identified in the previous inspection.

The registered provider developed a comprehensive COVID-19 contingency plan. Staffing arrangements included senior staff cover, allocation of staff to three separate designated areas in the centre and the provision of beds for staff in the centre if they needed to stay overnight. Communication arrangements were detailed with support services, including GP, links to HSE area outbreak management team and public health. An alternative meal provider had been identified in the event of the kitchen staff becoming ill.

The registered provider made sure that there were adequate supplies of PPE, bedding for staff and activity materials for residents to use during isolation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy in place which gave details of those responsible for resolving concerns. Information about how to complain was displayed in the reception area and outlined in the residents guide. Residents said that they were aware of what to do if they had a complaint, and that they were happy to speak to staff.

Inspectors viewed the complaints log and examined a sample of complaints in detail. Those examined were thoroughly investigated and resolved according to the policy. Staff were aware of their responsibilities if a resident made a complaint.

Judgment: Compliant

Quality and safety

Overall, residents were receiving a good quality of care, and their health and social care needs were being well met. Good practice was noted in visiting arrangements, residents rights and safeguarding practices. Some improvements were needed in relation to premises, infection control, fire safety and risk management.

Infection prevention and control measures were used throughout the centre to ensure the safety of residents and staff. These included a good supply of personal protective equipment, hand sanitizers and signage, indicating isolation areas.

Residents spoke about how important visiting arrangements were to them. The

provider had a policy in place, and the room where visits had been facilitated was seen to have clear systems in place to manage infection control risks. The registered provider ensured that residents had regular contact with their families during the COVID-19 outbreak through the use of phones and social media. Residents rights were respected through active participation in residents committee meetings and the ongoing provision of daily recreation activities chosen by residents.

The provider made every effort to ensure that person-centred care was provided. Well maintained gardens were available for residents to enjoy. Each garden had different features, including a large Giraffe, a vintage car, a men's shed and a small cottage. This allowed residents to enjoy a variety of garden environments. Residents views were sought through residents surveys and participation in residents committee meetings.

Residents were provided with guidance on how to wash their hands and maintain social distancing, as well as how to raise any issues and make a complaint.

Assessments were in place to identify residents care needs. An assessment was completed when residents were admitted to the centre. Care plans developed using that assessment ensured that staff were fully informed about residents needs and preferences. Residents had access to GP services and allied health professionals to meet their medical needs.

Although improvement in the system of monitoring risks was noted further improvement was required. For example fire doors required repair and the outstanding renovations were not listed in the risk register. It was observed that a number of bathrooms required upgrading as the surfaces were worn and would not facilitate the cleaning standards required by good infection control procedures.

Regulation 11: Visits

A revised visiting policy was in place which included information from the 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.

Arrangements had been made in a day room at the front of the building for visitors to be received in private. Mobile perspex screens, a temperature check point and PPE were in place to facilitate patient safety during visits from their friends and families. Staff coordinated visits during the week and at weekends.

Window visits were organised during COVID -19 and residents were assisted to make SKYPE and phone calls in order to maintain contact with their families. The registered provider made arrangements for residents receiving end of life care to

receive visitors.

Judgment: Compliant

Regulation 17: Premises

The overall design of the centre was safe for residents containing an enclosed courtyard garden, surrounded by a bungalow style building with a second enclosed garden off the Abbey unit. Residents rooms had furnishings to meet their needs, and had been personalised to the residents choice.

The day room in the Abbey unit contained two separate areas for residents, a kitchen and seating area with a television, and a quieter area with a table and chairs opening out onto a bright self-contained garden. The garden had an old vintage car, a men's shed and a small cottage for residents use. Residents happily used this area in good weather.

The laundry was situated in a separate building at the back of the centre. It was well maintained with a separate sink for hand washing.

The premises do not conform to schedule 6 of the regulations in that:

- Areas of the centre were not well maintained, and were in need of decoration, including corridors and the Abbey day room for example
- Bathrooms and toilets needed refurbishment to flooring, walls, and a bath. The required actions to comply with the regulations, as set out in the June 2019 inspection had not been completed
- Storage space was insufficient.
- Access to the bedpan washer was hindered by commodes stacked in front of the washer.
- The kitchen area in the day room was poorly maintained, for example doors missing from a kitchen cabinet.

These issues were discussed with the provider on the day of the inspection, and a plan to address improvements for the premises was shared with inspectors that covered the areas listed above. The provider reported delays in addressing some issues due to the COVID-19 restrictions that had been in place.

Judgment: Not compliant

Regulation 26: Risk management

There was a policy in place to support the staff team to assess risks, and the steps to take when they were identified. There was a comprehensive set of policies

covering clinical and non-clinical risks which were available to staff to review.

A number of individual risk assessments were in place that supported nursing staff to assess and review residents individual care needs.

A system was in place for the analysis of incidents, and the management team reviewed them to identify if there were any trends.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had developed clear policies and procedures to guide staff in preventing and controlling the transmission of COVID-19. A COVID-19 preparatory plan was in place. Procedures were in place for the isolation of residents when returning from hospital and the admission of new residents. These included an identified isolation area, and separate facilities for staff working in that area.

Inspectors observed staff adhering to good hand hygiene practices and putting on and taking off personal protective equipment appropriately. Staff temperatures were taken during the day, and staff wellness was monitored. Staff were also clear of the signs and symptoms of COVID-19 and were monitoring the residents through the day.

Cleaning guidance and schedules were viewed which were signed off by supervisors. Inspectors observed cleaning in progress and residents rooms, corridors and sitting room areas were clean.

Social distancing arrangements were in place throughout the centre for staff and residents. Separate rooms were assigned to staff for use during breaks and as changing facilities when they arrived on shift to reduce the risk of transmitting infection.

As discussed under regulation 23, actions required to improve the bathrooms remained outstanding. Action is required by the provider to ensure effective cleaning and decontamination practices can be fully implemented to minimise the risk of transmitting healthcare-associated infections. The finish on walls and floors were not easily cleanable as they were scrapped and chipped, and baths and showers were chipped and damaged. The base around toilets that had not been refurbished was a porous material which meant liquids could pass through the surface. It was also noted that a bedpan washer could not be accessed due to the storage of commodes in front of the washer which increased the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure the monitoring and maintenance of fire doors was effective. Inspectors found that three fire doors did not fully close and one door was wedged open with a cupboard door.

Fire maps, emergency lighting and fire fighting equipment were in place to safeguard residents in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An assessments of residents needs was made on admission to the centre, and then care plans were developed to describe how identified needs were to be met. Inspectors reviewed a sample of records and found each resident had a set of care plans of their needs, which included their abilities and their preferences for care and support.

Inspectors viewed a number of records which were found to be in line with guidance and included the psychological, social, medical and physical needs of residents. Individual COVID-19 risk assessments were in place for each resident.

Residents told inspectors that they were happy with the care they received. Inspectors observed staff delivering care and support to residents with patience and kindness.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that there were clear records setting out residents health needs. There was evidence of a range of assessment tools being used to monitor areas such as pain, skin integrity, nutrition, continence and mental health. This information was translated into clear care plans which assisted staff in the delivery of care to residents.

Malnutrition screening assessments were completed and the results were linked to further dietetic assessments and food and nutrition care plans for residents. An assessment tool was used to monitor resident's pain levels. One resident was referred to hospital for further investigations and an x-ray having being monitored using this tool. End of Life plans were up to date and showed the participation of

residents and their families.

Medical records of GP interventions were well documented. Residents had access to their GP and a record of GP interventions was maintained in the centre. The GP service was available throughout the period of isolation during COVID-19. Access to a range of visiting allied health care professionals was available in the centre, including chiropody, occupational therapy and physiotherapy. One record which was viewed showed that the resident had regular chiropody reviews.

Judgment: Compliant

Regulation 8: Protection

Safeguarding was a key element in the person centred approach of the registered provider. A safeguarding policy was in place and staff were trained on safeguarding procedures. Staff told inspectors that they would report safeguarding concerns immediately to managers.

A clear system was in place for managing the accounts of eight residents, who were unable to manage their own financial affairs. This was managed by the provider acting as pension agent for the residents. This included separate bank accounts for resident's money and clear audit trails of monies going to to and leaving the account.

Residents reported that they felt safe in th centre.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rooms were personalised with pictures and mementos from their homes as well as their own bed-covers. Inspectors observed residents participating in a variety of activities, in accordance with their preferences and abilities throughout the day.

An extensive resident's guide was available. Resident's committee meetings were held on a monthly basis and continued throughout COVID -19. Committee minutes demonstrated the registered provider's willingness to consult residents about the organisation of the centre. A high level of resident participation was recorded as the registered provider coached residents on how to raise a concern or make suggestions. For example a resident a resident raised a complaint during a committee meeting which was resolved through the complaints process.

During COVID-19 residents participated in corridor bingo and exercises and had a

variety of individual activities to enjoy in their rooms.

Advocacy services were available to residents and information was provided on how to access these services in the resident's guide. Resident survey results were viewed by inspectors and these were used to contribute to the annual review of the centre.

Residents were observed reading newspapers, watching television, listening to the radio, and completing crossword puzzles. A sample activity pack for residents was viewed which included quiz books, reading and colouring books, textured cloth and colouring pencils. Two enclosed gardens were available for residents to enjoy and a multi-faith centre was open for residents to use throughout the day.

The activities program included a wide variety of pursuits to ensure that residents had choices and could pursue their interests. The centre had a pet therapy programme, with a visiting dog and smaller pets living in the garden prior to COVID-19. On the day of inspection residents enjoyed a corridor exercise class while others had afternoon tea with scones in the garden.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Hall Nursing Home OSV-000049

Inspection ID: MON-0030128

Date of inspection: 05/08/2020

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider continuously engages in the refurbishment of the Centre to ensure the Centre is maintained and decorated appropriately, with scheduled refurbishments currently rescheduled or delayed in compliance with considered risk assessment arising from the threats posed by the COVID-19 public health threat.</p> <p>The Provider confirms that it has given appropriate consideration to all improvements suggested the Inspectors during the Inspection which the Provider will action, respectful of public health guidelines and the risks posed to residents, staff and contractors during any work programme during the public health crisis.</p> <p>In compliance with the Provider’s own internal refurbishment plan, supplies and material have already been purchased and were event viewed by Inspectors on the day of inspection and we kept the Inspectors fully apprised of progress and challenges prior to the Provider receiving the Chief Inspectors Notice of Decision on 28 September 2020 to reregister the Centre and the Registered Provider pursuant to Section 50 of the Health Act. The following items identified in the Draft Report were all actioned before 28 September 2020:</p> <ul style="list-style-type: none"> • Commodes purchased for greater Infection Prevention and Control which had just been delivered prior to the Inspection and inadvertently stacked in front of the bedpan washer were removed on the day of the Inspection and distributed; • Recommended improvements to the toilet and bathroom are completed. • Storage space was placed in order and is now scheduled to be routinely checked by the Nurse Management team. • Plans for the replacement of the kitchen area in the day room of the Abbey Unit were identified to the Inspector on the day of the Inspection with a target completion date of 31 October 2020, subject to public health requirement. 	

The Risk Register and Quality Improvement Plan arising from the Annual Review of Quality and Safety are updated in the ordinary course to reflect the above improvement.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider operates an ongoing refurbishment plan to ensure the Centre is maintained and decorated appropriately at all times

The Provider confirms that it has given appropriate consideration to all improvements suggested the Inspectors during the Inspection which the Provider will action, respectful of public health guidelines and the risks posed to residents, staff and contractors during any work programme during the public health crisis.

In compliance with the Provider's own internal refurbishment plan, supplies and material have already been purchased and were event viewed by Inspectors on the day of inspection and we kept the Inspectors fully apprised of progress and challenges prior to the Provider receiving the Chief Inspectors Notice of Decision on 28 September 2020 to reregister the Centre and the Registered Provider pursuant to Section 50 of the Health Act. The following items identified in the Draft Report were all actioned before 28 September 2020:

- Commodes purchased for greater Infection Prevention and Control which had just been delivered prior to the Inspection and inadvertently stacked in front of the bedpan washer were removed on the day of the Inspection and distributed;
- Recommended improvements to the toilet and bathroom are completed.
- Storage space was placed in order and is now scheduled to be routinely checked by the Nurse Management team.
- Plans for the replacement of the kitchen area in the day room of the Abbey Unit were identified to the Inspector on the day of the Inspection with a target completion date of 31 October 2020, subject to public health requirement.

The Risk Register and Quality Improvement Plan arising from the Annual Review of Quality and Safety are updated in the ordinary course to reflect the above improvement.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Provider has satisfied itself of its compliance with Regulation 27 of the Care & Welfare Regulations and welcomes the finding of the Inspectors on the day of the Inspection that all residents rooms and common areas were clean. In order to assure the Inspectors that the Provider has actioned all recommendations kindly made by the Inspectors on the day of the Inspection, the Provider confirms that that it has taken the following actions:

In compliance with the Provider’s own internal refurbishment plan, supplies and material have already been purchased and were event viewed by Inspectors on the day of inspection and we kept the Inspectors fully apprised of progress and challenges prior to the Provider receiving the Chief Inspectors Notice of Decision on 28 September 2020 to reregister the Centre and the Registered Provider pursuant to Section 50 of the Health Act. The following items identified in the Draft Report were all actioned before 28 September 2020:

- Commodes purchased for greater Infection Prevention and Control which had just been delivered prior to the Inspection and inadvertently stacked in front of the bedpan washer were removed on the day of the Inspection and distributed;
- Recommended improvements to the toilet and bathroom are completed.
- Storage space was placed in order and is now scheduled to be routinely checked by the Nurse Management team.
- Plans for the replacement of the kitchen area in the day room of the Abbey Unit were identified to the Inspector on the day of the Inspection with a target completion date of 31 October 2020, subject to public health requirement.

The Risk Register and Quality Improvement Plan arising from the Annual Review of Quality and Safety are updated in the ordinary course to reflect the above improvement.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Provider engaged a registered Fire Engineer to inspect and identify Fire Doors for repair. This remedial work is due for completion on 6th November 2020.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	23/10/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	23/10/2020

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	23/10/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	06/11/2020