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

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| Name of designated centre: | Ros Aoibhinn Nursing Home |
| Name of provider: | Ros Aoibhinn Limited |
| Address of centre: | Irish Street, Bunclody, Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 August 2021 |
| Centre ID: | OSV-0000276 |
| Fieldwork ID: | MON-0031600 |

## About the designated centre

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

Ros Aoibhinn nursing home is located on the outskirts of Bunclody. The centre is registered to accommodate 25 residents. The majority of residents are accommodated on the ground floor. Bedroom accommodation comprises 9 single rooms and 8 twin rooms. Seven twin rooms and two single rooms have full ensuite facilities. Other bedrooms have a shared or adjacent bathrooms. Residents also have access to a sitting room, a conservatory, a coffee shop and a visitors' room. Ros Aoibhinn provides 24-hour nursing care to both male and female residents over 18 years of age. Long-term care, convalescent and respite care is provided to those who meet the criteria for admission.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 21 |

## 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 |
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| Thursday 19 August 2021 | 10:00hrs to 16:30hrs | Naomi Lyng | Lead |
| Friday 20 August 2021 | 09:00hrs to 15:00hrs | Naomi Lyng | Lead |

## What residents told us and what inspectors observed

This was a two day inspection and the inspector spent time communicating with approximately half of the residents living in the centre and observing residents as they went about their daily activities. The general feedback from residents was that Ros Aoibhinn was a pleasant place to live, where residents felt supported to live as independently as possible. The inspector observed that some improvements were required to ensure a consistently safe and quality service was provided in the centre, and this is discussed under the relevant regulations.

The premises was laid out over two floors, with a newly installed lift providing access to the second floor. The external walls of the building were being painted on the day of inspection and residents told the inspector they had been involved in the choice of colour used.

There were a number of communal spaces available on the groundfloor and residents were observed enjoying these spaces to socialise, partake in activities and watch television. This included a dayroom, a dining room, a quiet room and a conservatory area. These rooms were decorated with artwork and flowers and had sufficient seating available for residents' use. There was an enclosed outdoor courtyard with open access from the dining room, a railed walking path, a sheltered area, outdoor seating, attractive planting and decoration. There was good weather over the two days of inspection and residents were observed utilising this space for walks in the fresh air, visiting and socialisation with other residents. Residents who were observed smoking in the courtyard were appropriately supervised and had access to a call bell and necessary fire safety equipment.

Residents were complimentary of their bedrooms and the inspector observed that bedrooms were comfortable, clean and personalised with residents' photographs and personal possessions. There was sufficient storage available for residents' use to ensure their treasured possessions could remain safe and private. However, some areas of the premises showed signs of wear and tear and required maintenance to ensure it was in a good state of repair.

Residents communicated with over the two days reported satisfaction with the quality, choice and quantity of food provided in the centre. Most residents were observed taking their meals in the dining room, while some preferred to eat in their own bedrooms or outside in the courtyard. One resident told the inspector that they "always eat well" and that the food is usually delicious and hot. There was a pleasant atmosphere over lunchtime, with gentle music playing in the background and residents chatting companionably to each other and to staff. Staff were observed assisting residents in a discreet and dignified manner, and additional staff were available to provide assistance if required. Residents were observed to be consistently offered choice in a person-centred manner, and staff regularly checked in on residents to ensure that their meals were warm and seasoned enough. There was a choice of refreshments available throughout the day, and the inspector

observed that one resident was delighted to get hot chocolate in the afternoon. While there was a limited choice of snacks offered on one occasion, the inspector observed that staff rectified this when requested by a resident.

A number of residents spoke fondly of the staff working in the centre, and described them as friendly, helpful and caring. One resident told the inspector that the "staff are just great, they are like family" and how they appreciated their company when the COVID-19 visiting restrictions were in place.

There was a varied and interesting activity programme in place in the centre, and residents were observed taking part in an exercise class, reminiscence, reading stories and an animated game of bingo. Residents were observed to be engaged and supported during these activities, and told the inspector that they were an enjoyable way to pass the day. Religious services were observed to be facilitated in the centre, and Mass was celebrated in a large day room on the first day of inspection. The activity schedule was displayed prominently in the activity room so that residents could plan their day, and staff were observed informing residents of what was scheduled for that day.

Residents told the inspector that they could exercise choice in how they spent their day and felt supported to move around the centre freely, get up in the morning and go to bed at a time of their preference and take their meals when and where they choose. One resident told the inspector that they greatly enjoyed living in the centre as they felt their needs were greatly supported, and that they could leave the centre to go for coffee or events with friends when they wanted.

All residents communicated with over the two days of inspection reported that they felt safe living in the centre.

There was a suggestion box available for residents, visitors and staff to use. Residents told the inspector that they knew how to raise a concern or complaint and felt comfortable doing so.

The following two sections of the report will provide further information on the regulatory findings on capacity and capability, and quality and safety.

## Capacity and capability

The provider did not demonstrate the capacity and capability to provide a sustainable safe and quality service for residents on this inspection. The management systems in place required significant improvement to ensure that all risks were identified and appropriately managed in a timely manner. This included issues in relation to fire precautions, infection prevention and control (IPC), premises and staffing.

This was an unannounced risk inspection carried out over two days to assess the

centre's compliance with the regulations. The centre had a good history of regulatory compliance and on the previous inspection carried out in February 2020 the centre was found to be compliant with nearly all regulations, with the exception of substantial compliance in IPC procedures and medicines and pharmaceutical services. However, the inspector found that improvements made by the current management team were not being sustained and a number of areas of non-compliance were identified on this inspection. This is discussed further under the relevant regulations.

Ros Aoibhinn Limited is the registered provider of the designated centre, of which there are two company directors and a company secretary. The person in charge (PIC) was supported by an assistant director of nursing (ADON) and clinical nurse manager (CNM). The inspector was informed that changes to the management team were imminent to include a change of PIC and ADON.

There was a COVID-19 contingency plan in place and this included the reduction in occupancy of the centre, where two twin bedrooms were reduced to single occupancy, and one single room was kept vacant in the event that an isolation room was required. The inspector observed that there had been a strong uptake of the COVID-19 vaccination among staff and residents. However, the centre was reliant on the use of agency nursing and housekeeping staff in the event of a COVID-19 outbreak which presented as a risk in that temporary staff would not be familiar with the residents living in the centre, and the availability of staff from an external agency could not be guaranteed.

## Regulation 15: Staffing

The inspector observed that there was insufficient nursing staff available in the centre. While the inspector was assured that a registered nurse was working at all times in the centre, a full-time nursing vacancy had not been filled at the time of inspection. As a result, nursing management staff were required to cover nursing shifts at times which reduced their ability to provide effective oversight of services provided. The person in charge reported that recruitment was ongoing for further nursing staff, and a relief staff nurse was due to begin employment in the coming week.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were observed to have good access to relevant training, and there was a commitment to the development of staff skills in the centre.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed a sample of staff files and observed that a number of files did not meet Schedule 2 requirements. For example:

- Two staff files did not have the required written references available
- There was no evidence of a nursing qualification for one staff nurse
- There was not a satisfactory history recorded of gaps in employment for one staff member

In addition, records of disciplinary action in relation to a staff member's employment were not maintained in a complete manner and did not provide information on when the disciplinary action was closed.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider did not ensure that sufficient resources were available to maintain the the premises in a clean and safe state of repair. For example, a stairwell was not suitable for residents' use despite it being installed in 2020. This is discussed further under Regulation 17.

The management systems in place did not ensure effective and consistent oversight of the services provided in the centre, and had failed to identify and put in place timely measures for a number of significant issues identified on this inspection. These are discussed further under the relevant regulations.

The management of risk in the centre was not robust, and the inspector observed that appropriate measures and controls were not in place for a number of risks identified on inspection:

- Fire safety risks which could potentially impact on residents' safety in the event of a fire occurring, as discussed under Regulation 28
- Infection prevention and control (IPC) audits failed to identify IPC risks as discussed under Regulation 27
- Chemical cleaning supplies were stored and accessed by staff from a first floor storage room which did not have access to a water source in the event of contact with skin or eyes

There was no annual review available for 2020 as required by the regulation.

Judgment: Not compliant

## Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure available which was observed to meet regulatory requirements. The complaints procedure was displayed prominently in the centre and a suggestion box was observed on the ground floor.

Judgment: Compliant

## Quality and safety

Residents in the centre were supported and encouraged to have a quality of life that was respectful of their wishes and choices. Residents were observed to have good opportunities for social engagement and activities, and were supported to exercise choice in how they spent their daily lives. However, significant improvements were required to ensure that all services provided in the centre were safe and appropriate for residents' needs. This is discussed further under the relevant regulations.

Residents were observed to have timely access to general practitioners (GPs) of their choosing from local practices. Residents' health and social care needs were observed to be supported through good access to multidisciplinary services, including physiotherapy, chiropody, dieticians, speech and language therapy, gerontology and chiropody. There was strong links with the psychiatry of older age team, and a community nurse visited the centre regularly. A medical social worker was made available for residents where required.

A comprehensive assessment of residents' needs was observed to be completed for all residents on admission to the centre, and was stored on an electronic records system. Residents' care plans were detailed, comprehensive and person-centred. Positive behaviour support plans in place for residents who presented with responsive behaviours (actions, words or gestures presented by a person living with dementia as a way of responding to something negative, frustrating or confusing in their social and physical environment) were informative of triggering factors, and how staff could respond in a calm, effective and positive manner.

Residents were generally supported to participate in the organisation of the centre, and resident meetings were observed to be ongoing in a socially distanced manner. The management team ensured that all residents' voices were heard and that they were informed of ongoing developments in the centre by approaching residents on a one to one basis. A residents satisfaction survey had also been completed in the

centre and residents had given positive feedback on their experience of living in the centre during the COVID-19 pandemic.

The provider had made appropriate arrangements for all laundry to be managed by an external provider.

## Regulation 11: Visits

Assurances were provided during and following inspection that visiting arrangements in place were in line with health protection and surveillance centre (HPSC) guidance.

Judgment: Compliant

## Regulation 17: Premises

The programme for the maintenance and upkeep of the premises was ineffective and required immediate review. For example, the inspector observed:

- damaged floor and wall surfaces on corridors, service areas and a resident's bedroom
- a new stairwell was in an unfinished state, for example the inspector observed holes in the wall and ceiling with exposed wires, and there were no handrails installed on the stair case
- the inspector observed that two taps were leaking and required repair
- the ground floor housekeeping facility was in a poor state of repair with evident holes in the wall, and housekeeping staff were required to travel to the first floor to access cleaning chemicals and supplies
- a communal toilet was out of order for a number of weeks and a timeframe was not available for when it would be in use again
- the sluice facility was in a poor state of repair with damaged wall surfaces and corrosion evident on the wash hand basin. There was also limited storage available and the racking used was observed to be rusted and stored under the sluice hopper facility presenting as a significant infection control risk
- continence wear was observed to be inappropriately stored in a storage room

Judgment: Not compliant

## Regulation 26: Risk management

The centre's risk management policy set out the risks identified in Regulation 26(1)(c). There were arrangements in place for the identification, recording, investigation and learning from incidents that took place in the centre.

Judgment: Compliant

## Regulation 27: Infection control

Infection prevention and control (IPC) procedures required improvement to ensure they were consistent with national standards and public health guidance. For example, the inspector observed:

- A room that was recorded as having been deep cleaned was not effectively completed, and the inspector observed personal hygiene products stored on a toilet cistern, shower equipment on the floor and the previous resident's identifiable information stored on the door of a wardrobe
- Staff practice in relation to the changing of cleaning cloths and mop water presented as a risk for cross-contamination
- Signage was not appropriately used. A number of residents' bedrooms were observed to have signage for droplet precautions in place despite the precautions to be no longer in place
- Dust and cobwebs were observed in a staff area and communal bathroom
- Storage of residents' equipment in a communal bathroom
- Access to a wash hand basin was obstructed in one communal bathroom by equipment
- Inappropriate storage of spare hoist slings on residents' equipment in an open storage area
- Bin bags were stored on a corridor hand rail

Judgment: Not compliant

## Regulation 28: Fire precautions

The inspector was not assured that all staff were aware of the appropriate procedures to be followed in the event of a fire in the centre. From a review of fire drill records, there were no records available of vertical evacuation drills or full compartment evacuations of the largest fire compartments with night-time staffing. The inspector observed that the evacuation of one fire compartment was recorded to have taken over 10 minutes which was excessive and did not provide assurance that residents could be evacuated in a timely manner in an emergency. There were no plans in place to address this. Personal emergency evacuation procedures (PEEPs) for residents were not reviewed consistently in line with the centre's own policy to ensure the needs of residents were updated appropriately. For example,

the evacuation plan for a resident living on the first floor did not provide information on how staff could evacuate the residents to the ground floor if necessary. In addition the fire escape route displayed in the centre had not been updated to reflect changes to the premises. This could compromise the safe evacuation of residents in the event of a fire.

The provider had not made adequate arrangements for the maintaining of means of escape in the centre. For example, a number of fire doors were found to not close correctly on inspection. There was one ski sledge observed to be available at one stairwell on the first floor, however there was no evacuation equipment observed to be available at the newly installed stairwell.

Flammable items, including cardboard boxes, were observed to be stored on a stairwell.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found these to be detailed, person-centred and informative for staff practice.

Judgment: Compliant

## Regulation 6: Health care

Residents were observed to have good access to on-site medical and allied health professional services, and were supported to attend outpatient appointments in line with public health guidance.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff were observed to have up to date knowledge and skills to respond to and manage responsive behaviour, and were knowledgeable of residents' individual needs.

The centre promoted a restraint-free environment in line with national guidance and there was a low use of restraint observed in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choices were observed to be promoted and respected in the centre.

There were good opportunities for residents to participate in activities in line with their interests and capacities, including access to religious services. Staff were seen to support residents to exercise choice in all aspects of their daily lives.

There was appropriate screening in place in twin bedrooms to ensure residents' privacy and dignity was maintained.

Residents had good access to radio, televisions and newspapers.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Ros Aoibhinn Nursing Home OSV-0000276

## Inspection ID: MON-0031600

## Date of inspection: 20/08/2021

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>The nursing staff vacancy occurred due to one staff nurse being on annual leave and one nurse being on maternity leave. These positions could not be filled at the time as both staff nurses were due to return in the coming weeks. The Assistant Director of Nursing who normally works supernumerary hours only was delegated to cover nursing duties temporarily for the period of 3 weeks. New relief staff nurse has been employed and commenced their employment on the 1st September 2021. They will cover annual leaves of full – time nursing staff.<br><br>The Clinical Nurse Manager is working in the capacity of a staff nurse, however they have additional duties assigned such as monthly ordering of medications and stock management.<br><br>The positions of Assistant Director of Nursing and Clinical Nurse Manager have been introduced as an additional measure to strengthen the governance. But due to bed capacity of the nursing home (25) there is no requirement for these positions to be supernumerary outside of deputizing arrangements. | |
| Regulation 21: Records | Not Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>1. The missing references in staff files have been obtained from previous employer. One international reference has been obtained and another from school that the employee was attending to.<br>2. The nurse in question with no evidence of nursing qualifications currently awaits their copy from the college abroad they have completed their nursing degree. They had an | |

active pin and registration in NMBI on file.
3. The gap in employment history of a staff member consisting of 4 month has been explained to the management's satisfaction.
4. The records of disciplinary action contained a sentence' warning will be considered spent after a period of 6 months'. The copy of this letter was on the file viewed and the staff member that it related to has been provided with an original letter.

| Regulation 23: Governance and management | Not Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. Please refer to Regulation 28.
2. Infection Prevention and Control Audits have been completed in timely manner and discussed on the governance and management meetings as viewed by the inspector on the day of inspection.
3. Please refer to regulation 17 and 27.

The annual review has been prepared with the oncoming Person in Charge.

| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
As viewed by the Inspector on the day of inspection, the damaged surfaces have been recognised in 'Health & Safety Audit' and discussed during the Governance and Management meetings. There was an evidence of planned and delayed work on interior. On the meeting in August, the Management scheduled works for the first week of September and this has now been completed.
2. As per meeting with Health Information Quality and Authority on the 21st September the works on the new fire escape are now completed. There was evidence in the Health & Safety Audits and Governance and Management meetings that these works were delayed due to national shortage in timber sourcing and availability of builders.
3. As discussed on the meeting on the 21st September 2021 with Health Information Quality the two leaking taps are 'quarter turn taps' and have not been turned off properly by the residents on the day of inspection. For the safety of the resident the taps have since been replaced.
4. The ground floor housekeeping facility was a temporary facility while awaiting the refurbishment of the new designated cleaning room. There was evidence in audits (H&S and IPC) and G&M Meetings that these works have been scheduled and delayed. The

works on the designated cleaning room have now commenced and are scheduled for completion on 1st October 2021.
5. As discussed on the meeting with Health Information Quality and Authority on the 21st September 2021, the sluice facility was a temporary facility while awaiting the refurbishment of the new designated sluice facility. There was evidence in audits (H&S and IPC) and G&M Meetings that these works have been scheduled and delayed. The works on the designated cleaning room have now commenced and are scheduled for completion on 1st October 2021.
6. Appropriate shelving is now in place for the incontinence wear.

| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:
1. A meeting was held with the housekeeping staff to ensure that it is understood that no residents items and / or personal information is left in the room once the room has been vacated and the room has been deep cleaned.
2. As above, during the meeting with housekeeping staff it has been explained that double – dipping of mops and not using colour – coded cloths presents an increased risk of cross – contamination. This has been immediately rectified. The IP & C training for Housekeeping staff has taken place on the 10th September 2021.
3. Droplet – precautions signage has been removed on the day of inspection.
4. Staff area referred to is an unused office. Cleaning duties have been diverted from unused spaced to utilise the time in spaces used by staff, residents and visitors. This has been rectified since.
5. All slings are resident specific and are now stored in the resident's bedroom when not in use.
6. Bin bags are now stored in the wall dispensers.
7. There was an evidence of discussion with staff regarding cleaning of frequently touched surfaces between 4.30 – 8.00 pm. Night staff have a cleaning schedule which was made available to the Inspector. It was informally agreed as per minutes of meeting that day staff will clean frequently touched surfaces. No official documentation was created to enable staff to utilise time with the residents. The new form has been created and is now in use.

| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Staff member in question was aware of fire procedures. The staff member explained

that they were not aware of the number of compartment they were in. Staff in the event of emergency will use the compartment plan displayed next to the fire panel.
2. The vertical evacuation was not considered prior to the inspection as the upstairs area consists of 4 single rooms and accommodates 3 residents (one room is vacant for isolation purposes) and is divided into 3 compartments which ensure a safe horizontal evacuation. There was an evidence of the evacuation of the largest compartment with the time of evacuation of 10 minutes and 31 second. This compartment consists of 4 double bedrooms. Bedroom no 1 has a fire escape outside of the bedroom and bedrooms 2 and 3 have fire escapes in the room. These fire escapes lead directly outside. There were two fire drills submitted to Health Information Quality and Authority post inspection with current occupancy levels in the largest compartment and with a letter from SOL Fire approving of the time of evacuation. The second fire drill was conducted for the purpose of vertical evacuation of residents accommodated upstairs.
3. As discussed on the day of the inspection – the new plans were in preparation and have now been updated and displayed in the centre.
4. The door that report refers has been adjusted on the day one of inspection and now closes properly.
5. All beds in the centre are equipped with 'ski – sheet' for safe evacuation of a resident. The ski sled on the first floor is available only in unlikely situation of the ski – sheet failing. All ski – sheets are checked on a daily basis and signed off by Healthcare Assistants. For staff to place a resident first on a ski – sheet and then on a ski – sled would unnecessarily extend the evacuation time.

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 01/09/2021 |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Substantially Compliant | Yellow | 01/10/2021 |
| Regulation 17(2) | The registered provider shall, having regard to | Not Compliant | Orange | 01/10/2021 |

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| | the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | | | |
| 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. | Not Compliant | Orange | 10/09/2021 |
| 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 | 28/08/2021 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 28/08/2021 |
| Regulation 23(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care | Not Compliant | Orange | 10/09/2021 |

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| | delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Not Compliant | Orange | 01/10/2021 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 05/09/2021 |
| 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 | 05/09/2021 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety | Not Compliant | Orange | 28/08/2021 |

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| | 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)(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 | 28/08/2021 |
| 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 | 10/09/2021 |