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:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	28 February 2024
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0043005

About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. The centre is registered to provide care to 37 residents and consists of single, twin and triple bedded rooms. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35

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
Wednesday 28 February 2024	09:30hrs to 17:30hrs	Robert Hennessy	Lead
Wednesday 28 February 2024	09:30hrs to 17:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, residents and visitors spoken with on the day of inspection were very complimentary of the service being provided in Kinsale Community Hospital. Residents told the inspector that staff were extremely kind and that they always gave them time. One resident told how they "want for nothing" and another resident explained they could "speak to the person in charge" if they felt they had an issue. One visitor who explained they had many family members reside in the centre over many years felt described it as "home from home". Inspectors spoke with most residents and four in more detail along with two visitors.

This was an unannounced one day inspection to assess compliance with the regulations, and to inform the decision for an application to vary the registration of the centre, which included material alterations and the re-purposing of areas of the centre. This inspection also included a focused review of fire precautions in the centre. The inspectors met with the person in charge for an introductory meeting and were then taken on a guided tour of the centre.

Kinsale Community Hospital is a two story building, which is currently registered for 37 residents. There were 35 residents residing in the centre on the day of inspection. The provider had applied for three more bed spaces to be registered and these areas were viewed as part of the inspection. The centre had recently been refurbished and extended and was observed to be finished to a very high standard. The inspector saw that the staff and the registered provider had invested time, in making the centre as homely as possible. For example; there were pictures on the walls of local scenery, paintings from local artists and comfortable seating throughout.

In general, the centre was very clean on the day of the inspection, however, it was reported to the inspectors that there was currently a shortage of cleaning staff in the centre. Cleaning checklists in many of the rooms were seen not to be completed. The inspector spoke with the cleaning staff on the day who reported that high priority rooms were completed when cleaning staff shortages occurred. This is discussed further under Regulation 27.

Bedrooms for the residents were seen to be personalised with memorabilia and mementos. Personal storage had been increased in many of bedrooms substantially. One of the bedrooms which accommodated three short term residents had one bed space which only had a small wardrobe space, the person in charge explained, that this bed space was only used by residents who stayed in the centre on a short stay basis and no longer than one week. The new bedrooms that an application to vary had been submitted for were seen to be furnished but call bells were not present in the room when they were viewed. Contractors were seen on site working on the call bell system throughout the day and call bells were installed in these rooms before the inspectors completed the inspection day.

Dining areas for the residents had been redecorated since the last inspection and there was a dining area both upstairs and downstairs for the residents. There was sufficient communal space for residents to enjoy with day rooms, an oratory and physiotherapy room available. The inspectors observed that a partition door in use between the oratory and the dining room was been used in a potentially unsafe manner and was cumbersome and time consuming for staff to use. This is outlined further in the report.

It was observed that fire doors for the rooms which were part of the application to vary were not adequate. Some fire doors throughout the registered centre were also found to be inadequate to contain the potential spread of smoke and fire. Other fire doors were seen to be propped open one with a plastic board and another with the magnetic part of the device that should be used to keep the door open which was not intact.These are further discussed under regulation 28.

Residents had access to an outdoor area which was well laid out from the day but access from the dining area was restricted and required staff assistance to use the garden from this area. Two residents were reported to request to go smoking. There was no designated area in the centre where these residents were able to engage in this activity.

There was a comprehensive activity schedule seen to be in place. The inspectors saw mass taking place on the morning of inspection with a physiotherapy programme taking place for residents in the afternoon. The priest that was saying mass visited residents in their room if they were unable to attend mass in the oratory. Residents that did not wish to or were unable to participate in the physiotherapy session were supported to have one to one activities from another person assigned to activities in their own areas. Residents were seen to be undertaking voting in the centre in a national referendum, with assistance from staff and under the supervision of legal authorities, on the day of inspection.

Throughout the day of inspection, inspectors observed staff interacting with residents in a positive and respectful manner. Staff spoken with on the day of inspection were knowledgeable on how to support the residents with their needs. Evidence of regular resident meetings were taking place in the centre, with issues being identified and actions taken from same. The person in charge was chairing the meetings taking place.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

In general, Kinsale Community Hospital was a well-managed centre where residents

received good quality care and services. Some areas found on this inspection that required action were the oversight of the maintenance of the premises, fire safety and infection control. These will be discussed in the report under the relevant regulations.

This was an unannounced inspection following an application to vary conditions of the registration of the centre and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents im Designated Centres for Older People) Regulations 2013 (as amended). There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Kinsale Community Hospital is a two storey designated centre, which can accommodate 37 residents. There were 35 residents living in the centre on the day of this inspection. The centre had recently been refurbished and extended and was observed to be finished to a very high standard. The inspector saw that the staff and provider had invested time, in making the centre as homely as possible. For example; there were pictures on the walls of local scenery, paintings from local artists and comfortable seating throughout. Building works had now been completed in the centre with the garden area now fully operational. There were two new bedrooms and an extra bed in another bedroom which the provider had been applied to vary the registration to include these rooms to be registered along with office space and stores rooms.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team, operating the day to day running of the centre consists of a person in charge and two clinical nurse managers. The management team is supported by staff nurses, health care assistants, house hold staff and administration staff. The person in charge was present on the day of inspection, was suitably qualified and knew the residents well.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. Staff interacted kindly and respectfully with the residents during the day. However, on this inspection it was found that there was not an appropriate amount of staff allocated to cleaning the centre, which posed a risk to residents, this is actioned under regulation 27.

There was a record of training maintained for staff. All staff had received training suitable for their roles and there was a plan in place to refresh this training. Staff files that were viewed during the inspection contained the information required including vetting disclosures from the National Vetting Bureau.

The centre had a complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern these complaints were recorded in line with regulatory requirements. Incidents were reported to the Chief Inspector, within the required time frame, as required by the regulations.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provided applied to vary the conditions of registration for Kinsale Community Hospital and increase the bed occupancy from 37 to 40 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. The person in charge was relatively new to the post but was well know to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection the number and skill mix of staff on duty was appropriate, to provide care for the number of residents living in the centre. Staff spoken with were knowledgeable regarding their work. However, there was an insufficient amount of staff allocated to cleaning, which is actioned under regulation 27.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained current with training to support them in their roles.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

The following management systems required action to ensure the service provided is safe, appropriate, consistent and effectively monitored:

- further managerial systems and oversight are required to monitor the premises as discussed under regulation 17
- oversight of the cleaning arrangements and household staffing levels in the centre as discussed under regulation 27
- the actions required relating to fire precautions and the repeated finding relating to fire doors as discussed under regulation 28.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre and had been reviewed in the last 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A log of complaints was maintained and the resolution to those complaints was documented.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. For the most part, the premises enhanced the residents' life in the centre. However, some actions were required by the provider to further enhance the premises for residents, to improve fire safety, residents' rights and infection control.

Much of the centre had been recently renovated and was suitably decorated in a homely manner. Residents had access to an outdoor space and adequate communal space throughout the residence. Additional storage space had been added for residents in some shared rooms to ensure they had adequate storage. Action required in regards to premises is discussed under regulation 17.

Residents had excellent access to medical care and a general practitioner attended the centre regularly. Residents were also provided with access to varied other health care professionals, in line with their assessed needs. Care plans showed that the guidance given by the health care professional was being followed up and implemented by staff. Residents care plans and assessments used validated tools and were updated at least every four months.

The centre was visibly clean on the day of inspection. However checklist were seen not to be completed in rooms to provide assurances that they had been cleaned. The staffing roster showed gaps in cleaning staff and how it was being managed by back filling staff for other areas in an inconsistent manner.

In general, the building was provided with good containment of fire. The inspectors noted evidence that fire contractors had sealed holes and gaps in fire rated construction. The inspectors noted some bedroom doors which had excessive gaps between the leaves of double door sets and as a result would not be effective to adequately contain fire and smoke. There were proposals for a fire door audit but there was no time frame available to the inspectors on when this would be carried out. The provider is required to expedite the audit to address the deficits to those fire doors.

There was a fire suppression system (system which will extinguish a fire when activated) with nozzles fitted over the cooking equipment. The nozzles were not directed over the intended risk; this was immediately addressed

Action in relation to fire safety throughout the centre, including the area to be

registered, is discussed under Regulation 28.

Residents were able to voice their opinion on the service they received. There was activity staff available to the residents on the day of inspection and there was a comprehensive activity schedule in place for the residents. Residents that wished to smoke needed a system in place that provided a safe area for them to do so.

Visitors were seen coming in and out throughout the day. Visitors spoken with were complimentary of the service that their loved ones received in the centre. There were many areas throughout the centre that visitors could avail of for visiting.

Regulation 12: Personal possessions

Additional storage space had been added for residents since the last inspection. One bed space had small storage space available to resident. This bed space was only used for short stay residents.

Judgment: Compliant

Regulation 17: Premises

The following items needed to be addressed by the registered provider:

- the call bell system appeared inconsistent and assurances were required that the system operated correctly. A visitors toilet, used also by residents did not have a call bell. A review was required of the call bell pull cords. One was observed to be frayed.
- the folding partitions used in the centre were cumbersome to use and it could not be assured that it was not a risk of injuring residents
- a corridor area on the floor had a slope on it, this area was not highlighted for residents that may have poor vision.

Within the area subject to the application to vary the registration:

- the glazing to the new office did not have manifestations on the glass to make it apparent and prevent someone walking into the glass.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that the standards for the prevention and control of health care associated infections are implemented:

- cleaning checklists had not been completed for many rooms to provide assurances that the rooms had been cleaned regularly.
- it was not apparent from the staff rosters that adequate staff were allocated to cleaning on a daily basis

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the fire safety management systems in place, improvements were required by the provider to ensure adequate precautions against the risk of fire, for example;

- there was an unsecured oxygen cylinder within the lift lobby; this was at risk of falling and leaking
- the inspectors saw two fire doors propped open by means other than suitable devices connected to the fire alarm system. This was a repeat finding
- the nozzles for the fire suppression system in the kitchen, were not directed over the cooking risk as required
- where residents were facilitated to smoke, further assurances were required around this activity.

Improvements were required by the provider with the arrangements for the maintenance of fire equipment, means of escape, building fabric and building services

- the inspectors saw logs to show that fire safety equipment was being serviced, however the service records were not available in the centre as required. This is a repeated finding
- a periodic inspection report to show that the electrical installation had been inspected was not available.

Action was required to ensure adequate containment of fire, for example:

- there were gaps to some bedroom fire doors which were excessive; this meant that the door set would not adequately restrict the spread of fire and smoke. This was a repeat finding

The arrangements for evacuating residents required improvement. There were three stairways providing escape from the upper floor. The primary mode for vertical

evacuation was a ski sheet under the mattress of a residents bed. A drill record reviewed, showed that one bed was missing the ski sheet and the staff were required to retrieve a ski pad from the stairway. Only one stairway was provided with a ski pad, and it was located a considerable distance from the resident. The outcome of the drill was to ensure that there was a ski pad in each of the three stairways. This action had not been taken.

While the procedures to follow in the event of a fire were displayed, some of the evacuation floor plans were out of date and had not been updated to reflect the newer configuration of the centre.

Within the area subject to the application to vary the registration:

- fire doors in this area required further adjustment; the inspectors observed gaps to the bedroom doors.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' care plans viewed were comprehensive and provided good guidance for staff in care and support of the residents. Residents' care plans were reviewed every four months or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services who were on-site regularly. Multi-disciplinary team inputs were evident in the care documentation reviewed including physiotherapy and occupational therapy.

Judgment: Compliant

Regulation 9: Residents' rights

The facilities for residents to smoke required review so that residents could undertake this activity in a safe manner when they wished to do so.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0043005

Date of inspection: 28/02/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 17. • A whole review of the call bell system was carried out which involved extending the antennae on each monitor to improve signal. Replacement of call bells that were in the old building. Following an audit, call bell cords were replaced.-Actioned:14th and 15th March. Regulation 27: • The person in charge is actively sourcing suitable staffing to ensure both units Rathbeg and Altrusa are sufficiently covered to perform in housekeeping. As a result of the staff recruitment embargo, this may require approval to outsource agency staff to perform cleaning duties. Derogation submitted to General Manager for approval of housekeeping. • A thorough review of the rosters to ensure there are no gaps in the house-keeping. Regulation 28: • The person in charge (PIC) is committed to visibly inspect the hospital to ensure no recurrent episode of poor practice ie. Oxygen cylinder is left in lobby area. No propping of fire doors by items that would compromise fire safety. Ensure the nozzle in the fire compression system is facing directly over the cooking area. • The PIC will ensure the fire service records, periodic inspection report of the electrical installation will be onsite. This has been communicated with Estates and maintenance.-Actioned 09/04/24. • In the application to vary with 2 identified single rooms, significant gaps in the bedroom doors was evident. This would pose a huge risk of spread of fire. The timeframe to address the 2 door identified is 18th April 2024. • Furthermore, there were additional fire doors with gaps that require actioning and theses will be completed at a later stage, estimated from Estates • A fire drill record identified a ski sheet under the mattress was missing from a residents bed, as a result staff used a ski pad to conduct a vertical fire evacuation. The PIC is ensuring regular fire evacuation drills are performed to ensure staff are confident and competent in responding to fire.	

• The means for evacuating residents identified a shortage in ski pads. There was only one in a stairway. A ski pad is required in each of the three stairways- Actioned. All three fire compartments have skipads.
• Some fire evacuation floor plans were out of date. Actioned.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17.
• A whole review of the call bell system was carried out which involved extending the antennae on each monitor to improve signal. Replacement of call bells that were in the old building. Following an audit, call bell cords were replaced.-14th and 15th March.
• The person in charge renewed the call bell record and are distributed in all units. They are clearly labelled what each bell is listed to. Actioned 18/04/24.
• The folding doors in dining-room are cumbersome to use, further training has taken place for staff to use effectively. PIC ensured an SOP is in place to guide staff on its use. Actioned:17/04/24.Estates onsite to provide staff training.
• The sloped floors in Altrusa- upstairs have the appropriate signage to alert residents with poor vision/ safety awareness. Actioned.
The manifestations to the CNM office downstairs Rathbeg was scheduled for completion 09/04/24. Actioned.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The person in charge is actively sourcing suitable staffing to ensure both units Rathbeg and Altrusa are sufficiently covered to clean. As a result of the staff recruitment embargo, this may require approval to outsource agency staff to perform cleaning duties.

• A thorough review of the rosters to ensure there are no gaps in the house-keeping. Derogation submitted to General Manager for housekeeping post to be filled.
• A review of the cleaning schedules to ensure compliance with all areas is achieved.
• Further training with Diversey is arranged onsite.Actioned10/04/24.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The person in charge (PIC) is committed to visibly inspect the hospital to ensure no recurrent episode of poor practice ie. Oxygen cylinder is left in lobby area. No propping of fire doors by items that would compromise fire safety. Ensure the nozzle in the fire compression system is facing directly over the cooking area.
• The PIC will ensure the fire service records, periodic inspection report of the electrical installation will be onsite. This has been communicated with Estates and maintenance.- Actioned.
• In the application to vary with 2 identified single rooms, significant gaps in the bedroom doors was evident. This would pose a huge risk of spread of fire. The timeframe to address the 2 door identified is 20th April 2024.
• Furthermore, there were additional fire doors with gaps that require actioning and theses will be completed at a later stage. Timeframe to be confirmed.
• A fire drill record identified a ski sheet under the mattress was missing from a residents bed, as a result staff used a ski pad to conduct a vertical fire evacuation. The PIC is ensuring regular fire evacuation drills are performed to ensure staff are confident and competent in responding to fire and most importantly lessons learned on each drill.
• The means for evacuating residents identified a shortage in ski pads. There was only one in a stairway. A ski pad is required in each of the three stairways- Actioned.
• Some fire evacuation floor plans were out of date. Actioned.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A risk assessment has been undertaken on a resident who wishes to smoke. Having informed the resident of the 'no smoking policy' of the hospital, further consideration of his rights was required.
A designated area for smoking needs to be planned to enable the resident' safety for smoking. While maintaining the residents 'rights and wishes, autonomy and preferences a meeting was held with the family and they have agreed to take him offsite to smoke. I communicate regularly with the resident to ensure there is no breech in maintaining his rights and preferences.
Ensure risk assessment is updated and includes the controls in place to safely accommodate his preference to smoke.

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	02/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/05/2024

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	05/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	20/04/2024
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.	Substantially Compliant	Yellow	10/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	04/04/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	04/04/2024

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/04/2024
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.	Substantially Compliant	Yellow	15/03/2024
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	05/03/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and	Substantially Compliant	Yellow	31/05/2024

	recreation.			