



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

Issued by the Chief Inspector

Name of designated centre:	Costello's Care Centre
Name of provider:	Costello's Nursing Home Limited
Address of centre:	Ballyleague, Lanesboro, Roscommon
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0000333
Fieldwork ID:	MON-0034482

About the designated centre

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

Costello's Care Centre is designated centre and is located in Ballyleague, Lanesboro, Co Roscommon. It is registered to accommodate a maximum of 28 residents. Accommodation is provided in a variety of rooms. There are single, single en-suite and six shared/ twin rooms. All rooms are located on the ground floor. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory/ chapel, a hairdresser room and an enclosed garden area that are all readily accessible to residents. Costello's Care Centre provides care for residents whose needs range from low dependency to maximum dependency nursing care. The centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care post-operative care and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

27

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
Tuesday 1 March 2022	09:15hrs to 17:35hrs	Gordon Ellis	Lead
Tuesday 1 March 2022	09:15hrs to 17:35hrs	Michael Dunne	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were content living in the centre and felt that their rights and choices were promoted by the registered provider.

On arrival, the person in charge guided the inspectors through the centre's infection prevention and control procedures before entering the centre. This included hand sanitising, wearing appropriate personal protective equipment (PPE) and recording temperature. The person in charge facilitated the inspection and were available throughout the day. Following an initial meeting with the person in charge, the inspectors carried out a walk around of the centre.

The designated centre was laid out over two floors with residents accommodated on the ground floor and staff facilities located on the upper floor. Resident bedrooms were located down three separate corridors that were in close proximity to the main communal living rooms. Bedroom accommodation was provided in a mixture of single and twin rooms. Overall the general environment and communal areas, toilets bathrooms, and sluice facilities appeared visibly clean. The centre was warm throughout and there was a relaxed and friendly atmosphere.

It was evident that the staff knew residents personal preferences and treated them with dignity and respect at every opportunity. Residents appeared to enjoy their lunch in a clean, bright and calm dining area. Residents were adequately supervised and supported by skilled staff. Dining tables were arranged neatly. Residents were assisted in a respectful manner which promoted their dignity and independence.

During the centre walkabout, inspectors observed that most residents had personalised their rooms and had their photographs and personal items displayed. Staff were observed coming and going from individual residents' bedrooms. The inspectors observed that each bedroom door had a "Fire door keep closed" signage to remind staff to keep bedroom doors closed due to door closers not being present. All staff knocked on resident bedrooms and communal bathrooms and waited for permission prior to entering.

Residents were well dressed and were seen to be wearing clean clothing and suitable footwear. Residents were able to access all areas of the home without hindrance which included access to an enclosed garden area. Inspectors observed some residents were keeping in contact with their families through phone calls and other residents were receiving visitors in the centre.

Regular communication and consultation between the provider and residents was maintained through resident meetings and through one-to-one discussion. There were no open complaints regarding the service recorded since the last inspection. There was advocacy arrangements in place for residents who required independent guidance or support.

At the time of inspection, specialist contractors were working in the centre in the attic space carrying out fire stopping works to compartment boundaries. This was part of the providers response to the findings of the previous inspection in 2021 and their own fire safety risk assessment. In addition to the fire safety building works the provider had commenced a re-decoration and refurbishment plan. The plans had recently been suspended due to the ongoing COVID-19 restrictions but inspectors were informed that the works were due to restart in the coming weeks. Further planned improvements included the purchase of new curtains and new beds and bins were being replaced in a number of areas.

The next two sections of this report will provide further detail in respect of inspector's findings in relation to the capacity and capability of the service and findings regarding the quality and safety of care and welfare support provided to the residents

Capacity and capability

This was an unannounced risk inspection of the centre by inspectors of social services to:

- Monitor the centres compliance with the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In particular Regulation 28 Fire Precautions.
- To review fire works carried out to date and to monitor progress by the provider to come into compliance with Regulation 28 in line with commitments made by the provider from the previous inspection.

Overall significant improvements were found on this inspection and it was evident that the provider was working hard to bring the centre into compliance and to ensure that residents received safe and appropriate care and support in line with their needs.

The designated centre was operated by the registered provider Costello's Nursing Home Limited and is located near Lanesboro, Co Roscommon. On the day of the inspection there were 27 residents residing in the designated centre. The registered provider understood their regulatory responsibilities and ensured they provided a well-governed service that prioritised and maximised residents safety and quality of life. The registered provider had committed in ensuring full compliance with the regulations however despite this commitment a number of non-compliances in relation to fire precautions and staffing levels had not been fully addressed and required further actions.

Inspectors found that there was a clearly defined management structure in place that identified the lines of authority and accountability. A director of the company had taken up the role of clinical nurse manager and assisted the person in charge in ensuring the clinical needs of the residents were met. There were a range of

meetings set up to review the service which provided oversight and monitoring for both operational and clinical input. The registered provider was currently processing the results of the residents satisfaction survey for 2021 with a view to having an annual review of quality and safety ready for April 2022.

Since the last inspection in September 2021 the provider had recruited a part-time activity co-ordinator who was available three days a week and was in the process of recruiting another part-time activity coordinator to create a full time activity co-ordinator position. Arrangements to support residents with their activities were similar to those found on the last inspection. Currently health care assistants were being rostered to provide support on the days the activity co-ordinator was not working in the centre.

While the provider promoted a restraint free environment, inspectors found that not all restraints was accurately recorded on the NF39A quarterly notifications submitted to the Office of the Chief Inspector.

Following the previous inspection carried out on the 08 September 2021, significant non-compliances were found in respect of fire precautions in Costello's Care Centre. At the time of this inspection, fire safety works had been progressed by the registered provider. For example; a new 60 minute fire rated double door had been fitted in the corridor and a new 60 minute fire rated door leading into the kitchen had been installed. New signage had been erected at the end of an external ramp to ensure vehicles would not park in that area except for an ambulance in emergency situations, remedial fire -stopping and upgrading of fire rating to a ceiling in a store had been completed. The procedure for staff to ensure bedroom fire doors were kept closed had been reviewed and robustly strengthened and a vertical evacuation of the largest compartment had been carried out.

It was apparent that there were still outstanding fire safety works to be completed but due to COVID-19 restrictions these works had been delayed. However inspectors were assured that the provider was committed to bringing the centre into full compliance in respect of Regulation 28 fire precautions and a new completion date for the works was provided on the day of inspection. In addition the inspectors noted many good practices in relation to fire precautions in the designated centre and inspectors found that staff spoken with were knowledgeable about the procedures to follow in the event of a fire emergency in the designated centre.

Regulation 15: Staffing

The registered provider was in the process of recruiting a part time activities co ordinator to bring the staffing complement in the centre in line with the centre's statement of purpose and to ensure that residents had access to meaningful activities in line with their preferences and interests.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records reviewed during the inspection showed that staff had access to appropriate training. All mandatory training records were upto date regarding safeguarding and fire safety training. Records were available confirming the names of staff who attended relevant training. A range of supplementary training was also provided such as moving and handling, infection prevention and control, restrictive practice and responsive behaviours training. Staff also had access to CPR (Cardio Pulmonary Resuscitation) training. A review of training available to nursing staff indicated that they had attended venepuncture, medication training, nutrition and wound care training.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were well organised with systems in place to monitor and review service provision both at a local and senior management level.

The registered provider had allocated resources in order to achieve compliance with the regulations in respect of:

- Regulation 28 Fire precautions
- Regulation 17 Premises
- Regulation 15 Staffing

At the time of this inspection compliance with the regulations had not been fully achieved however the registered provider was committed to achieving full compliance and attributed some of the delays to the COVID-19 pandemic.

The installation of additional hand hygiene sinks for staff use had not been actioned at this inspection however the registered provider informed inspectors that they were reviewing their plans to install three additional hand hygiene sinks in key locations within the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the services and facilities provided by the designated centre. This document was revised in December 2021 and contained the information as set out under schedule 1 of the regulations

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector. However, not all details relevant to restrictive practice were communicated in line with the requirements set out in Regulation 31 Schedule 4 (2)(k).

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place to manage complaints received by the registered provider which was advertised in the designated centre. The details of the reviewing officer required updating as they no longer fulfilled that role. The registered provider updated this omission following the inspection.

At the time of the inspection there were no complaints recorded on the complaints log since the previous inspection in September 2021. Discussions with residents found that they felt comfortable raising a complaint or concern if they had the need to do so. In addition staff were aware that where necessary residents may need assistance to register a complaint.

Judgment: Compliant

Quality and safety

There were examples of good quality care being provided to residents which ensured that they were supported and encouraged to live a good life in the centre. The inspectors observed residents with assessed mobility needs receive timely support to access facilities within the centre while other resident with low support needs were encouraged to be independent and follow their own routines.

There was a good rapport between residents and staff and it was clear from

observations carried out throughout the day that staff were knowledgeable about residents' needs. Residents' views on the quality of the service were accessed on a daily basis and more formally through resident meetings which were held on a weekly basis. Resident feedback was also sought through annual satisfaction surveys.

Despite clear examples of good practice in providing care and in the promotion of resident rights and choice, there remained some outstanding non-compliances in relation to fire safety, premises, infection prevention and control, and care planning. These findings are discussed under the individual regulations in this report.

The designated centre had experienced two outbreaks of COVID-19 since the last Inspection in September 2021. These outbreaks were managed in line with the centres preparedness plan which had been reviewed in July 2021. The designated centre had identified an infection prevention and control lead in the centre who promoted good practice in this area. Staff infection prevention and control training was up to date. Observations carried out throughout the day confirmed good practice in relation to staff's adherence to infection prevention and control protocols.

The centre was visibly clean and well maintained, the register provider had maintained oversight of cleaning records however there were no records to confirm that terminal cleaning or deep cleaning of rooms had occurred. Inspectors noted that the installation of additional hand hygiene sinks as discussed at previous inspections had not progressed.

The premises was well maintained and suitable to meet the needs of the residents. The environment was homely and there were no malodours present on the day of the inspection. There were some outstanding decoration works which were delayed due to the pandemic however the provider was committed to ensuring that these works were completed.

Residents health care needs were well managed with residents having access to a range of primary and specialist health care specialists such as palliative care of psychiatry of later life. There was evidence that medication reviews were carried out every four months and recorded in residents care notes. Records showed that residents received a high standard of evidence-based nursing care. Quality indicators were in place to monitor falls, weight loss and wound care. Staff actively monitored residents on a daily basis for potential signs of COVID-19 infection.

Care plans were well written and provided clear and detailed guidance on how to most effectively support residents with their assessed needs. When resident care needs changed or where a medical professional identified other medical care interventions then care plans were updated to reflect these changes. More generally care plans were reviewed on a four monthly basis. A number of care plans reviewed indicated that residents were consulted about how they wanted care to be delivered to them and where this was not possible residents' close relatives were consulted. While care plans were developed following an assessment of residents needs, inspectors noted that there was a delay in the development of one resident care plans which was not completed within 48hrs of their admission.

Resident bedrooms were comfortable and suitable to their meet their needs. Residents were able to personalise their rooms as they saw fit. A new laundry system had been introduced since the last inspection and appeared to be working well. Residents spoken with were happy with the support they received with their laundry requirements.

Whilst residents were encouraged to pursue their own interests, the majority of residents were seen attending activities in the living room on the morning of the inspection. A programme of gentle exercises was provided by an external therapist and residents seen to be enjoying this activity. Activities in the afternoon were provided by a health care assistant who was rostered to provide activities from 2pm to 4pm that day.

Inspectors observed some good practices relating to fire safety and significant improvements had been made since the previous inspection, however further improvements were still required to bring the centre into compliance with the regulations. This is discussed further under Regulation 28.

Regulation 11: Visits

There were arrangements in place for residents to receive visitors in the designated centre. Visits were arranged in advance to reduce footfall however window and compassion visits were facilitated. Residents had visiting care plans in place to detail the support arrangements in place for them to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had outsourced the laundering of residents clothes, since the last inspection in September 2021. Resident's spoken with in the course of the inspection felt that they had no concerns regarding their laundry. Residents room's contained sufficient storage facilities for residents to be able to store and retrieve their clothing without hindrance.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in size and layout for the number of residents living in the designated centre. There was sufficient private and communal spaces available

for residents to use. There was a programme of redecoration in place to upgrade the communal and private areas within the designated centre. While this programme had progressed since the last inspection delays due to ongoing COVID-19 restrictions meant that a number of areas still required decoration.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had policies and procedures in place to identify and respond to risks in the designated centre in line with Schedule 5 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

While records showed that the registered provider had plans in place to increase the number of dedicated hand hygiene sinks available for staff use this had not been actioned at the time of this inspection.

Although there were records in place which identified areas within the centre that had been regularly cleaned there were no records to available to indicate that terminal cleaning of rooms had occurred

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors acknowledged that the provider had addressed some fire safety issues identified since the previous inspection and were progressing as per their schedule of works to bring the designated centre into compliance with Regulation 28, however improvements were required in relation to the identification and management of fire safety risks in the following areas:

- The provider did not take adequate precautions against the risk of fire. A fire door in the kitchen area was found to be wedged open. Oxygen cylinders in a treatment room were unsecured and warning signage was not displayed on the door. Furthermore a gas shut off valve located in the kitchen was not easily identified and signage of its location was not displayed.
- Inspectors were not assured that arrangements were in place for maintaining the means of escape. Cardboard boxes were found to be stored in a staircase

from the first floor which compromised the protected means of escape from this level. Inspections observed hoist batteries charging in a protected corridor that is used as a protected means of escape to evacuate residents.

- Inspectors were not assured that adequate means of escape were provided. Inspectors noted a designated fire exit that lead into an enclosed garden was locked, a break glass unit was located beside the fire exit door that contained the key. The exit gate from the enclosed garden was also locked. If a door lock is fitted to a fire exit, all staff should carry a key on their person at all times and the same key should be able to open all fire exits with a door lock. In addition staff and residents were not afforded a means of escape from the enclosed garden without having to re-enter the centre. These arrangement were inconsistent with the centres own fire safety policy and as such required review. Furthermore an emergency manual override for the front entrance fire exit was positioned at a height that was not accessible to staff. The provider later submitted confirmation that this had been subsequently rectified.
- Adequate arrangements for reviewing fire precautions required improvement. While weekly checks of fire doors were taking place not all faults had been identified. Due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, accuracy, frequency and detail. For example it was recorded that a fire door was checked by a staff member, the required smoke seals and intumescent seal were present. Inspectors noted the above seals were not fitted to the fire door.
- The evacuation procedures and timings of fire drills had improved since the previous inspection since an additional staff member was placed on night time duty. However inspectors noted drill times still required continuous improvement from the provider to ensure adequate arrangements were in place for evacuating residents from the centre in a timely manner with the staff and equipment resources available.
- Inspectors noted that until the outstanding fire safety works in respect of fire doors, glazing and containment deficiencies had been addressed, the overall fire safety management in the centre did not ensure that residents were adequately protected. The provider gave a commitment that the outstanding fire safety works would be completed by the revised completion date and a updated fire safety risk assessment along with the final sign-off by the competent fire consultant would be submitted to the Chief Inspector.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There were actions needed to ensure compliance with the regulations

- The care plan documentation and associated interventions for a resident was not prepared within 48 hrs of the residents admission to the designated

centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to general practitioner (GP) services as well as a range of specialist services such as psychiatry of later life, palliative care and allied health care professionals such as dieticians, physiotherapists and pharmaceutical services. Referrals were seen to be made to these services when required. There were care records available to show the reason for these referrals which were well maintained.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors spoke with residents throughout the inspection and the feedback was positive concerning the levels of service and support they were receiving from staff in the centre.

Residents told the inspectors that staff treated them with respect and listened to what they had to say.

There was good resident attendance at activities arranged on the day of the inspection with those in attendance supported to engage and enjoy these activities. Other residents were seen to pursue their own activities by listening to music, reading newspapers or by watching television.

Resident meetings were being held on a weekly basis and records showed that key topics such as food, activities, outings and general updates on the life in the home were discussed during the meetings. There was clear evidence that feedback from residents was communicated to the relevant staff and used to improve the service.

Residents had access to independent advocacy if required.

All residents had a visiting care plan in place which detailed the levels of support they needed regarding contact with family. Visitors spoken with on the day of the inspection were happy with the communication received from the provider regarding visiting restrictions during the pandemic.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Costello's Care Centre OSV-0000333

Inspection ID: MON-0034482

Date of inspection: 01/03/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have successfully recruited a second person in the role of Activity Co-Ordinator. In addition to this, another member of the existing Staff has rotated into Activities. We have a team of three Staff who are organizing and planning all areas of activity on a seven day a week basis. This is in addition to Contracts we have in place with outside Companies who provide sessional Activity such as Physio, Exercise Classes, Aromatherapy and Live Music Sessions.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review for 2021 was completed in June 2021, and the Annual Review for 2022 will be completed by 30th June 2022, as per Regulation.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

All Quarterly Reports are being reviewed by the Person in Charge to ensure compliance with the requirements of regulation 31, prior to submission to the HIQA Portal.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: During lockdown periods and the restrictions during the COVID-19, we were unable to have any decorators on site. The Redecoration programme re commenced as soon as possible and since that time, there has been significant redecoration and this is an ongoing process to which we are committed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Terminal Cleaning of Rooms is now being recorded. The installation of the new clinical sinks has had to be rescheduled three times, due to Covid restrictions during outbreak. The clinical sinks have been sourced and we await installation of same by our Contractor.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: There is signage in place to advise staff that fire doors cannot be wedged open at any time. Portable Oxygen Cylinders were stored in the Treatment Room as a temporary measure during the Covid Outbreak. They are now removed from the Building and Signage is in place, to alert Staff that Oxygen may be in place in this area, should Oxygen need to be deployed internally at any point. If Oxygen Cylinders are to be used again there is a mechanism to ensure that cylinders can be secured. The two boxes, containing Covid Testing Kits were stored in an alcove, have been removed. On day of Inspection the Hoist Battery Chargers were removed to the Treatment Room and this was noted by the Inspectors on the day as a completed action. In relation to access to the enclosed	

garden, in this and previous Inspection it was evidenced that all Staff always carry a key. The issue raised by the Inspector is in relation to the gates of the enclosed garden and not the Fire Exit Doors. Under Regulation 17, the Provider has a requirement to provide safe enclosed garden and in order to comply with this, safety locks were placed on the external gates and the keys for the gates were held in the Nurses Station. To address this issue, within 24 hours of Inspection, the locks were changed to locks that can be opened using a code, the same as the front door code.

On the day of Inspection, suitably Qualified Fire Protection Company were on site and had undertaken an Audit of all Fire Doors and were in the process of repairing and deficiencies. This work is now complete, and certificates of completion and compliance have been sent to the inspector. We appreciate the Inspectors' comments about the improved timings on fire drills and we remain committed to ongoing improvement. We engage a suitably qualified Fire Officer to oversee fire drills and we are providing Fire Training, Fire Drills and have three trained Fire Management Persons who are involved in Induction Training Drills and are involved in supervision of fire precautions. Due to a Covid Outbreak after the date of Inspection all Contractors had to stop works on site and this meant the agreed date of completion could not be met. The Provider discussed this matter with the Inspectors and the regional HIQA Manager and revised completion date was agreed. All works were rescheduled and are now completed, and the Certificates have been issued and forwarded to the Inspectors. Our competent Fire Officer will carry out his updated Fire Safety Risk Assessment and final sign off on Friday 20th May. He has advised he will forward his report on or before Friday 27th May 2022. This will be forwarded to the Regulator as soon as it is received by us.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 This was an oversight for a recent Admission. Staff have been updated on these requirements by the Person in Charge. Assessments and Care Plans are audited as part of the programme of continuous improvement

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to	Substantially Compliant	Yellow	30/06/2022

	residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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	30/06/2022
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	14/06/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01/04/2022
Regulation	The registered	Not Compliant	Orange	13/05/2022

28(1)(c)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	27/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	13/05/2022
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.	Substantially Compliant	Yellow	02/03/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/04/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the	Substantially Compliant	Yellow	28/02/2022

	assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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