



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

Issued by the Chief Inspector

Name of designated centre:	Cedar House Nursing Home
Name of provider:	Cedar House Nursing Home Company Limited By Guarantee
Address of centre:	35 Mount Anville Park, Goatstown, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	24 March 2023
Centre ID:	OSV-0000023
Fieldwork ID:	MON-0039684

About the designated centre

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

Cedar House is a single-story, purpose built nursing home under the care of the Society of the Sacred Heart. The building is set within the grounds of Mount Anville House and can accommodate 24 residents. Cedar House Nursing Home opened in 1983 to provide long and short-term nursing care for Religious of the Sacred Heart, and now accepts residents from other orders and lay-people. Residents over 65 will be accommodated, and 24 hour nursing care is provided to both male and female residents. There are a variety of scheduled activities on offer and residents privacy and dignity is a high priority.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 24 March 2023	09:00hrs to 16:30hrs	Arlene Ryan	Lead
Wednesday 22 March 2023	09:10hrs to 17:10hrs	Frank Barrett	Support
Wednesday 22 March 2023	09:10hrs to 17:10hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

This inspection took place over the course of two days. The overall feedback from the residents was that they liked their home and were content in their surroundings. The residents were complimentary of the staff and said that the staff were good to them. The inspectors observed that residents were receiving a good standard of service and care and that the staff showed a caring and respectful attitude towards the residents in their care. However, the inspector found that some of the governance and management arrangements required to be strengthened to ensure the service was safe, consistent, and appropriately monitored for the benefit of the residents living there.

On arrival to the centre, the inspectors were met in the reception area, by the person in charge and the receptionist. Following an introductory meeting the inspectors walked around the nursing home with the person in charge. There were 20 residents residing in the centre on the days of inspection.

Cedar house nursing home is a 24 bed nursing home situated on extensive grounds and adjacent to a residential area. There are amenity areas all around the nursing home, with walking trails, a children's playground, and a school in close proximity. The centre is laid out on one floor, with residents bedrooms occupying one wing of the building. There is ample communal space and a large oratory within the building and meeting rooms available for residents to meet with family and friends. There are dining rooms and day rooms available, though which inspectors observed residents partaking in activities with staff and enjoying mealtimes and religious activities. The centre was observed to be clean and warm throughout, and there was a calm and homely feel in the nursing home.

On the first day of the inspection the administrator of the centre took inspectors on a tour of the areas of the centre adjacent to the residents bedrooms. Later in the tour, the person in charge, joined the inspectors, and showed them the bedrooms and the areas around the bedrooms. On the second day of inspection the person in charge accompanied the inspector throughout the designated centre.

The ancillary areas of the centre were bright and clean, with many of the corridors, and day rooms opening out onto a central courtyard. The bedrooms were found to be clean and spacious with many bedrooms having direct access to the courtyard. The keys to these doors were in the lock in each bedroom allowing residents free access to the garden. The courtyard area provided an enclosed space for residents to use if they wished, however, inspectors observed the paving in this area to be uneven, and presented a falls risk to any resident who required mobility aids. Additionally the raised flower beds made it harder to navigate as they were made of brick and had rough edges.

Residents had adequate storage in their bedrooms for their clothes and personal belongings. Residents who spoke with the inspector said that they were happy with

their rooms and that they were always kept clean. Their laundry was labelled, washed on site and returned to them clean and fresh and they were satisfied with this service. Residents' families could also take items home for laundering and this was facilitated by the staff.

The library provided a calm quiet space for residents to read books and the daily newspapers. Audio books were also available for residents, particularly those with visual impairments. There was a telephone in each room for residents use. WiFi was also available throughout the building and residents were facilitated to access this when making video link calls with friends and family, especially those who were aboard. One resident was sitting in the conservatory as it was bright and warm with a view of the gardens. They told the inspectors that she was returning to her room but just stopped of for a rest as it was a lovely place to sit for a while.

On one of the days of Inspection, a hairdresser was in attendance. A resident told the inspectors that she loves having access to the hairdresser and that the hairdresser knew each residents' preference as she had been attending the centre for many years. Residents were observed happily arriving for hair dressing appointments, however, they had to wait in the corridor outside the room, which was impacting on the emergency escape route.

Staff were seen to be interacting with residents throughout the days in a respectful and relaxed manner. Residents were comfortable and had freedom of movement throughout the centre and during activities. Staff were attentive and engaging, while maintaining a busy schedule during the day. One resident who spoke with the inspectors remarked at how well they know the staff, and how much time they give them. A number of residents were unable to have a conversation due to speech or cognitive impairments but were observed to be content and comfortable in their surroundings.

During the morning time a pastoral care staff member was observed in the dining room having morning coffee with a number of residents. The residents were engaged in conversation and there was a lively atmosphere in the room. There were three pastoral care staff who worked in the centre and they arranged activities for the residents. Other residents were observed going out for walks and returning with friends and family members. One of the residents visitors told the inspectors that the care her relative was receiving was 'excellent' and that she was able to visit whenever she liked.

When asked about their food, all the residents who spoke with the inspector said that the food was either very good or excellent. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The dining room was spacious and bright, and could accommodate all residents at the same time. However a number of residents choose to eat in their rooms and this was facilitated by staff. The tables were laid out with cutlery and condiments for the residents to access easily. Printed menus were available on each of the tables.

There was a large oratory near the reception area of the designated centre. Religious services and prayer time was important to most residents in the nursing

home with weekly mass available in the oratory. Some residents informed the inspector that it was important to them to be able to attend mass and receive communion. The prayer room was a space where the residents could go to pray whenever they wished.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Cedar House Nursing Home Company Limited is the registered provider for Cedar House Nursing Home. There was a clearly defined management structure in the centre, which comprised of the provider representative, administration manager and the person in charge. However, the systems in place for oversight and monitoring of the service failed to detect the issues identified on inspection therefore further action and improvements were still required in relation to governance and management, the directory of residents, Information for residents, premises, infection control and fire precautions. In addition the registered provider had failed to address repeated non-compliance's with the regulations over the last two inspections, in particular, improvements in governance and management and fire safety.

The person in charge was supported on both days of inspection by the administration manager, administration staff, and a team of nurses, health care assistants, housekeeping, catering, laundry, pastoral care and maintenance staff. The clinical and non-clinical auditing programme was scheduled for 2023, however this system was not robust enough to ensure sufficient oversight and monitoring of the services provided. The system did not capture most of the findings observed by inspectors on the days of inspection, for example, issues relating to infection control, premises and fire. A summary of the audit findings had been prepared but did not include specific results and action plans to address these findings. Escalation of audit findings to the provider was not clearly documented. An operational report was submitted to the provider representative on a monthly basis but this did not include aspects of clinical care and oversight. However meeting minutes for the management team covered a large agenda and included audit data and action plans.

Inspectors found that significant action was required in relation to fire safety to ensure that residents were protected from the risk of fire. The provider had procured the services of a fire safety professional to carry out a fire safety risk assessment which was completed in July 2022. The report viewed did not identify fire safety issues found on the day of inspection, which are outlined under regulation 28.

The inspectors saw a significant improvement in training and staff development with the majority of staff up to date with their mandatory training. A schedule of training was in place and staff who were due training were identified and scheduled to attend. Staff confirmed with the inspectors that they had access to training and had completed a lot of training in the past year.

Residents who spoke with the inspectors were aware of who to speak to if they had a complaint or a concern. The pastoral care staff chaired residents meetings every two months. Completion of actions arising were recorded on the minutes of these meetings and fed back to the residents at subsequent meetings.

Regulation 16: Training and staff development

Records reviewed showed that mandatory training was up to date for all staff working in the centre. Training was regularly reviewed and planned according to the needs of the service. Staff informed inspectors that they had access to training and had completed their training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had gaps throughout the record. For example, the gender of the residents was not recorded on the last 14 entries. Details of Next of kin and general practitioners (GP's) were not fully completed with all required information. The causes of death for the last 11 residents who died were not recorded. Two did not have times of death recorded.

Judgment: Substantially compliant

Regulation 21: Records

A selection of four staff files were reviewed. Each had completed An Garda Síochána (police) vetting before commencing work in the centre. Staff contracts of employment formed part of their personnel file.

All registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents living at the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to meet the requirements of the regulation on governance and management. Oversight of fire safety in the centre was not fully effective and did not adequately support fire safety in the centre.

- Inspectors were not fully assured by the scope of a Fire Safety Risk Assessment provided to the inspectors prior to the inspection. For example, the report did not identify fire safety issues raised on the inspection days, which are outlined under regulation 28. Due to the potential fire risks to residents identified by the inspectors, the provider was requested to have a comprehensive fire safety risk assessment carried out by a competent fire safety consultant.
- Furthermore, management systems in place failed to identify issues relating to fire safety. For example, weekly fire door and fire alarm checks did not identify issues which needed to be addressed.
- The annual review of the quality and safety of care delivered to residents in 2022 was available to inspectors. Residents views or consultation with residents was not included in the annual review. It did not include the measures depicting the quality of services delivered to residents such as audit data and improvements implemented. This was a similar finding during the last inspection in 2022.

Judgment: Not compliant

Quality and safety

While residents were satisfied with the service, and received good health care, a focus on safety and quality improvement was required to ensure residents received a safe and appropriate service. This inspection identified that action was required to meet the regulations for premises, information for residents, infection control and

fire safety.

The inspectors reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the individual assessed needs of residents. In particular residents with specific communication needs were identified and plans developed to assist them with their individual needs whilst respecting their choice and independence.

From a fire safety perspective, inspectors found that staff were knowledgeable on fire safety at the centre and staff training on fire safety was up-to-date. From speaking with a number of staff members, the inspectors noted that staff demonstrated an understanding of evacuation methods within the centre, and the use of evacuation aids. However, when asked about evacuation to an external place of safety, staff were not fully knowledgeable on the routes to the external assembly point as they were not clearly defined. This could potentially create a risk to residents in the event of an emergency and a potential delay in evacuating residents in such circumstances.

Storage issues in the centre were found to be impacting on fire safety. For example, a communications room was being used to store boxes of gloves, paper records, hand gel etc, all of which are flammable and combustible items. In addition excess storage and the storing of items on the floor of other store rooms was impacting the effective cleaning of these rooms.

Fire drills completed at the centre, were effective in demonstrating scenarios in individual rooms. However, the inspectors were not assured that residents could be evacuated in a safe and timely manner from the largest compartment as there was no record of a simulated compartment evacuation of the largest compartment. Furthermore, the inspectors noted compartmentation could not be assured in many areas. This is discussed further under Regulation 28: fire precautions. Overall, risks relating to the risk of fire, fire containment, fire detection and fire evacuation were found on inspection. These are discussed in Regulation 28 Fire precautions.

The clinical hand wash sink in the medication room was not in line with national standards. It had a knee activation water flow, however as the tap was a swan neck type, they required a risk assessment to ensure regular purging of water.

Regulation 10: Communication difficulties

Details of residents communication needs were recorded in the residents assessments and care plans. Specific aids were in place for those requiring them to ensure they were able to communicate freely. Care plans were detailed with specific requirements where applicable to ensure staff were aware of the residents' individual needs.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms to store their clothes and personal possessions. Lockable cabinets were available for the residents to use. A list of personal property items was available in the residents' files and was updated by staff on receipt or removal of any items.

Laundry facilities were available on-site and the residents were satisfied with this service. Residents' clothes were labelled to prevent loss and they could also have family members take clothing for laundering if they chose to do so.

Judgment: Compliant

Regulation 17: Premises

The premises provided was sufficient for the number and needs of the residents at the centre. There were some areas which require attention:

- The floor on the corridor at the staff area to the rear of the kitchen and the kitchen store room was in poor condition, with some tiles taped down to the floor posing a trip hazard and preventing effective cleaning.
- Some ceiling areas were damaged and stained. For example at the dishwasher area in the kitchen, and on the corridor at the residents bedrooms near the nurses station.
- Some paintwork was damaged on walls and corridors reducing effective cleaning.
- The floor in the work room had damage to tiles and a significant number were missing reducing effective cleaning.
- The wall in the laundry storage room had tiles falling from the wall and there was a small pile of tile rubble under one of the shelving units.
- The coverings on two chairs on the corridor were worn and torn preventing effective cleaning.
- There was inappropriate storage in the store area in the laundry. For example it was filled with cleaning products, staff uniforms, and mirrors.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available but did not include the terms and conditions for residing at the centre and visiting arrangements were not included in this guide.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. The national transfer document was integrated into the centres electronic medical record. On return from the hospital a discharge letter and relevant documentation was received and filed in the residents individual record. Recommendations and treatment plans were incorporated into the resident's care plan and a review of treatment and medication was completed by the general practitioner (GP).

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- Laundry trolleys with integrated linen skips were in use in the centre increasing the risk of cross contamination of clean and dirty items.
- The floor buffer and vacuum cleaner machines stored in the work room were dirty and dusty.
- Dirty staff uniforms were hanging in the female changing rooms increasing the risk of cross contamination.
- Shoes were stored on the floor of the changing rooms preventing effective cleaning of the entire room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurance was required as to the effectiveness of compartmentation within the

building. For example:

- The boiler room and electrical distribution room near residents bedrooms was open to the attic area, with no compartment wall visible above. In the event of a fire in this area, the risk of fire spreading was increased due to poor compartmentation.
- Fire doors throughout the building had large gaps underneath and around the perimeter. Many doors were found to remain open on release of the door closing device. This would result in ineffective containment of fire and smoke in the event of a fire.
- Door closing devices were in place on all bedroom doors, however, many of the other rooms opening onto the corridors did not have door closers. In the event of a fire in any of these rooms, containment would be compromised resulting in fire and smoke access to protected escape corridors.
- There was a lack of fire stopping material around pipe penetration in walls and ceilings found through-out the centre, and from the external plant room, and electrical distribution rooms. This would impact on the containment of fire and smoke in the event of a fire.
- An electrical distribution board beside the nurses station, did not have any fire protection. This distribution board was enclosed behind a timber unit with timber doors. There was no fire or smoke seals on the doors, and the required fire rating of the unit or the doors was not present.

The registered provider did not take adequate precautions against the risk of fire.

- There was inappropriate storage and excessive amounts of combustible materials in storage rooms without any fire detection.
- Petrol machinery was found to be stored in an electrical distribution room. This was brought to the attention of the administrator and the person in charge immediately. This room was cleared out on the first day of inspection.
- There was no fire detection in a number of rooms for example, the hair salon.

In addition, the provider needs to review fire precautions throughout the centre. For example: Inspectors were not fully assured by the scope of a Fire Safety Risk Assessment provided to the inspectors prior to the inspection.

From a review of the fire drill reports, the inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available. For example: there was no record of a simulated compartment evacuation of the largest compartment.

The registered provider did not provide adequate means of escape for example:

- There was no signage to direct residents or visitors to the assembly point from the final exits throughout the building.
- The route to the assembly point was partially obstructed by trees and shrubs, and the path in one location was very narrow and uneven. This would pose a risk to residents with mobility aids. The access from some of the routes to the

assembly point was through a locked gate.

The displayed procedures to be followed in the event of a fire lacked detail and clarity for people working in the centre to be able to easily follow in the event of a fire. For example, layout maps in the centre did not identify the escape routes, the fire fighting points, or the fire alarm call points. These maps were not easily readable, as they did not indicate the location of the reader on the map. This would form part of the procedure to be followed by staff in the event of a fire in the centre, and, therefore, could cause confusion and loss of valuable time in the event of a fire emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacy service and the pharmacists participated in regular reviews of the residents' medications. The pharmacist was assisted with conducting regular audits on medication management. Documentation was sorted securely in the medication room. Resident allergies were recorded on the medication administration chart and those medications that required crushing were identified and prescribed by the general practitioner. A clear process was in place for the segregation and disposal of unused or no longer required medications. Records of returned medication were maintained on site.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Cedar House Nursing Home OSV-000023

Inspection ID: MON-0039684

Date of inspection: 24/03/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>All missing information (Gender; next of kin; GP details; and causes and times of death) now recorded.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire Safety risk assessment ongoing by an independent fire safety consultant (MSA). We received the first draft of the fire report on 24/05/2023. There are some inaccuracies which need to be corrected. We expect to have the final draft of the report by June 2nd 2023. We will send the final report within 2-3 working days of receiving it.</p> <p>The risk assessment will include any changes that are required to improve fire safety. The annual review will be amended to include residents' views and consultation with residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

The workroom floor was completed on 22/05/2023.
 The floor on the corridor to the rear of the kitchen will be completed 26/05/2023. All bedrooms which require new flooring will have flooring replaced as rooms become available.
 All damaged paintwork will be repainted by June 2nd 2023.
 The tiles and flooring in the laundry store will be removed. The walls will be repainted and the floor will be replaced by June 2nd 2023.
 Any chairs that have worn coverings will be repaired or discarded by May 29th 2023.
 The laundry store will be reorganized, and uniforms and mirrors will be removed by 29/05/2023.

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:
 The residents' guide will be updated to include the terms and conditions for residing at the centre, and visiting arrangements.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The skip section of the laundry trolley is no longer in use. This trolley is now used for clean linens only.
 The floor buffer and vacuum cleaner have been cleaned.
 Lockers will be used to store all uniforms in the female changing rooms.
 All shoes will be removed from the floor in the female changing rooms. Shoe racks will be provided.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 As per Regulation 23, an independent fire safety risk assessment is ongoing. We expect

to have this report by June 2nd 2023. This will inform our action plan. We will send a copy of the action plan to HIQA within 2-3 working days of receiving it.

Smoke alarms x 4 have been ordered for rooms without fire detection. These are expected to be installed by May 31st 2023.

A simulated compartment evacuation of the largest compartment was undertaken on 2nd May 2023.

The fire training plan will include 2 monthly evacuation practice of the largest compartment with night time staffing levels. The next evacuation is due to take place on June 8th 2023.

Extra signage will be sourced to direct residents and visitors to the assembly point. This will be in place by June 2nd 2023.

The route to the assembly point was cleared of extra trees and shrubs on May 22nd 2023.

The layout maps will be revised to include the location of the reader; the escape routes; the fire fighting points; and the fire alarm call points. These will be in place on June 2nd 2023.

The storage rooms decluttering and reorganization will be completed by May 29th 2023.

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	31/07/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	03/05/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	12/05/2023
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	12/05/2023
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	31/05/2023

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	12/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Orange	30/06/2023

	make adequate arrangements for 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.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023

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	30/06/2023
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