



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Four Ferns
Name of provider:	FFNH Limited
Address of centre:	Brighton Road, Foxrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0007729
Fieldwork ID:	MON-0044557

About the designated centre

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

The Four Ferns is located in Foxrock, Dublin and the registered provider is FFNH Limited. The centre accommodates 144 residents, both male and female over the age of 18. The living accommodation comprises of 138 single and three twin bedrooms, all of which have en suite facilities. Residents have access to a garden area, which includes a nature trail. The centre provides 24-hour nursing care to residents assessed as independent up to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	142
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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 21 August 2024	08:35hrs to 16:40hrs	Helena Budzicz	Lead
Thursday 22 August 2024	08:05hrs to 17:40hrs	Helena Budzicz	Lead
Wednesday 21 August 2024	08:35hrs to 16:40hrs	Aoife Byrne	Support
Thursday 22 August 2024	08:05hrs to 17:40hrs	Aoife Byrne	Support
Thursday 22 August 2024	08:05hrs to 17:40hrs	Manuela Cristea	Support
Wednesday 21 August 2024	08:35hrs to 16:40hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The inspectors observed that staff worked towards improving the quality of life of the residents and promoted a positive and eventful living experience for residents living in the centre. The vast majority of residents who spoke with inspectors reported that they were happy with the service and care provided to them. Residents reported that staff were "wonderful", and one resident stated they were "thrilled with the centre, loved it so much during respite, I decided to stay". A small number of residents had some concerns related to the level of noise associated with the building works in the centre and the issue of missing clothing, which is discussed throughout the report. Overall, residents said they felt safe and comfortable.

The centre exuded a relaxed and friendly atmosphere. The inspectors observed the staff's excellent rapport with the residents during the inspection. The staff's familiarity with each resident's individual needs and preferences was evident, and they assisted the residents in a patient and unhurried manner. It was evident to inspectors that the management and staff knew the residents well.

During the observation of meal times, the inspectors noted several positive aspects. Meal times were well-organised, creating a social occasion for many residents who enjoyed dining and chatting. The inspectors saw that staff provided assistance to residents who required it in a respectful and unhurried manner. The inspectors saw that residents were offered a choice of main courses and desserts, and meals appeared wholesome and appetising. However, the inspectors noted that some sauces were not always offered in a way that allowed residents to apply them as they wished, and thus promote their independence.

There was a large notice board near the sitting rooms, which was used to inform residents of the social and recreational activities occurring on a weekly basis and included other relevant information, such as advocacy services and the complaints procedure. A historical speaker was in attendance on the second day of the inspection and discussed the life and times of Samuel Beckett with the residents. The inspectors observed staff taking the time to enjoy activities with the residents. The centre's hairdresser was in attendance on both days of the inspection. The hairdressing room was well equipped, and residents were seen not just using it but truly enjoying it as a social occasion. A programme of activities, which included a bridge club, current affairs group, men's club, knitting club, fitness classes, and hand and nail massage, was available to residents. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

There was evidence that residents were consulted with and participated in the organisation of the centre. This was confirmed by residents' meeting minutes,

satisfaction surveys, and speaking with residents on the day of the inspection. The responses were positive, and visiting family members also praised the care provided.

Inspectors identified some examples of good practices in the prevention and control of infection. Staff were observed to have good hand hygiene practices and the correct use of personal protective equipment (PPE). However, further attention is required to some of the hand hygiene sinks and sharp box management. Further details are discussed under Regulation 27. Some aspects of the premises still required action to comply with Schedule 6, and these findings are discussed under Regulation 17: Premises.

Improvements were also required in respect of fire safety precautions to ensure residents' safety was maximised and promoted at all times. This included staff knowledge and practices, as well as appropriate containment measures as further detailed under Regulation 28: Fire precautions.

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

Capacity and capability

This was an unannounced 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) and to follow up on the findings of the previous monitoring inspection of September 2023. While the findings of this inspection highlighted some effective governance and management arrangements, there were also areas for improvement identified under regulations for food and nutrition, individual assessment and care plan, infection control, premises, fire precautions, medication management and governance and management.

The inspectors followed up on unsolicited information submitted since the previous inspection with regard to the governance and management, and quality of care aspects of the residents. Evidence was found to support some of the information submitted and that improved oversight of some areas was required, as detailed under Regulation 23: Governance and management.

The registered provider of the centre is FFNH Limited. The company has three company directors, and one of them is nominated as a person participating in management (PPIM). There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge was supported in the centre by a deputy director of nursing (DON), two assistant directors of nursing (ADON) and a team of clinical nurse managers, nurses, health care assistants, maintenance, cleaning, catering and administration staff.

The registered provider had audit and monitoring systems in place to oversee the service. This included a schedule of clinical, environmental and operational audits. However, while the medication audits were completed, they did not always identify and outline the action plans for medication errors to ensure that the nursing staff had appropriate knowledge of medication management and mitigate the risk of recurrence and potential adverse effects on residents.

While the centre was found to have adequate staffing levels on the day of the inspection to meet the health and social care needs of the residents, the inspectors identified that the nurse staffing allocation on the ground floor Gallops unit at night was not adequate. Specifically, the ratio of nurses to residents was not sufficient for the complex care needs of 44 residents residing in the unit, which hindered the provision of effective and comprehensive care. This is further discussed under Regulation 23: Governance and management.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of care. Records confirmed that all staff members were up-to-date with their mandatory training in safeguarding, fire safety, infection control and manual handling.

A review of staff files found that they contained all the information required under Schedules 2 and 4 of the regulations and included a valid Garda vetting disclosure.

Residents' complaints were listened to and investigated, and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if required.

An annual report on the quality of the service was completed for 2023. It was done in consultation with residents or their families. The report provided a quality improvement plan for 2024.

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre, the current residents, and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. A schedule of training was in place for those due for refresher training.

Judgment: Compliant

Regulation 21: Records

Records were maintained in the centre in a secure but easily accessible format. The inspectors reviewed a sample of staff files and found that they meet the criteria as outlined in Schedules 2 and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Allocation of staffing resources required review. In particular, the night-time staffing resources were not effectively organised to ensure appropriate clinical nursing oversight of residents in the ground floor Gallops unit. For example, there was only one staff nurse looking after 44 residents with complex care needs residents, such as wandering and exit-seeking residents, residents with special clinical care needs, and residents requiring frequent safety checks. This was also evidenced by prolonged medication administration times, which was not a safe practice, as further discussed under Regulation 29: Medicines and Pharmaceutical Services.

The oversight of governance and management systems was not sufficiently robust and required strengthening to ensure that safe and appropriate care and services were being delivered to the residents, as evidenced by the following:

- While the processes and guidance documents were in place for family and resident consultation for formal care plan reviews at intervals not exceeding four months, this was not implemented on a continual and regular approach.
- The oversight and review of the medication errors did not ensure that all medication errors were analysed and actioned with an appropriate, comprehensive quality improvement plan. In addition, while the audits on medication management were completed, it was not identified that some of the medication errors were not appropriately addressed to ensure that staff were supported to adhere to safe management medication practices.
- Further robust oversight was required in the management of fire safety. The monitoring systems in place had not adequately ensured that all necessary precautions were in place to protect residents in the event of a fire

emergency. These matters will be discussed under Regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year, and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified about incidents in the designated centre as set out in Schedule 4 of the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that reflected the requirements of the regulations. This was displayed at the main entrance. The complaints log identified the issue, outcome and level of satisfaction recorded.

Judgment: Compliant

Quality and safety

Overall, residents spoken with told inspectors that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life.

There were arrangements in place for residents to access a general practitioner (GP) of choice, as well as Psychiatry of later life and a variety of health and social care services, including dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support to residents' care if required.

The inspectors reviewed a sample of the resident's assessments and care plans and found that the resident's nursing needs were being assessed using validated tools. A number of care plans reviewed did not ensure that information was consistently updated as residents' needs changed. This is further discussed under Regulation 5: Individual assessment and care plan.

While medication systems were in place and staff spoken with were knowledgeable of their regulatory responsibilities, inspectors were not assured that all medicinal products were stored securely at the centre and that all medications were administered in line with best practices as discussed under Regulation 29: Medicines and pharmaceutical services.

Residents were consulted regarding the running of the centre through residents' meetings and surveys. Residents' rights were upheld in the centre, and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre. Regular resident meetings took place, the residents' voices were heard, and there was evidence that any issues raised were addressed in a timely manner. All residents had their rights to privacy respected, and staff were observed respecting their rights and protecting the dignity of residents throughout this inspection. Residents had access to storage for their personal possessions. A key was available to all residents to facilitate the secure storage of personal belongings.

The centre was found to be clean and warm throughout. Infection prevention and control measures were in place and monitored by the management of the centre. However, some areas for improvements were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), which will be discussed under Regulation 27.

Many good practices in relation to fire precautions, including managing risk and fire prevention, were observed on this inspection; for example, there was ongoing upgrade work to the sprinkler system. The building was designed with a sprinkler system. It was a compensating measure installed, which allowed the omission of automatic closing devices to fire doors in the design of the building. While the sprinkler system was out of action, a risk assessment was completed, and controls

were included through consultation with residents to ensure that fire doors would remain closed. Staff spoke with the inspectors regarding residents who requested to have their doors left open, and this was facilitated and made known to staff. Notwithstanding this, risks were identified during this inspection, and these are explored under Regulation 28.

Regulation 17: Premises

Action was required to address areas on the premises to ensure that they promoted a safe and comfortable living environment for all residents and that they aligned with Schedule 6 requirements. For example:

- A linen room was being used for the storage of food supplements and creams. The ventilation of this room and all the treatment rooms in the centre was not adequate, as the rooms were found to be too warm for safe storage of food supplements and medications.
- Where communal rooms were interconnected, there was only one call-bell to serve both spaces; for example at ground floor, the large living room, dining room and café area had just one call bell. This was not aligned with the requirements of Schedule 6, which requires emergency call facilities in every room used by residents.
- A bath in an assisted bathroom on the first floor was not in working order and had been out of use for several weeks.
- In two bathrooms, the wall required repair where the outlet pipe went through the wall; the tiles stopped short and exposed concrete/plaster was visible. This posed an infection control risk as that area could not be cleaned.
- A number of fabric seats were observed to be stained and required more effective cleaning. This was a repeated finding from the previous inspection.
- The floor covering in a corridor adjacent to a dining room was damaged, which did not provide a safe floor covering and posed a potential risk of falls.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While the overall dining experience was a positive experience for residents who gave positive feedback, inspectors saw instances where the sauce was applied to the meals without prior consultation with residents, regardless of whether it was their choice or if they liked it.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspectors found the following issues relating to infection prevention and control, which required attention:

- There was no hand wash sink in the clinical treatment rooms, and the hand washing sinks in the sluice rooms did not meet the recommended guidelines.
- Three single-use dressings were left open, which could pose a cross-contamination risk. In conversations with inspectors, staff were not aware of the disposable symbol and the fact that once a dressing was open, it should not be reused.
- The management of sharp boxes was not always effective as in one of the treatment rooms, sharp boxes were observed left on the floor and not secured to the wall. In addition, the contact details for traceability purposes were not consistently completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire, for example:

- Oxygen cylinders were being stored in a cage in the basement carpark. While this area was well-ventilated, they were being stored close to a car parking space and beside the car's engine. This was brought to the attention of the provider and was removed immediately.
- A smoke detector in a store room was found to be covered. The inspectors were told this was owing to the ongoing work associated with the upgrade to the sprinkler system to avoid false alarms from dust. While this is reasonable, there was no active work at the time of inspection and should have been removed. This was immediately removed.
- The door to the oratory was propped open as it was caught on the floor covering; the door would not close in the event of a fire

Action was required to ensure adequate containment and detection of fire, for example;

- A fire door to the plant room lobby was a thirty-minute fire-rated door and not a sixty-minute fire-rated door as per the approved design of the building.
- There were a number of fire doors that had excessive gaps observed. This created a pathway for the potential spread of fire and smoke to the escape route. This included high-risk areas such as the kitchen and the door to the basement car park.

- Some doors to small stores did not have a self-closing device fitted to ensure the door would close in the event of a fire, such as the activities store.
- A pipe through a fire-rated wall required sealing around the pipe to maintain the integrity of the fire-rated wall.
- To facilitate the ongoing work on the upgrade of the sprinkler system, a number of areas of plasterboard in fire-rated ceilings had holes cut through them for work access
- There was a lack of clarity regarding the fire detection and alarm system. The annual certificate for servicing the system indicated it to be an L2/L3 type system; nursing home use requires an L1 fire detection and alarm system, which relates to the areas covered by fire detection.

During the inspection, the fire alarm was activated, and the inspectors had the opportunity to observe the staff's reaction to the alarm. While most staff were observed to respond and report to the fire alarm panel following the centre's procedure, not all staff responded appropriately, and inspectors observed residents and their visitors in a day space unsupervised and were not kept informed. One resident was concerned and was asking what they should do.

In terms of evacuation, further assurances were required from the provider to ensure that there was sufficient evacuation aids in place for residents assessed as requiring them to escape vertically down the stairs. While the primary strategy is to evacuate residents horizontally into the next compartment, from a review of the personal emergency evacuation plans (PEEPs), they indicated the residents mobility on the level ground; they did not give detail on the residents mobility in terms of evacuation requirements for vertical evacuation should it be required.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The medicine systems in place for dispensing, administration and storage required full review. For example:

- Medicines, such as prescribed nutritional supplements that were expired, were not segregated from other medicines and were not disposed of in accordance with national guidance.
- Medications were not administered according to the directions of the prescriber on the ground floor unit. For example, inspectors saw that the medication administration times exceeded three hours, which was not a safe practice.
- Inspectors saw that some medications such as laxatives, ointments and nutritional supplements were not stored in a secure manner, as they were stored in a room together with other products such as incontinence wear. These rooms were also accessible to a variety of staff members, not only registered nurses.

- The temperature of the rooms where medications were stored was not appropriately monitored and managed. The temperature of the treatment rooms was very warm, with some readings showing 28 degrees, which did not support safe storage. Inspectors saw that the labelling of some of the medications stored stated that storage was required at a temperature maximum of up to 25 degrees Celsius.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of residents' assessments and care plans found that they were not continually reviewed and updated in line with the assessed needs of residents. For example:

- A number of care plans were not reviewed on a four-monthly basis.
- While some care plans were reviewed through the evaluation process, the care plans were not always updated to guide the current care of a resident. Inspectors found a number of care plans which contained historical information that conflicted with the current treatment plan. For example, care plans included a lot historical data such as information about old urinary tract infections (UTI) infections and treatment plans or falls of residents in 2022 that were no longer relevant.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect and safeguard residents from abuse. All staff had attended up-to-date safeguarding training. Staff spoken with were knowledgeable regarding recognition and responding to abuse.

The provider was not acting as a pension agent for any of the residents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days of the week and were able to choose where and how they spent their time in the centre. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers. Independent advocacy services were available to residents, and their contact details were on display.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements in place to ensure that residents had sufficient space to store and maintain control over their personal possessions. Each resident had lockable storage space in their bedrooms. The centre implemented a new laundry processes, and the feedback from residents shared with the inspectors was positive.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Compliant

Compliance Plan for The Four Ferns OSV-0007729

Inspection ID: MON-0044557

Date of inspection: 22/08/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Added one Additional RGN to Ground Floor for night shift. Total 2 nurses for 44 residents in place since the end of August 2024. All Care Plans will be reviewed at least 4 monthly and Unit Managers will utilize VCare to check daily if all care plans are updated within the correct time frame. Medication Errors are not reviewed monthly by Unit Manager to ensure all documentation in completed correctly and action plans/root cause analysis are fully followed and documented. There is a daily inspection of escape routes checklist in place that is completed by S/N on each unit on both day and night. There is also a schedule for visual inspection of all fire doors conducted by facilities team to ensure they are all operating according to regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All Linen rooms were restored to their original Function and no more medication or clinical items are being stored there. New call bells to be added in the interconnected spaces by 14/11/2024. The bathtub on the first floor (L01_099) will be reconnected/plumbed by 13/12/2024 This has been replaced. The repair for the outlet pipe in the bathrooms will be fully repaired by end of October 2024. Floor corridor has been buffed/repared. Housekeeping collects any stained chairs from the floor daily and performs deep cleaning using an upholstery cleaning/steam machine. We have additional chairs and covers in place that can be used while items are being cleaned. Covers all suitable for washing machine disinfection cycle.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Discussed with Catering and HCA's the importance of adhering to current policies and procedures regarding mealtimes. There are "gravy boats" in place to ensure the gravy can be dished out separately by staff or residents according to their personal preferences. Unit Managers will monitor service on regular basis.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Sinks in Sluice room have been updated to clinical sinks prior to 07/10/2024. Discussed with S/N importance of adhering to IPC practices and Disposable symbol. S/N on night duty will check dressing trolleys to ensure no open dressings are left in storage. Weekly Check in place by Unit Manager to ensure contact details are completed and storage of sharps in maintained in line with current guidance.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire door to the plant room lobby was replaced for 60 min door as per approved designed before end of August 2024. Discussed with Staff importance of always adhering to Fire Procedures and informing residents and visitors of the fire procedures if the alarm sounds. Will continue with regular Fire Drills to ensure compliance with this. All doors identified as having excessive gaps have been remediated to meet the requirements. The slab above the plasterboard ceiling is the fire-rated barrier between floors. The plasterboard was opened in localised areas and did not impact the fire rating. These areas have been repaired now and painted. The seal around the pipe through a fire-rated wall is completed. There was a typo on the annual certificate. A new certificate has been issued confirming required L1 Fire Detection Alarm System. PEEPs were updated to reflect residents needs for both Horizontal and Vertical Evacuation. Assurances on number of evacuation devices was provided to the inspector on 22nd of August 2024.</p>	

The small storage area identified as activities store is always kept closed and locked as part of our fire management. There is a visual sign on the door to keep it locked and this is checked daily. However, to improve overall safety a self-closing device will be fitted by end of November 2024.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The rooms mentioned here have now been reverted to linen storerooms. All medications including supplements are stored in Medication Storeroom in each Unit. New digital thermometers have been ordered for better temperature tracking 24h. This will alert staff if the room temperature goes above 25C. The maintenance team is reviewing increase ventilation options and expect to have better ventilation in place by mid November 2024. Additional Nurse was added to the Ground Floor to increase clinical supervision and assist with medication rounds. This will reduce the length of the rounds. Additionally, we reached out to the pharmacy tech team to make changes in the EMAR system to capture more accurately the medication round times and discussed with staff the importance of closing the medication rounds in the EMAR as soon as they are completed. Medication Storeroom as been re-audited and all expired items were removed on day of inspection. We have also reduced the stock levels to make sure we can more accurately rotate inventory based on expiry date.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All Care Plans will be reviewed at least 4 monthly and unit managers will utilize VCare to check daily if all care plans are updated within the time frame. All Nurses will receive Care Plan Training Refresher by 30.11.2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	13/12/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/08/2024
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.	Not Compliant	Orange	23/08/2024
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	30/11/2024

	management systems are in place to ensure that the service provided is safe, appropriate, 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	31/10/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(e)	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	Substantially Compliant	Yellow	31/10/2024

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	22/08/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	14/11/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Not Compliant	Orange	24/08/2024

	regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	24/08/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024

