



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Athlone
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Cloghanboy, Ballymahon Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0037035

## About the designated centre

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

Sonas Nursing Home is a purpose-built facility registered to provide residential care to 58 residents, both male and female, over the age of 18 years. It provides care on a long term, respite and convalescent care basis.

The centre provides care to residents with chronic illness, mental health illness including dementia type illness and those requiring end of life care.

Residents are accommodated over two floors. There are 56 single and one twin bedroom all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

Sonas Nursing Home is situated on the outskirts of Athlone town.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	56
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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 14 September 2022	09:30hrs to 18:30hrs	Leanne Crowe	Lead
Wednesday 14 September 2022	09:30hrs to 18:30hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents and visitors was that Sonas Nursing Home Athlone was a nice place to live and that staff were kind and considerate. The nursing home accommodates up to 58 residents in single and twin bedrooms on both the ground floor and first floor of the building. Inspectors found that the centre had a homely atmosphere and environment.

On arrival to the centre, the inspectors were greeted by a staff member who guided them through the nursing home's COVID-19 infection prevention and control measures, which included completion of hand hygiene and a temperature check. Following an introductory meeting with members of the management team, the inspectors spent time walking through the centre. At this time, some residents were observed sitting in communal areas or having their breakfast, while others were sleeping or in the process of getting ready for the day. Staff confirmed that residents' personal routines were respected. Inspectors observed staff being responsive and attentive with residents' requests and they appeared to be knowledgeable of residents' individual needs and preferences.

A number of residents were attending the centre's hair salon during the inspection. Overall residents were appropriately dressed and well groomed; it was clear that residents were supported to maintain their appearance.

The general environment of the centre was visibly clean and tidy. The communal areas were warm and comfortable, with good access to a number of communal rooms on each of the two floors. Most residents had personalised their rooms with pictures and photographs and personal items from home. Those that spoke with inspectors were happy with the size and layout of their bedrooms and felt that they had sufficient space to store or display their personal belongings.

Residents who chatted with the inspectors were content and said that they felt safe living in the centre. Residents told the inspectors that they could talk with staff if they had any complaints or were worried about anything.

The inspectors observed meals being served in dining rooms on both floors. The hot food being served was appetising and well presented, with various condiments being available to residents. There were staff available to assist residents and provide drinks or additional portions of food. The residents who spoke with inspectors praised the food served to them and confirmed that they were able to make choices about their food, snacks and drinks.

Visitors were observed attending the centre throughout the day of the inspection. Visitors who spoke with inspectors confirmed that arrangements for visiting were flexible and in line with residents' preferences. They spoke positively about the care that their loved ones received, stating that staff attended to residents with "great care and patience" and that they support the residents to maintain their

independence as much as possible. They highlighted the support staff provided to residents during an outbreak of COVID-19 earlier in the year, such as assisting a resident to communicate with their visitors while restricted visiting arrangements were in place. The provider ensured that during outbreaks, staff communicated regularly with families regarding the residents' condition and well being.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

## Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. Inspectors followed up on the provider's compliance plan response to the previous inspection in June 2021, which had identified non-compliances in relation to governance and management, premises, infection control, fire precautions and the management of responsive behaviours. Inspectors found that on this inspection, there were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored. However more focus was required to ensure that where improvement actions were identified that these were completed and reviewed by the management team. In addition, while the majority of actions from the previous inspection had been addressed, further improvements were required to bring the designated centre into full compliance with the regulations.

Following the previous inspection in 2021, a restrictive condition had been placed on the centre's registration by the Chief Inspector which required the registered provider to carry out fire safety works in the centre. These works were described in the action plan of a fire safety risk assessment that was carried out in the centre and submitted to the Chief Inspector on 15 July 2021. As required by the condition, the provider had to complete these works by 15 July 2022. At the time of the inspection, the works had progressed significantly, with many of the actions deemed by the provider to be complete. Although some works remained outstanding the provider had a plan in place to complete these in the weeks following the inspection. These findings are discussed under Regulation 28, fire precautions. To provide assurances that the works were completed to the required standards, a competent fire consultant had been commissioned to assess and sign off the works.

Sonas Asset Holdings Limited is the registered provider of Sonas Nursing Home Athlone. The governance and management structure had changed since the previous inspection. A new person in charge and assistant person in charge had commenced in the role in December 2021 and they were also reporting directly to a new person participating in management (PPIM) at the time of the inspection. The person representing the provider entity was a director within the entity. The person

in charge was supported in their role by two PPIMs, as well as an assistant person in charge and a senior staff nurse. The assistant person in charge was currently working on a supernumerary basis 3.5 days per week to support the person in charge, but there was a plan in place to recruit this following further recruitment of nursing staff. The nursing management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 56 residents being accommodated at the time. There was evidence that staffing levels were reviewed to ensure that they met the needs of residents. For, example, some residents with dementia were identified as requiring additional support in the evening. In response to this identified need, the provider had amended the activity co-ordinator's working times to facilitate them to provide activities later into the evening. On the day of the inspection, delays were noted regarding the completion of medication administration rounds at both morning and lunch time periods. However, an audit of administration times submitted following the inspection provided assurances that this was not an ongoing issue and was being monitored appropriately by the nursing management team.

Regular meetings took place with staff and management in relation to the operation of the service, including weekly clinical meetings, monthly governance meetings and regular meetings with the various staff roles. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. In relation to infection prevention and control, the meeting minutes shown to the inspectors included discussions surrounding upgrading the physical environment, storage and staff practices. However, there were delays in relation to addressing issues that had been identified. For example, during an infection prevention and control audit in June 2022 issues were noted with out of date spill kits, staff wearing nail varnish and environmental hygiene. A quality improvement plan had been devised however, the plan did not allocate responsibility to an individual or detail a time-line for implementing the improvement actions required. As a result the identified deficits were still evident on the day of inspection.

All HSE/HPSC Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access to the HSE infection prevention and control specialist team for outbreak advice and support, but not for other infection control guidance and support.

An annual review of the quality and safety of the service had been completed for 2021. This included findings from audits completed throughout the year and set out a quality improvement plan for 2022.

## Regulation 14: Persons in charge

The person in charge of the centre had been appointed in December 2021 and worked full time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was

knowledgeable regarding the specific care needs of the residents accommodated in the centre.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre. There were at least two nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of training records indicated that some of staff required refresher training in infection control, safeguarding and moving and handling practices.

Judgment: Substantially compliant

### Regulation 21: Records

Twenty four cardboard boxes of documentation relating to residents was being stored in the centre's communication room, which contained all of their digital and network electrical equipment. Due to the items being combustible, storage of these items in this room posed a risk in a fire event as well as not ensuring that the documents were stored in a safe and appropriate space.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. Some improvement was required to ensure actions identified as part of the

auditing programme were progressed for completion and outcomes of same reviewed by the management team.

Judgment: Substantially compliant

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

A sample of contracts for the provision of care were reviewed. Each were found to contain the information required by the regulations and were signed by the resident and/or their representative.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose had recently been updated and contained all of the information required by the regulations.

Judgment: Compliant

## Quality and safety

In general, residents in this centre had a good quality of life, were happy with the care and services provided in this centre and gave positive feedback about the staff and management team. Improvements that had been made in relation to fire precautions and infection prevention and control since the previous inspection in June 2021 helped to ensure that the residents were safe, but further efforts were required to bring the centre into full compliance with these regulations.

Visiting arrangements in place were appropriate and met the needs of residents.

The designated centre was working towards a restraint free environment. The use of restraint had decreased significantly since the previous inspection. Inspectors found that a comprehensive risk assessment was completed and alternatives were trialled before a restraint was used. Staff demonstrated knowledge and skills in supporting those residents who became agitated or anxious

There were systems in place to mitigate the risk of fire. Fire doors and fire alarms were tested on a weekly basis. Records showed that fire fighting equipment, the fire alarm system and emergency lighting system had been serviced within the required

time frames. Regular fire drills had been completed to ensure that residents could be evacuated in a safe and timely manner. Further action was required in order to comply with fire safety, which is discussed under Regulation 28, Fire Precautions.

The centre had previously experienced a significant COVID-19 outbreak. A review of the management of this COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. A COVID-19 contingency plan for any future outbreaks was in place, which included staff replacement plans and a COVID-19 lead replacement plan.

There were clinical hand wash sinks available in the centre but these were not accessible to all bedrooms. None of the hand wash sinks were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies. Sinks in the resident's rooms were dual purpose used by residents and staff. This practice increases the risk of cross infection.

The provider was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information, which ensured that the receiving facility was aware of infection control precautions needed. Care plans and visiting care plans were seen by the inspectors.

There were sufficient supplies of personal protective equipment (PPE) and inspectors observed masks and gloves were being used appropriately in the majority of instances. However, inspectors did observe some staff wearing gloves inappropriately, which could lead to cross contamination for residents. Inspectors noted that the supply of gloves in the centre were vinyl gloves rather than nitrile material. Vinyl gloves should not be used for personal care as they offer less protection from blood borne viruses for the wearer.

There was a lack of oversight and supervision of cleaning processes, the disinfectant process was not understood and the prescribed contact time to ensure effectiveness was not in place. Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire. This is a repeat finding from the previous inspection.

## Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

## Regulation 17: Premises

Overall, the premises was well maintained and appropriate to the number and needs of the residents living at the centre. However there was insufficient storage for items such as clean laundry and some assistive equipment for residents. Issues in relation to maintenance of some areas are discussed under Regulation 27, infection control.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk policy contained all of the requirements set out under the regulations. A local risk register was maintained and regularly reviewed. The risk register identified risks and included the additional control measures in place to minimise these risks.

Judgment: Compliant

## Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to comply with this regulation.

In addition, the inspectors were not assured that infection prevention and control and environmental audits that had been completed were being used to implement the required quality improvements as deficits were not always addressed following these audits.

Some practices increased the risk of environmental contamination and cross infection:

- Hand-wash sinks were not compliant with appropriate guidelines and sinks in residents' rooms were dual purpose used by residents and staff. Additionally, there was no hand-wash sink in the first floor clinical room
- There was inappropriate storage of clean resident supplies and equipment in the laundry, linen store and sluice
- Unclean nebuliser compressor machines were seen in the ground floor clinical room and residents' bedrooms
- Several open-but-unused portions of wound dressings were observed

- There was no named staff member allocated to the laundry on the day of inspection and inspectors observed housekeeping staff moving between the laundry and housekeeping during their shift.

Sharps boxes were not signed when opened. In addition, inspectors observed that the temporary closure mechanism was not engaged when it was not in use. This prevents the contents spilling when not in use.

Housekeeping was not effectively managed and supervised and as a result several areas of the premises, furniture and equipment were not clean. In addition, the oversight of cleaning and disinfectant practices did not ensure that all equipment was effectively cleaned, decontaminated and maintained in accordance with the manufacturer's instructions, national medical devices, equipment standards and best practice guidance. For example, the disinfectant process was not understood by some housekeeping staff and the prescribed contact time to ensure effectiveness was not in place.

In addition, prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire. This was a repeat finding from the previous inspection.

Inspectors were not assured that single use devices were being discarded after use for a single procedure, as several open-but-unused portions of wound dressings were observed by the inspector, which increased the risk of cross contamination and impacted on the effectiveness of the dressing.

There was insufficient facilities for hand washing in the ground floor sluice facility (a sluice room is a room found in healthcare facilities such as hospitals and nursing homes, that is specifically designed for the disposal of human waste products and disinfection of associated items). In addition, the first floor sluice room did not have appropriate storage and cleaning facilities for the cleaning and disinfection of reusable plastic bedpans. This increased the risk of contamination both from the disposal of body fluids in the sluice room and when the bed pans were re-used.

Judgment: Not compliant

## Regulation 28: Fire precautions

Significant fire safety works had been carried out in the designated centre since the previous inspection to improve compliance with Regulation 28.

However, inspectors identified that some aspects of the fire safety risk assessment had not been addressed:

- Equipment continued to be stored in all of the centre's stairwells that may serve as escape routes in the event of an emergency. These items included multiple trolleys of clean laundry, a storage trolley, a floor cleaning machine,

assistive equipment such as hoists and a comfort chair belonging to a resident

- Access to the centre's gas valve was somewhat impeded, due to the manner in which the storage unit was closed. This was addressed by the management team prior to the conclusion of the inspection
- Intumescent seals on doors required replacement. The provider had a plan in place to have the seals replaced in the weeks following the inspection.

Additionally, inspectors observed the follows issues that required action:

- Some staff required up to date training in fire safety
- An oxygen cylinder was being stored in an office that was not adequately ventilated and in which combustible items were being stored. Additionally an oxygen cylinder was also being stored at the end of a corridor, which may serve as an escape route in the event of an emergency. These methods of storage was not in line with the centre's own risk assessment
- While some additional fire compartments had been created as part of the fire safety works, lighting to guide people to the nearest escape route was not apparent in all fire compartments
- While the emergency lighting system had been serviced appropriately, records of regular emergency lighting checks were not available for review on the day of the inspection.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

An action from the previous inspection regarding the use of physical restraint had been addressed. There was a restraint register in place, which demonstrated that the use of restraint had decreased by over 50% since the previous inspection. Any implementation of restraint was following the trial of alternatives, was informed by appropriate assessments and subject to regular review.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for Sonas Nursing Home Athlone OSV-0005422

Inspection ID: MON-0037035

Date of inspection: 14/09/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have now completed their refresher training. Complete.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The storage in the communication room has been reviewed and the room will be divided to provide a separate fire rated room for communication equipment. Completion date 18/12/2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have just completed our third quarter triangulation which has assisted us in closing out previous action plans and commencing new ones. We have also commenced our annual review of 2022 and this will further ensure that actions are either completed or carried forward. Complete and ongoing.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Storage in the centre is under review and will be reorganized to provide appropriate storage for clean laundry and assistive equipment. Completion date 18/12/2022</p> <p>Additional storage will be provided for in the 2023 capex budget.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p> <ul style="list-style-type: none"> <li>• Hand-wash sinks were not compliant with appropriate guidelines: Any risk associated with this had been identified and added to the centre’s risk register. Review and/or replacement of same will be factored in to next years capex budget. 31/01/2022.</li> <li>• There was inappropriate storage of clean residents supplies and equipment in the laundry, linen store and sluice: this was addressed immediately and discussions have taken place with staff. Complete.</li> <li>• Unclean nebulizer compressor machines were seen in the ground floor clinical room and resident’s bedroom: this was addressed immediately. Some new machines have also been purchased. There is now a system in place to ensure that same are kept clean and adequately maintained. Complete.</li> <li>• Several open but unused portions of wound dressings were observed: this was addressed immediately and all nursing staff have been informed that this is not an acceptable practice. Complete.</li> <li>• There was no named staff member allocated to the laundry on day of inspection: the roster has been reviewed to ensure roles are clearly defined and indicated throughout the day. Complete.</li> <li>• Sharp boxes were not signed when opened. In addition, the temporary closure mechanism was not engaged when it was not in use: This was addressed immediately. All nurses have been shown correct procedure to ensure sharp boxes are closed correctly when not in use. Nurses have also been shown how to label the boxes correctly. Same discussed at recent nurses meeting. This practice will be internally audited to ensure compliance continues. Complete.</li> <li>• The disinfectant process was not understood by some housekeeping staff and the</li> </ul>	

prescribed contact time to ensure effectiveness was not in place. All housekeeping staff have been retrained and this has been discussed with them. Complete.

- Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire: Prepared cleaning chemicals are labelled, they are not dated as there is no necessity to do so. 1. Chlor Clean solutions are prepared each morning, and any residual solution from the previous day is disposed of. The spray bottle is rinsed with cold water and a fresh solution prepared. 2. Cleaning chemicals are prepared as required. These products never reach their use by date. The shelf life of all these concentrated materials is 2 years, and the Sonas Group hold, on average, one month's stock. Use by dates are never exceeded. Complete.
- There was insufficient facilities for handwashing in the ground floor sluice facility: A soap dispenser has been relocated to beside the handwashing sink. Complete.

"In addition, the oversight of cleaning and disinfectant practices did not ensure that all equipment was effectively cleaned, decontaminated, and maintained in accordance with the manufacturer's instructions, national medical devices, equipment standards and best practice guidance".

The "SNH.110.03 Medical Cleaning SOP" is in place and this document clearly outlines the cleaning and decontamination processes required for each piece of equipment. Cleaning staff have been retrained to use this information appropriately.

'...the disinfectant process was not understood by some housekeeping staff and the prescribed contact time to ensure effectiveness was not in place.'

Cleaning staff do not receive detailed training in the principals of disinfection and sterilization, they are trained to clean and decontaminate as per our SOP's. SOP's detail the processes required to carry out these functions. For Chlor Clean, the contact time for disinfection of the environment, is 5 minutes @ 1000ppm Available Chlorine. For sporicidal disinfection, when C. difficile is present, the contact time is 10 minutes. The SOP's clearly state that the Chlor Clean solutions should be applied to a clean surface and allowed to air dry, thereby achieving the correct contact time.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Storage in the centre's stairwells is under review and will be reorganized to provide appropriate storage for assistive equipment. Completion date 18/12/2022

Additional storage will be provided for in the 2023 capex budget.

Intumescent fire seals on doors have been repaired/replaced. Completed

Fire training of all staff has been completed.

Oxygen cylinders are now stored appropriately. Completed

Additional Exit lighting will be provided. 01/11/2022

Records of emergency lighting has been included on daily fire checks. Completed and ongoing.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/12/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	18/12/2022
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	12/10/2022

	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.	Not Compliant	Orange	12/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/11/2022
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	01/11/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	22/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	31/12/2022

	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.			
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