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:	Fearna Manor Nursing Home
Name of provider:	Castlerea Nursing Home Limited
Address of centre:	Tarmon Road, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0000339
Fieldwork ID:	MON-0035211

About the designated centre

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

The centre is a purpose-built facility single storey building that is registered to accommodate a maximum of 53 dependent persons aged 18 years and over. It is situated in a residential area a short drive from the town of Castlerea. Bedroom accommodation consists of 15 single and 19 double rooms all with en-suite facilities. There is a range of communal areas where residents can sit together and socialise. Other facilities include a dining area and spaces for visitors and people who smoke. There are toilets and bathrooms located near to communal areas. There are two outdoor areas that are easily accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In the statement of purpose, the provider states that they are committed to enhancing the quality of life of residents by providing a homely, safe and caring environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 April 2022	09:00hrs to 16:45hrs	Michael Dunne	Lead
Thursday 7 April 2022	09:00hrs to 16:45hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Staff guided inspectors through the infection prevention and control measures necessary on entering the designated centre. These measures included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face coverings and temperature checks. Residents who expressed a view to inspectors said that they were content living in the centre and were grateful for all the assistance provided by staff during the recent outbreak of COVID-19. However, findings from this inspection indicated that there were still gaps in the provision of safe services with regard to fire safety, infection control and the governance and management of the designated centre.

Residents said that their daily routines had changed as a result of an outbreak of COVID-19 which was declared on the 3 January 2022 with those testing positive having to isolate in their rooms. At the time of this inspection there were no positive cases in the designated centre and normal routines had restarted.

The designated centre is a low level construction with all rooms set out on the ground floor. Residents had access to two internal courtyard areas and were able to access all areas of the centre without restrictions. Communal rooms consisted of a main day room, a sun lounge, quiet room and an activity room. Inspectors did not observe residents attending the activity room during the inspection however they did observe health care assistants provide support to residents with their activity interests in the main day room throughout the day.

Visiting arrangements were set out in the visiting policy which was based on national guidance however the registered provider did not have an up to date visiting risk assessment in place, this was submitted to inspectors post inspection. Inspectors noted that visitors to the centre during the outbreak were required to use transmission based precautions to protect residents against further transmission of COVID-19 in the centre. Window and compassionate visits were maintained throughout the outbreak.

Residents were seen to personalise their private space with personal mementos and pictures.Those residents spoken with were happy and content with their rooms. Residents confirmed that staff maintained their room hygiene and changed their bedding regularly.

Residents told inspectors that they felt safe in the centre and that they could talk to any staff if they had a worry or a concern. The complaints log reviewed by inspectors indicated that where residents were unhappy with any aspect of the service they were facilitated to use the complaints procedure if the concern could not be resolved in a less formal manner.

Unsolicited information received by the office of the Chief Inspector with regard to

the delayed responses in answering call bells was substantiated. Call bell audits and discussions in team meetings confirmed that this issue had been identified by managers in the centre and that improvements in response times were required.

Residents told inspectors that staff were kind and caring and helped them keep in contact with their loved ones during the period of isolation. Inspectors observed a number of staff and resident interactions and found them to be based on person centred values. Staff were aware of the needs of the residents and were able to intervene in a supportive manner when residents became anxious or concerned. Residents with communication needs were given time to communicate their views in an unhurried manner by the staff.

Residents views on the quality of the service provided was accessed on a one to one basis and through resident meetings. An annual plan for the quality and safety of the service was in place.

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

Capacity and capability

Overall, inspectors found that the management systems in place were not sufficiently robust to ensure that the service provided to residents was safe, appropriate and effectively monitored or to provide positive outcomes for the residents on a consistent basis.

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007(Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 (as amended) and to review the registered providers actions with regard to achieving compliance under regulation 23 governance and management, regulation 27 infection control and regulation 28 fire precautions which were found non compliant at a previous inspection undertaken in May 2021. The inspectors also followed up the information that the provider had submitted as part of their application to renew the centre's registration. In addition inspectors found that unsolicited information received by the Office of the Chief Inspector prior to this inspection to be substantiated in respect of information regarding the time it took for staff to answer residents' call bells.

Castlerea Nursing Home Limited is the registered provider for this designated centre of which there are two company directors. One of the directors is directly involved in the management of the designated centre provided ongoing support to the person in charge and staff working in Fearna Manor. Inspectors found that there was clear lines of accountability and responsibility in the centre. The person in charge had recently been appointed to their position having had the role of assistant director of nursing in this centre prior to this appointment. They were supported in their role by

two clinical nurse managers and a team of staff nurses, healthcare assistants, catering,household, administration and maintenance staff.

Information received for the provider confirmed that an outbreak of COVID-19 had been declared on the 3rd of January 2022 with 34 residents and 34 staff testing positive over the course of the outbreak. Sadly two residents who contracted COVID-19 had died. Information reviewed as part of this inspection confirmed that the registered provider had been in regular contact with the public health team and followed advice on how to manage and mitigate the risks resulting from the outbreak. A number of outbreak control team meetings were held to co-ordinate and monitor the registered providers management of the outbreak.

The registered provider maintained staffing levels during the pandemic by using existing resources and by using agency personnel to cover gaps in the roster. Staff resources were found to be sufficient to meet the needs of the current residents. The provider had recruited an activity worker to join the team with this role currently performed by health care assistants.

There were improvements noted since the last inspection in respect of the management oversight of audits to improve overall performance and action plans were in place to address audit findings. There were local management team meetings held to review clinical governance and key performance indicators. A review was required however to ensure that information collected by the registered provider was used to monitor and improve services for residents, for example audits and action plans to improve call bell response times by staff had not been effective. Records to confirm management oversight by the registered provider were not available for inspectors to review. Inspectors were informed that oversight meetings take place on a regular basis but that these meetings were not recorded. Inspectors were therefore unable to verify that this level of support was in place or that key areas of performance were discussed and reviewed. A selection of other records were not available for inspectors to review and were submitted by the person in charge post inspection.

Significant focus and resources were now required to bring the centre into full compliance with the regulations and to ensure the safety and well-being of the residents accommodated in the designated centre. This was a particular concern in relation to repeated non-compliance's in regulations 28 and 27 which had not been addressed by the provider following the previous inspection in 2021.

Registration Regulation 4: Application for registration or renewal of registration

At the time of the inspection the provider had not submitted accurate documentation in order to progress the renewal of the designated centre's registration. This was brought to the attention of a director of the company during the inspection process.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters indicated that there were two staff nurses on duty during the day and one during the night. The person in charge confirmed that arrangements were in place to cover any shortfall in staffing from existing staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. Records confirming staff attendance at mandatory training was submitted by the person in charge post inspection.

Judgment: Compliant

Regulation 21: Records

Not all records requested by inspectors during the inspection were available for review, however the person in charge submitted records post inspection in respect of staff training, risk assessments, policies and team meeting minutes.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors identified a number of significant gaps in the governance and management arrangements of the designated centre.

- Records to indicate that oversight arrangements were in place at registered

provider level were not available for inspectors to review.

- Actions to achieve compliance as identified by the provider in a previous compliance plan had not taken place in relation to fire precautions and infection control.
- The management of risk in the designated centre was not robust. This was evidenced by the failure of the provider to adequately mitigate the significant fire safety risks when these were made known to them in May 2021. In addition staff and managers had not identified a number of environmental risks found on this inspection.These risks are discussed in greater detail under the relevant regulations.
- Systems to monitor audits and review information collected by the registered provider did not identify poor practices in the designated centre.
- The increase in the provision of hand hygiene sinks had not been actioned at the time of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been reviewed however it did not give an accurate account of the facilities available in the designated centre. The provider submitted a revised statement of purpose post inspection.

Judgment: Substantially 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 complaints policy and procedure in place which was advertised in the centre. The complaints log was available for review with records indicating the nature of the complaints received and the actions carried out by the registered provider to investigate and communicate with the complainant. Staff were familiar

with the complaints process and on what actions they needed to take to support residents register a complaint. A recurring complaint registered by residents was a delay in having their calls bells answered in a timely manner. Satisfaction levels for complaints investigated were recorded against all closed complaints.

Judgment: Compliant

Quality and safety

There were examples of good quality care being provided to residents which ensured they were supported and encouraged to live a good life in the designated centre. Despite this, ongoing poor regulatory compliance was found in regulations covering fire safety and infection prevention and control.

There were systems in place for the assessment, planning, implementation and review of health and social care needs of the residents.Inspector's found the the medical care needs of the residents were assessed and appropriate interventions and treatment plans in place to meet those needs. A number of care plans were reviewed and records confirmed that residents were involved in the development of their care plans where appropriate or family members were consulted if residents were unable to participate.

There was good access to local general practitioner (GP) services with medical reviews taking place on site during the outbreak. There were arrangements in place for residents to access other medical services such as gerontology, psychiatry of later life and palliative care services. Resident care records confirmed that where referrals were made to these services an appropriate update was made to the residents medical notes. The designated centre was also in receipt of support and guidance regarding resident medication from their local pharmacy. The registered provider was in the process of recruiting an occupational therapist on a part-time basis to provide two days of support per week. Physiotherapy support was provided by a private practitioner with no additional charges for this service.

Residents' lives had been impacted by the recent outbreak of COVID-19 which affected 34 residents in total. Restrictions such as isolation meant residents could not go about their usual routines and also impacted on the visits to the centre by their relatives and friends. Residents had a COVID-19 care plan in place which detailed key areas to monitor for the signs and symptoms of COVID-19. Anticipatory prescribing measures were in place should it be required to support end of life care. End of life care plans were well written, clear and detailed very well the last wishes of the resident and these were reviewed regularly.

While the layout of the premises was suitable to meet the needs of the residents, the layout of one double room did not ensure that one resident occupying the room was able to access their personal belongings without encroaching into the other residents' private space. This meant that residents' peaceful enjoyment of their

private area could not be guaranteed. The single and double bed rooms were equipped with ensuite facilities available for resident use. However, the inspectors observed the communal toilets located close to the dining and quiet room did not have a lock on the door and could not be secured when in use by a resident.This meant that residents privacy and dignity could not be guaranteed should these facilities be used independently by residents. Another resident's room had a thumb turn device attached to the outside of the door. There was no clear explanation for the uses of this lock and it was removed by the provider after inspectors brought it to their attention.

Residents who spoke with inspectors reported that they felt safe in the centre and that their rights were respected by the staff team. Residents were observed mobilising about the centre throughout the day and told inspectors they could choose when they got up or what time they retired to bed.

There was unrestricted access to secure internal garden areas.

Residents informed inspectors that they were relieved restricted access to facilities and communal spaces had recently been restored following a recent outbreak of COVID-19 in the designated centre. Residents confirmed that staff supported them keep in contact with their relatives and friends during the outbreak and found this useful in keeping their spirits up.

Resident meetings were held regularly to discuss key service areas such as catering, visiting, activities, the home environment and the laundry service.

While there were examples of good practice in the management of the recent COVID-19 outbreak and discussed elsewhere in this report there were still improvements to be made regarding infection control risks associated with the environment. These risks discussed in more detail under the regulation 27.

Inspectors found there had been some improvements in fire safety since the previous inspection. These included the fitting of a fire rated servery hatch, the installation of a second fire detection alarm repeater panel and regular fire drills had taken place in the centre. However inspectors found that the provider had failed to fully address the compliance plan response for regulation 28 Fire Precautions from the previous inspection carried out in May 2021. As a result a number of fire safety non-compliance and risks still existed in relation to the fire safety precautions which meant that residents were not adequately protected from the risk of fire. The provider was issued with an immediate action plan following the inspection in which they were required to address the fire safety non-compliances.

Following the previous inspection in May 2021 the provider had failed to submit the centre's fire safety risk assessment (FSRA) as requested by the Chief Inspector. The inspectors were furnished with the FSRA during the course of this inspection. However a review of the report showed that the majority of the recommended actions had not been completed, nor was there a clear plan in place to address them. This was of particular concern as the report identified a number of high risk areas particularly in means of escape and fire door compartmentation. In addition the FSRA report recommended that an urgent review of the fire strategy for the

building be carried out. The overall judgement of the FSRA from the 26 May 2021 was that there were substantial fire safety risks in the building and urgent action should be taken. However the provider had failed to implement these urgent recommendations and the fire safety risks had not been mitigated. Because of the significant concerns in relation to the safety of the residents currently accommodated in the designated centre the Chief Inspector referred the registered provider to the local fire authority for their review.

Regulation 11: Visits

A visiting policy which was consistent with national guidelines on visitation was made available for inspector's to review, although a visiting risk assessment had not been completed. The person in charge submitted a visiting risk assessment post inspection. Residents records confirmed that residents had visiting care plans in place.

Judgment: Compliant

Regulation 17: Premises

The provider did not provide premises which conformed to the matters set out in Schedule 6 of the regulations. This was evidenced by:

- In one twin room a resident was required to enter another resident's bedspace to access their storage facility for clothing, this also impacted on the privacy and dignity of residents and did not meet the regulatory requirements.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA, were implemented by staff.

The registered provider had not ensured clear governance arrangement were in place to achieve the sustainable delivery of safe and effective infection prevention and control. For example, monitoring, audit and oversight arrangements had not

identified areas for improvement highlighted by inspectors in the course of the inspection.

- Cleaning records and schedules did not include the cleaning of communal areas.
- There was no cleaning schedule for residents equipment.
- Cleaning items were being stored in the sluice room.
- Non sharps items were discarded into the sharps bins.
- A store room was used to store multiple items which included items of personal belongings no longer in use by residents and some items of maintenance equipment.
- Inspectors observed a number of hoist slings and open continence pads also stored in the store which presented a risk of cross contamination.
- A number of other items were stored on the floor in the store room which impeded access and the ability of the floor to be cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had failed to take adequate precautions against the risk of fire and had failed to implement the safety recommendations of their own fire safety risk assessment which had been made available to them in 2021.

The designated centre was not compliant with the Regulation 28 which was evidenced by:

The identifications and management of fire safety risks was not adequate as the recommendations from the FSRA dated May 2021 had not been implemented.

Additional risks included;

1. Hoist batteries were left charging in an area which was a protected means of escape and where residents were accommodated.

2.The inspectors noted a fire blanket located in a designated smoking room was undersized for its intended use on a resident in a fire emergency situation.

3.Oxygen cylinders were stored outside and secured in place but were not protected by a cage enclosure.

- The Inspectors were not assured that adequate means of escape, including emergency lighting were provided. Fire exits were not readily openable and the procedure of using key locks on fire exits had not been reviewed. The FRSA included recommendations regarding bedrooms where a single direction of travel was in excess of the maximum distance allowed, these had not been implemented. Additional external emergency signage was required to

illuminate evacuation during night time periods.

- The provider had not made adequate arrangements for maintaining the building fabric and the means of escape. Fire stopping was required to several areas where service penetrations breached the fire rated ceiling in areas of the centre such as the the laundry room and the boiler room.
- The provider had not made adequate arrangements for reviewing fire precautions in the centre. For example: floor plans did not accurately reflect the layout of the centre, and did not indicate the primary and secondary fire escape route. Furthermore floor plans did not indicate the extent of compartment boundaries to inform the identified evacuation strategy of horizontal evacuation. This was a persistent non-compliance identified on the previous inspection.
- The inspectors were not assured the registered provider had made adequate arrangement for staff of the designated centre to receive suitable training in fire prevention and emergency procedures. The provider later submitted a training schedule for staff to receive fire training in 2022, however the content of the fire training did not provide the required assurances that staff were adequately trained.
- From a review of the providers fire drill reports and from speaking to staff on duty, inspectors were not assured that all staff were aware of of the procedures to follow in the case of fire. For examples staff spoken with were unsure were the fire compartments for horizontal phased evacuation were located in the centre.
- The personal emergency evacuation plans in place for all residents were not up to date and did not provide sufficient detail to indicate where a resident was located in the centre and the staff resources required to assist each resident in the event of an evacuation.
- Fire containment measures were not robust in a number of areas. this was evidenced by; uncertainty over fire-containment boundaries, visual deficiencies in the building fabric and fire doors in respect of containment measures in the centre. A wall hatch was observed to be located between the laundry room and the linen/hot-press that breached the fire rating of the wall. Inspectors were not assured by the fire rating performance of the dividing walls or fire doors in both of these rooms. As previously identified, fire doors and attic hatches to ceilings had not been replaced to maintain the fire rating performance.
- The largest compartment had a capacity to accommodate 17 residents. This compartment had a long corridor that exceeds 15 metres with no cross corridor fire doors fitted to prevent the corridor becoming smoke logged in the event of a fire. The inspectors noted recommendations from the FSRA dated May 2021 in respect of containment and deficiencies to compartments had not been implemented.
  The fire alarm detection system did not cover the toilets off the escape routes, the en-suites from resident's bedrooms or the attic spaces. This was a significant concern as fire/smoke could be present and remain undetected in these areas.
- The evacuation times and procedures used for the largest compartment of 17 residents were potentially unrealistic considering the capacity of the compartment, the staff resources and the dependency levels that the

evacuation was based on. The provider was required to submit a fire drill for this compartment to give assurances to the Chief Inspector that adequate arrangements were in place to safely evacuate all persons and safe placement of residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents were observed to have timely access to both medical and allied health care based on their assessed needs. Records indicated that residents healthcare needs were reviewed on a continual basis. Care records confirmed that referrals were made for additional healthcare services on a timely basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider has policies and procedures in place to support residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The registered provider was working towards a restraint free environment, inspectors saw care records which confirmed that where restrictive practices were in place that they were subject to ongoing review.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse which included staff access to safeguarding training. Discussions with staff throughout the inspection confirmed that they were aware of their role in keeping residents safe.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke with inspectors reported that they felt safe in the centre and that their rights were respected by the staff team. Residents were seen mobilising about the centre throughout the day and told inspectors that they could choose when they got up or what time they retired to bed. There was unrestricted access to a secure internal garden area. Residents informed inspectors that they were relieved restricted access to facilities within in the centre had recently been eased. An outbreak of COVID-19 in the designated centre had necessitated residents having to isolate in their bedrooms and restrict their access to areas and facilities within the centre. At the time of this inspection there were no residents with COVID-19 in the designated centre.

Resident's confirmed that staff supported them to keep in contact with their relatives and friends during the outbreak and found this helpful in keeping their spirits up. Resident meetings were held regularly to discuss key service areas such as catering, visiting, activities,the home environment, and the laundry service.

Works to enhance the layout of communal spaces to improve residents social space had not been progressed at the time of this inspection. This resulted in the majority of residents congregating in the main dayroom which was a busy noisy area and difficult for residents to have social interactions with each other.

Communal toilets did not have a facility to secure the door when in use by the residents, this had the potential to impacted negatively on their privacy and dignity of residents when using these facilities.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fearna Manor Nursing Home OSV-0000339

Inspection ID: MON-0035211

Date of inspection: 07/04/2022

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**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The provider has already completed and submitted the appropriate documentation and has removed the third director which had been included in error on original application and also made the necessary insertions on the floorplans.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Records are kept up to date and are available for any future inspections. This now includes the records of the provider on site weekly meetings which were available on previous inspections but for some reason were not available on the most recent inspection.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The PIC now ensures oversight meetings minutes are up to date.
Any environmental risks identified are actioned in a timely manner.
Audits will continue and any areas identified for improvement will be dealt with and the effect of any changes monitored.
Existing sinks in the surplus WCs are used as hand hygiene stations as are 8 other wash hand basins throughout the centre. This reflects the actual existing practice but now formally recognized as such and identified by signage.
Risk register is being updated and will be finalized by 21 June 2022.
Additional fire door has been installed in corridor which effectively halves the largest compartment.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been updated.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC will ensure that resident identifiers are used when submitting Restrictive Practice notifications. All restrictive practices, including door alarms, will be included in the notifications.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Most of the items identified as requiring improvement have been dealt with. This includes upgrading the laundry doors, installation of some new corridor doors, the slabbing of attic hatches and installation of additional external lighting. The main item outstanding is the widening of the existing bedroom door openings and the installation of wider bedroom doors. The doors have been ordered and builder engaged to carry out the work. There is a 6 / 7 week lead in time on the doors. Room 14 now single occupancy

until reconfigured in July. Alarm company has been asked to provide any extension of the system needed to comply with current regulations. Their report and quotation is awaited and should be available in the next 2 weeks.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Cleaning records and schedules now detail the usual cleaning of communal areas and residents' equipment.
Cleaning items are no longer stored in the sluice.
All staff now correctly use sharps bins and reminder signage in use to identify appropriate item to be disposed in the containers.
The store room will have cupboard doors and no open shelves and items are not be stored on the floor.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions would result in compliance with the regulations.

FRSA completed 21st May – awaiting amended report to reflect actions completed to date.
Hoist battery chargers have been moved to ensure they are no longer located in the protected corridor.
There is a large fire blanket in the smoking room.
Oxygen cylinders are being stored appropriately.
Fire stopping in the nursing home is done.
Apart from front door all fire exits are kept unlocked

Additional FD60S door will be fitted in the remaining long compartment to reduce the length of travel to adjacent compartments.
Mitigation for the largest compartment – no more than 10 occupants. There is 1 maximum dependency resident in this compartment and the resident is in a bedroom close to the fire exit. The lowest dependency residents will make up the remainder of the

occupants of this compartment. The compartment has now been split in to two compartments .
Staff training continues and records of training maintained.
Boiler room gap around pipework has been fire stopped.
Floor plans reflect layout and indicate primary and secondary fire escape routes. These floor plans also show compartment boundaries.
Attendance records for fire drills have been implemented.
Fire walk arounds are being conducted – these detail each compartment layout, occupancy, dependency of residents and routes of evacuation.
All PEEPs have been updated and detail supports required for evacuation together with room numbers.
Hatch in laundry has been sealed up and any gaps around pipework / vents have been sealed.
Laundry doors have been upgraded to FD60S.
Attic hatches have been double slabbed.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Main dayroom will be reconfigured as part of a refurbishment programme that will take place after the bedroom doors are widened and replaced. We are working with our engineer to redesign the space and also looking at ways to use the front space in the centre to have less residents in the day room.

Communal toilets have thumb locks fitted.

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
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will	Not Compliant	Orange	25/05/2022

	participate in the management of the designated centre.			
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	31/07/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	25/05/2022
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	30/06/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively	Not Compliant	Orange	31/05/2022

	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	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	31/05/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2022
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.	Not Compliant	Orange	31/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	30/06/2022

	reviewing fire precautions.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Yellow	31/05/2022
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 practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/05/2022
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	31/08/2022

	make adequate arrangements for detecting, containing and extinguishing fires.			
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	25/05/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/04/2022
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	23/05/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	26/05/2022