



**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: | Marian House Alzheimer Unit |
| Name of provider: | West of Ireland Alzheimer Foundation |
| Address of centre: | Ballindine East, Ballindine, Claremorris, Mayo |
| Type of inspection: | Announced |
| Date of inspection: | 12 July 2024 |
| Centre ID: | OSV-0000358 |
| Fieldwork ID: | MON-0043001 |

About the designated centre

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

Marian House Alzheimer Unit is a purpose built facility located in the village of Ballindine, Co. Mayo. It is a specialist dementia care service that provides 24-hour respite care for 9 male and female residents. Care is provided for people with a range of needs and in the statement of purpose, the provider states that they are committed to providing quality health and social care that is focused on ensuring residents maintain their independence during their stay. Residents' rooms are single or double occupancy. The communal areas consist of a sitting room, a dining room, conservatory and visitors' room. There is a safe, secure garden area that is readily accessible to residents and this has been cultivated with plants and shrubs.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 8 |
|--|---|

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 |
|---------------------|----------------------|---------------|---------|
| Friday 12 July 2024 | 09:00hrs to 17:30hrs | Michael Dunne | Lead |
| Friday 12 July 2024 | 09:00hrs to 17:30hrs | Gordon Ellis | Support |

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their assessed needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspector that this was "a wonderful place".

The inspector also reviewed a number of resident questionnaires during the inspection which had been completed by residents and in some cases by their relatives. These questionnaires focused on residents' experiences while living in the designated centre in relation to care, environment, activities, staff, meals and their overall comfort. All of responses reviewed were positive, and indicated that staff were supportive, helpful and understood the needs of residents living with dementia.

The redevelopment works which included amendments to the layout of the existing centre and an extension to provide an additional 10 beds has almost concluded at the time of this inspection. Inspectors found that two bedrooms the provider had intended to convert to offices were being used as part of the respite service but would be converted to office use at a later date. Inspectors reviewed the newly built extension and found that the quality of facilities and availability of communal space both inside and outside would greatly enhance the quality of the lived environment for residents using this service.

Following an introductory meeting with the person in charge, the inspectors commenced a tour of the designated centre. Inspectors found that the provider had completed fire stopping in the areas identified on the previous inspection however, inspectors also identified an additional store which also required fire stopping. The centre was clean, warm and odour free. There were alcohol hand rub dispensers located in key areas throughout the centre which were found to be well-maintained and used by staff. There was signage available throughout the centre to guide residents, staff and visitors to key locations such as dining, visiting and day rooms. Additional seating was provided in a recently developed seating area which was available for residents who required a rest on their way back to their rooms from communal areas. There was also a range of information on display in relation to fire safety which included actions to take in the event of a fire emergency.

Inspectors observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Observations confirmed that staff were aware of residents care and support needs and all staff and resident interactions were found to be positive and respectful. Residents told the inspector

that they felt safe living in the centre and that if they had a concern or wished to register a complaint they could talk to any member of the staff team.

Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. The provider was using a range of technologies to assist residents with their communication needs and to support residents engage in the activities provided, for example a tovertavel games console that projected images, games and a range of interactive activities onto tables and other surfaces. Observations on the day confirmed that residents enjoyed these games and were keen to participate in this activity. There was a selection of other activities provided for residents to choose from and included arts and crafts, reminiscence activities, music and general conversation about the local topics and the local area.

Resident bedrooms and communal areas were well-maintained and suitable for the care needs of the residents. Residents had access to televisions and radios in their bedrooms and in the communal lounges. Newspapers and books were also available.

The inspectors observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in a friendly unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt safe and secure in their presence. Many residents who were in placement on the day of the inspection had stayed in the centre before were familiar with staff and the layout of the environment

The majority of residents who expressed a view said that they liked the food and confirmed that should they not like what was on the menu then they could request an alternative meal. The main meal options available for residents on the day of the inspection included a salmon dish.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. There were systems in place to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose.

An application to renew the registration of the designated centre was received by the Chief Inspector and was being processed in line with procedures. This

application included an increase in resident numbers to be accommodated in the designated centre as a result of the redevelopment and extension to the centre.

This announced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on actions that the provider had committed to take to address the findings of the previous inspection in June 24. Following the last inspection the provider was found to have implemented the majority of their compliance plan however there were some regulations that required additional actions to ensure full compliance with regard to Regulation: 3 Statement of Purpose, Regulation:23 Governance and Management, and Regulation 27: Fire safety.

Marian House Alzheimer Unit is a specialist dementia care service that provides 24-hour respite care for 9 male and female residents. The centre is run by The West of Ireland Alzheimer's foundation who is the registered provider. The Chief Executive Officer (CEO) is actively involved in the running of the centre and reports to the board. The person in charge reports to the CEO and is supported in their role by a team of experienced nurses, care staff, household, and catering and maintenance staff.

There was a stable and well-defined management structure in place to ensure that the service was effectively monitored and that staff were aware of their individual roles and responsibilities. There were sufficient numbers of staff available in the centre to provide timely care and support to the residents. The inspector found when resident's required intervention, staff were available to provide support in an unhurried manner. The provider informed inspectors that staff numbers would increase in line with the increase of resident admissions when the additional beds were registered. At the time of this inspection the provider had not commenced a recruitment drive to recruit additional staff members to the designated centre.

A review of the centre's rosters confirmed that there were sufficient numbers of staff available to meet the assessed needs of residents both during the day and at night. The registered provider had maintained staff numbers in line with the centre's statement of purpose. There was a full complement of staff for the nine residents for which the centre is currently registered on the day of the inspection.

There was a comprehensive training programme in place which incorporated a selection of both face to face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio- pulmonary resuscitation (CPR).

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. They included a planned schedule of audits which included an infection prevention and control and environmental audit, which were discussed at both management and at staff meetings. Inspectors found that clinical and operational records were well-maintained and easy to follow. Although there

were records in place to monitor residents finances, there was insufficient oversight measures in place to ensure that these records were kept updated. This is discussed in more detail under Regulation 21: Records.

The Provider had updated the statement of purpose since the last inspection, however this document required additional amendment to reflect that rooms 2 and 3 were being used to provide bedroom accommodation on the day of the inspection and had not yet been converted to offices.

There was a complaints policy in place which incorporated the legislative changes to Regulation 34 which came into effect in March 2023. The provider has amended this policy to comply with this regulation. A review of records confirmed that there was low levels of complaints received. Of the two recorded complaints received since the last inspection, these were resolved at stage one of the complaints policy.

This inspection was used to review the redevelopment works from a fire safety perspective. The redevelopment included amendments to the layout of the existing centre and a 12 bedded extension to the rear of the original centre with all single bedrooms with en-suite facilities. The extension also included ancillary spaces, a sun room, a day room, hair dressers, laundry, an enlarged kitchen area and various store rooms. The extension also included a new enclosed courtyard for the residents to enjoy.

The inspectors noted there were a sufficient number of escape routes and exits. External fire exits were clearly indicated and enabled to be easily opened in the event of an emergency. A fully addressable fire alarm detection system was in place and was integrated with the rest of the building.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. The provider was requested to submit additional information in order to align the findings of the inspection to the information already submitted to support the renewal of the registration.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the eight residents accommodated in the designated centre.

A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to, safeguarding of vulnerable people, the management of responsive behaviours, fire safety and moving and handling practices. Staff had also completed training relevant to infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- There was a lack of oversight and systems of audit in place to ensure that accurate records were maintained when residents monies were lodged and withdrawn.
- Systems to identify fire safety risks were not always effective and meant that some risks did not have mitigation's in place to manage the risk.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a number of contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required a small number of corrections to ensure that it accurately reflected the layout of the centre on the day of the inspection. For example,

- The numbers of residents accommodated.
- The identification of all storage rooms in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider, the policy and procedure had been updated to incorporate amendments made to this regulation by recent statutory legislation.

The inspector reviewed the complaints log and confirmed that the provider had received two complaints since the last inspection in 2023, both of which had been closed off in line with their policy and Procedure.

Judgment: Compliant

Regulation 21: Records

While the provider maintained records in accordance with Schedule 3 of the Regulations, records relating to finances held on the residents behalf for safekeeping were not always updated when these monies were returned to the resident or to their family member. The availability and maintenance of fire safety records is discussed in more detail under regulation 28: Fire precautions.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that staff were kind, caring and promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' assessed needs were being met through timely access to health care

services, and well planned interventions to support residents access opportunities for social engagement. The quality of residents' lives was enhanced by the provision of opportunities for resident engagement and on opportunities to comment and give feedback on the quality of services provided. The inspectors found that some improvements were required regarding fire safety.

Residents continued to access the services of their own general practitioner (GP) and had access to a local GP who visited the centre on a regular basis. There were arrangements in place should residents required referral and review by health and social care professionals, such as dietitian, speech and language therapist and tissue viability nursing specialists. Residents also had access to specialist services such as psychiatry of old age when required.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Records relating to care plans were reviewed and inspectors found that overall care planning was of a high standard. There was effective exploration of residents needs both with the resident, residents families and other health professionals. This meant that holistic, resident centred care plans were developed to meet residents assessed needs.

Residents' rights were protected and promoted. Residents had access to independent advocacy which was advertised throughout the designated centre. There were flexible arrangements in place to promote visiting. The provider improved visiting facilities in the home and had recently made available a dedicated visiting room as part of the designated centre's redevelopment plan.

There was a varied programme of individualised and group activities available which residents were seen to enjoy on the day of inspection. All residents were encouraged to participate in line with their capacities and overall there was good attendance at the activities provided.

There were a number of changes to the layout of the designated centre since it was last registered. These changes included the extension of the dining room and the relocation of the sitting room to be incorporated into the activity room. These changes were incorporated into the overall redevelopment plan for the centre which would also see an increase in available bed numbers and improved communal facilities for the residents. The centre was bright and well decorated. The inspector saw that bedrooms were spacious and well furnished with plenty storage space for residents' personal belongings.

There were effective arrangements in place to ensure that infection prevention and control measures were implemented and reviewed. The storage facilities in this centre were well-managed. There was appropriate separation of clinical and non-clinical items which reduced the risk of the spread of infection. Items were stored on racking which allowed for effective cleaning of the floor. Resident equipment was observed to be clean, with labels attached to indicate when they were last cleaned. Residents were found to use their own individual slings for hoist transfer.

From a fire safety perspective, the inspectors found that the registered provider had not taken adequate precautions against the risk of fire and improvements were now required.

The inspectors found fire safety risks on the day of the inspection that had not been identified by the provider. The inspector noted a number of actions were required in relation to fire precautions, means of escape, fire evacuation, staff knowledge, deficiencies to a number of fire doors and compartmentation to a kitchen. These and other fire safety concerns are detailed further under Regulation 28: Fire Precautions.

The records provided on the day of inspection showed regular checks of the means of escape, automatic door releases, servicing of fire extinguishers and the kitchen extract ducting were being adequately serviced. The provider had taken measures to provide appropriate fire detection and emergency lighting in most cases. However, there was one area that required a review of the emergency directional signage. In addition not all fire equipment servicing records were available in the centre for inspection..

The fire safety management folder was examined. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties were assisted to communicate freely. Staff were observed to communicate in a kind and caring way with residents. Residents who displayed challenges with their communication were given sufficient time and support by the staff team to make their point of view known.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the designated centre were able to access and retain control of their clothing and personal belongings. A review of resident bedrooms found that there was sufficient space for residents to be able to access their wardrobe facilities. Residents personal care plans confirmed that resident choices on the selection of clothing they wanted to wear was respected and promoted. The laundry resource had been re-established in the centre to support residents with their laundry requirements.

Judgment: Compliant

Regulation 17: Premises

The inspectors found the centre to be clean, odour free and decorated to a good standard. There were some areas that required improvement. For example:

- Some rooms in the centre had holes through the ceiling areas that required sealing up.
- There was no smoking shelter available to the residents. The person in charge stated a shelter had been ordered and was due to arrive in the coming weeks.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE).

Regular audits of infection prevention and control, environment and hand hygiene found good levels of compliance; the inspector also noted that staff were seen to perform hand hygiene and wear (PPE) at appropriate times while caring for residents. Effective cleaning processes were in place to support and maintain high levels of cleanliness.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre required improvement in order to provide adequate precautions against the risk of fire. For example:

- A slide bolt was fitted outside an office door. This created a risk of a staff member being locked within the office from the outside of this room.
- Records were not available for the in-house checks of fire doors. The inspector could not be assured staff were regularly checking on the condition of fire doors in order to maintain them in a good working condition.

The provider needed to improve the means of escape including emergency lighting. For example:

A glazed vision panel and a sliding hatch located in a reception office did not appear to be fire rated. As the means of escape and fire exit is adjacent to these non-fire rated glazing elements, the means of escape could become compromised in the event of a fire.

Furthermore, two emergency directional signage (running man signs) located in the kitchen area were not illuminated to direct the direction of escape.

A fire exit from a dayroom leading to the outside was fitted with a magnetic locking device linked back to the fire detection alarm system. However, there was no manual over-ride device fitted to the fire exit. This created a potential risk of the magnetic lock failing to disengage and potentially delaying an evacuation.

The registered provider did not make adequate arrangements for maintaining the building fabric and the building services. For example:

Up-to-date annual certificates were not available for the fire detection alarm system or the emergency lighting for the existing centre to ensure the systems were being regularly serviced by a competent technician.

The inspectors noted two store rooms located along a means of escape had numerous penetrations around services and pipework through the fire rated ceiling. The penetrations required fire sealing in order to maintain the fire rating integrity of the ceiling.

The inspectors noted of the fire doors observed, some did not appear to meet the criteria of a fire door, were fitted with domestic type lock handles, some had gaps over the permissible allowable tolerance and some had screws missing from their hinges or had non-fire rated screws fitted.

The registered provider did not ensure by means of fire safety management and fire drills at suitable intervals, that the persons working in the designated centre and, in so far as is reasonably practical, residents are aware of the procedures to be followed in the case of fire.

While fire evacuation drills were taking place, they were not based on the largest compartment in the centre. There were no fire drills recorded to evidence the safe evacuation from the largest compartment, which at the time could accommodate up to nine residents, with the lowest number of staff on night duty to provide

assurance that there were sufficient staffing levels and an adequate fire evacuation strategy.

Furthermore, the drill records required more detail and clarity. It was not clear from reviewing fire drills; if the overall evacuation time included the time taken for staff to reach the fire panel upon activation of the fire alarm or where the residents were evacuated to during the fire.

Personal emergency evacuation plans (PEEPS) were in place but required more detail. The records did not include a section for residents' dependency levels, residents who may be taking sleeping medication, had hearing or sight difficulty or who may have required supervision post an evacuation.

The registered provider did not make adequate arrangements for containing fires. For example:

The inspectors noted the kitchen, which is a high risk room, was not contained within its own separate fire compartment. Furthermore, fire doors that separated the kitchen from the dining room area did not meet the criteria for a high risk room. The kitchen is also located in an area that contained sleeping accommodation of up to 9 residents. This created a risk for fire and smoke to spread.

Some fire doors observed did not have a functioning door closing mechanism and/or were absent. In addition to this, some fire doors had sections of cold smoke seals missing which would not be effective in containing the spread of smoke.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre were not adequate. For example:

Staff were confused in regards to the location of compartment boundaries and required clarification. For example, staff told the inspectors the compartment lines were located at the cross corridor doors and the largest compartment accommodated five residents only. However, the inspectors noted the cross corridor doors in these areas would not meet the fire rating to form a fire compartment. Furthermore, it was subsequently confirmed after the inspection through submitted documentation that the largest compartment accommodated nine residents.

This would impact the evacuation strategy, where staff are assisting residents into an area which may not effectively protect them from the effects of a fire. This required a review and fire evacuation training to further support staff.

The displayed procedures to be followed in the event of a fire required a review by the provider.

Floor plans were annotated in a way with colour to identify the areas of the building zones but did not clearly show the location of fire compartments for phased evacuation. Furthermore, floor plans did not indicate the direction of escape, manual call points or the addition of a new rear extension that had been added to the

centre. This could cause confusion and delay the evacuation of residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning processes were found to be of a high standard which ensured each resident's health and social care needs were identified, and that care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents assessed needs.
- Referral information to support the respite placement were in place and accessed from residents families and key stakeholders such as public health nursing supports.
- Information confirmed that residents were also consulted about their preferences for care interventions.
- Resident discharges were safe, well-planned and co-ordinated with residents families.

Judgment: Compliant

Regulation 8: Protection

The inspectors were assured with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Staff were aware of their responsibilities to report concerns and were familiar with the content of the safeguarding policy. A review of Schedule 2 records confirmed that staff had An Garda Síochána vetting disclosures in place prior to commencing work in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests

and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 21: Records | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0043001

Date of inspection: 12/07/2024

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 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Procedures for the safeguarding of resident’s finances have been reviewed and updated to ensure clarity when monies and or items for safe keeping are returned to the resident and or their representative. Documentation records are now updated to include admission and discharge dates and sign in and sign out procedures. An audit schedule has been implemented to ensure compliance with safeguarding of resident’s finances. This action was completed on the 1/08/24.</p> <p>A system has now been put in place to regularly review fire doors to ensure that they are in good working order.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose was updated to reflect the number of residents to be accommodated in the centre. The floor plans have been amended to show that bedrooms 20 and 21 are still being operated as bedrooms and have not been converted to offices. On granting of registration, these rooms will immediately be converted to offices and an application to vary will be submitted to reduce bed numbers from 21 to 19. All storage rooms have been clearly identified in the Statement of Purpose. This action was completed on the 29/08/24.</p> | |

| | |
|--|-------------------------|
| | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Procedures for the safeguarding of resident's finances have been reviewed and updated to ensure clarity when monies and or items for safe keeping are returned to the resident and or their representative. Documentation records are updated to include admission and discharge dates and sign in and sign out procedures. An audit schedule has been implemented to ensure compliance with safeguarding of resident's finances. This action was completed on the 1/08/24</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Fire stopping has been completed on all roof penetrations. A smoking shelter has been ordered and is expected to be in place within three weeks.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All doors in the existing building with bolts, domestic handles, non-fire rated screws and gaps are being replaced. All replacement doors will meet the criteria for a fire door and all will have functioning door closing mechanisms. • A system has now been put in place to undertake checks of fire doors to ensure that they are in good working condition. • The two glazed window vision panels in the Administration Office will be replaced with fire-rated glass. • Additional emergency direction signage has been installed adjacent to the laundry to ensure that the exit route is clearly visible on exit from the laundry. The emergency directional lighting in the kitchen has been repaired and controls are now in place to ensure regular checks. This action was completed on the 23/07/24. • A manual over-ride device was fitted to the fire exit at the conservatory. This action was completed on the 16/09/24 • Fire safety maintenance records were available onsite at the time of inspection for both the existing and new building. Periodic inspections were carried out as required on the 19/03/24, 19/07/24 and the 18/09/24. Certificates are held in Marian House to reflect | |

same.

- Penetrations to the ceilings in the storerooms have all had fire stopping works carried out.
- Additional fire procedure notices have been displayed throughout the designated centre.
- Fire Evacuation drills have been conducted in the largest compartment of the centre based on night staffing levels. Fire Evacuation drill reports have had the appropriate amendment made to clearly identify staff response time from the moment the alarm sounds from the furthest point in the designated centre to the fire alarm.
- Floor plans have undergone review and compartments are clearly identified. Staff are all aware of the new compartments and have undertaken evacuation drills based on the current compartments. Floor plans now indicate the direction of escape and manual call points.
- PEEPs have undergone review and include the resident's dependency levels and communication needs.
- Works are being undertaken to contain the kitchen in its own separate compartment.

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 | 11/10/2024 |
| 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 | 19/07/2024 |
| 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 | Substantially Compliant | Yellow | 19/07/2024 |

| | | | | |
|------------------------|--|-------------------------|--------|------------|
| | effectively monitored. | | | |
| 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. | Substantially Compliant | Yellow | 18/10/2024 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 02/08/2024 |
| 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 | 18/10/2024 |
| 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 practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 02/08/2024 |

| | | | | |
|----------------------|---|-------------------------|--------|------------|
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 18/10/2024 |
| 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 | 02/08/2024 |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 02/08/2024 |
| 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 | 29/08/2024 |