



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

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	31 July 2024
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0044384

About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises ten single bedrooms. Two of the bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have a wash hand basin. Access to the first floor is by stairs and chair lift. Accommodation on the ground floor comprises 16 single bedrooms. There are three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Ormond Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
--	----

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 31 July 2024	10:00hrs to 17:15hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St. Theresa's Nursing Home. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The inspector met many of the residents over the course of the inspection. Residents spoken with were complimentary of the staff and the care they received. Those residents that were unable to converse with the inspector appeared content. It was evident that staff knew residents' individual needs well.

Following an opening meeting with the recently appointed director of nursing (DON), the inspector was accompanied on a tour of the centre. St. Theresa's Nursing Home is a two storey premises, located on the outskirts of Thurles, Co. Tipperary. There is bedroom accommodation on both floors. The centre comprises 26 single bedrooms, sixteen of which are on the ground floor and ten are on the first floor. There were 26 residents living in the centre on the day of the inspection.

All communal space is on the ground floor and comprises a sitting room, a visitors' room and a dining room. There were previously two sitting rooms but the partition between the rooms has been removed making it one larger room. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result only residents assessed as being low to medium dependency can be accommodated on the first floor. Once on the first floor, there are two additional steps leading to a wing containing four bedrooms. Two of the bedrooms on this wing have en suite shower and toilet facilities. The remaining eight bedrooms on this floor share a bathroom containing a shower, toilet and wash hand basin. The sixteen bedrooms on the ground floor share three bathrooms, each with shower and toilet facilities.

The premises was generally clean and it was evident that there was an ongoing programme of maintenance. However, there were some areas of wear and tear in parts of the centre. The paintwork on door surrounds to the main sitting room and the bathrooms on this corridor were significantly scuffed. Within these bathrooms, the floor tiles and grouting were stained. There was also inappropriate storage in some bathrooms with a hoist and commode chairs stored in one bathroom.

Some residents' bedrooms were personalized with photographs and personal memorabilia. Residents had adequate space in their bedrooms for a comfortable chair at their bedside. Improvements were made in relation to storage for residents' personal possessions, such as the provision of bedside lockers for residents that previously did not have one.

Since the last inspection, the provider had converted a bedroom into a treatment room, and the previous treatment room to a bedroom as it was a marginally larger room. The provider had been requested to review the procedure for evacuating residents from this room, particularly for residents that would require an evacuation mat. This was because there is a sharp narrow turn from the bedroom door onto the

corridor and it was not clear if a resident could be evacuated from this room using an evacuation mat, should they require one. The inspector was informed that a fire drill had not been conducted simulating the evacuation of a resident on an evacuation mat but the provider had specified in the statement of purpose that only low to medium dependency residents would be accommodated in this room. The new treatment room was reviewed. This room was used to store the medication trolley, wound dressing equipment, food supplements and other clinical items. There was also some equipment such as a fax machine and printer inappropriately stored on the floor of the treatment room. While there was a wash hand basin in the treatment room, it was not suitable as a clinical wash hand basin and did not comply with relevant infection prevention and control standards. For example, it had separate hot and cold taps, which does not support good hand hygiene practices.

Overall, residents spoken with said the food was good, portions were of an adequate size and that there was a choice of main course. Should residents request something that was not on the menu, this was facilitated. Residents were asked if they had enough food when they finished their meals.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were familiar with the residents' needs. Staff and residents chatted with each other in a familiar manner throughout the day. Residents were observed to be receiving visitors with no restrictions and those spoken with said they thoroughly enjoyed having people coming in to see them.

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

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013, and to follow up on the action taken following the most recent inspections of the centre in April 2023 and February 2024. The inspector also reviewed the conversion of a bedroom to a treatment room and the conversion of the treatment room to a bedroom, which was subject of an application to vary Condition 1 of the registration. This inspection found that overall, residents received a good standard of care and were supported to enjoy a good quality of life. The provider had recently appointed a new person in charge that met the requirements of the regulations in terms of experience and qualifications. Further oversight, however, was required to achieve full compliance with Regulation 23: Governance and management.

The registered provider is of St. Theresa's Nursing Home is Ormond Healthcare Limited, a company comprising two directors. The provider is involved in the operation of one other designated centre and one or both the directors are also

involved in the operation of two other designated centre in various capacities. The governance structure comprises the provider organisation, a person in charge and a clinical nurse manager. Management are supported by a team of registered nurses, healthcare assistants, activities staff, catering staff and housekeeping staff.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 26 residents living in the designated centre. Twenty five of the residents were living in the centre on a permanent basis, while one resident was there for respite purposes and was scheduled for discharge home on the day of the inspection. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were adequate numbers of nursing, caring, catering and housekeeping staff to meet the needs of the centre on the day of the inspection. Staffing comprised a minimum of one registered nurse on duty 24 hours a day. Night duty staff comprised one nurse and two healthcare assistants.

There was an ongoing schedule of training in place to ensure staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in safeguarding, fire safety, dementia awareness, and infection prevention and control.

Action was required in relation to governance and management arrangements. Recent changes in the management structure involved the promotion of the Clinical Nurse Manager (CNM) to the role of director of nursing (DON), a post that was previously occupied by a director of the company. This resulted in a vacant CNM post. The inspector was informed that the director was present in the centre on a regular basis and management meetings were held, however, there were no records of these meetings available in the centre on the day of the inspection. Other than the Restraint Committee, which met monthly, there was an absence of a formal management process to discuss issues such as the results of audits to support the oversight of quality and safety of care delivered to residents. There were, however, regular staff meetings held to support the dissemination of audit findings to relevant staff.

The provider had submitted an application to vary Condition 1 of the registration due to conversion of a treatment room to a bedroom and the bedroom to a treatment room. The new bedroom was occupied by a resident on the day of the inspection, even though the application to vary had not been granted. The provider was therefore not operating the centre in accordance with their statement of purpose. A review was also required of the floor plans and the statement of purpose to ensure they accurately reflected the design and layout of the centre and the facilities available in the centre. Issues in relation to governance and management and the oversight of the quality and safety of care delivered to residents and outlined in more detail under Regulation 23: Governance and management.

The centre was adequately staffed and there was an appropriate skill mix of staff to support the provision of a high standard of care. The staff roster was reviewed, which showed there were one staff nurse on duty each day and night. There were four healthcare assistants on duty from 08:00 to 14:00; and three on duty until

20:00hrs. There is an additional staff member providing one to one support from 17:00hrs to 22:00hrs for a resident that requires additional supervision at this time. In addition to a staff nurse, there were two healthcare assistants on duty at night. Nursing and healthcare staff were supported by housekeeping, catering, laundry, activity and administrative staff.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and had the necessary qualifications and experience to meet the criteria of the role, as set out in the regulation.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There were arrangements in place for the ongoing supervision of staff through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files and found that while most of the requirements of Schedule 2 of the regulations were met, not all files contained the required information. For example:

- one file did not contain photographic evidence of the person's identity
- a record of current registration was not on file for one staff nurse
- there weren't two written references, including a reference from the person's most recent employer, for one member of staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- the management structure in place on the day of the inspection did not correlate with the management structure outlined in the statement of purpose submitted as part of the registration process. There were two clinical nurse managers listed in the statement of purpose, however, there is currently only one CNM employed in the centre
- records were not available of management meetings to support oversight by the provider of the quality and safety of care delivered to residents
- the annual review of the quality and safety of care delivered to residents for 2023 was not available in the centre on the day of the inspection
- changes were made to the premises by swapping a treatment room to a bedroom and vice versa. While an application to vary the conditions of registration had been submitted, action required in relation to these changes included:
 - the bedroom was occupied by a resident on the day of the inspection even though a decision on the application to vary Condition 1 of registration had not yet been made
 - the wash hand basin in the newly designated treatment room had not been modified to reflect that this room was now a clinical area and did not support good hand hygiene practice
 - equipment was inappropriately stored in the treatment room
 - equipment was inappropriately stored in a communal bathroom which increased the risk of cross infection
- risks identified on this inspection in relation to fire safety were not identified by management of the centre
- Floor plans and SOP required updating

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications required to be submitted to the office of the Chief Inspector were submitted within the required time frames

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure in place for dealing with complaints. The complaints procedure detailed the personnel responsible for the management of complaints and specified the time-frame for the resolution of complaints.

Arrangements were in place to support a person making a complaint to understand the complaints procedure, and additional supports and services were made available to assist with the making of a complaint.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meeting their needs. Residents' care needs were being met through good access to health and social care services and opportunities for social engagement. Notwithstanding the positive findings, action was required in relation to the premises and fire precautions in order to enhance regulatory compliance.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. There was a programme of ongoing maintenance and decoration of the centre. It was evident that some areas of the premises had been painted since the last inspection and some items of furniture, such as bedside lockers had been purchased. There remained some areas of the premises that required attention. These and other issues in relation to the premises are outlined under Regulation 17 of this report.

There were measures in place to mitigate the risk of fire. Records showed that fire fighting equipment, the fire alarm system and emergency lighting had been serviced at the required intervals. While regular fire drills were completed to support staff

prepare for evacuating residents in the event of a fire, most scenarios involved the simulated evacuation of one resident. Full compartment evacuations were not simulated, which is what would be required should there be a fire. The inspector reviewed the external evacuation route leading to the assembly point at the front of the building. The route involved the unlocking of a coded padlocked gate in one direction and a keypad controlled gate in the other direction. The keypad did not function on the day of the inspection and this gate could not be opened. An immediate action plan was issued and maintenance personnel were in the process of addressing both issues on the evening of the inspection. Further findings in relation to fire safety are detailed under Regulation 28: Fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, specialist services and health and social care professionals, such as palliative care, tissue viability and in-house physiotherapy as required. Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and residents were referred to allied health professionals or their general practitioner, if required.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms. All laundry was done within the centre and there were adequate arrangements for the return of personal laundry to residents.

Judgment: Compliant

Regulation 17: Premises

Action required in relation to the premises included:

- there was inadequate storage resulting in the inappropriate storage of equipment, such as a fax machine on the floor of the newly designated treatment room and hoists and commode chairs in a bathroom
- despite ongoing redecorating there continued to be areas of the premises that require painting such as door surrounds and doors

- some bathrooms required attention due to
 - grouting between the floor tiles in some bathrooms being significantly stained throughout but in particular around the toilet bowls
 - there was a broken shower head holder in one bathroom
 - there was rust on the legs of a toilet surround

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality and quantity of food in the centre. Food was freshly prepared and cooked on site. The food menu was displayed on a whiteboard outside of the main kitchen. Choice of main course and dessert was offered to residents in advance of meals being served. Food was attractively presented. There was adequate supervision and assistance at mealtimes. Fresh drinking water was available to residents throughout the day. Records reviewed found residents had access to dietetic and speech and language therapy, and any changes to a resident's diet were reflected in their nutritional care plan. There were written communication systems between nursing and catering staff to ensure that dietary needs prescribed by healthcare professionals were followed.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management to support the evacuation of residents and the containment of fire. For example:

- fire drills did not adequately simulate the actions required to be taken in the event of a fire. Most fire drills involved the simulated evacuation of one resident rather than an entire compartment
- emergency evacuation routes on the outside of the building leading to the assembly area did not support the rapid evacuation of residents in the event of a fire. On one side of the building, the route required the opening of a gate that had a coded padlock. On the other side, the evacuation route was through a keypad controlled door that did not function on the day of the inspection
- the personal evacuation plan (PEEP) for one resident incorrectly referenced the use of a hoist for evacuating the resident. This is not an appropriate means for evacuating residents in an emergency situation. Discussions with staff indicated that the resident would be evacuated using an evacuation mat

- the provider had not assessed the proposed new bedroom from a fire evacuation perspective to determine what modes of evacuation can be used from that room
- the door to the visitors' room was held open with a magazine rack which would negatively impact on the containment of flame and smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when care plans were revised.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review by their general practitioner and access to a range of external community and outpatient-based healthcare providers.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0044384

Date of inspection: 31/07/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Management conducted a comprehensive review of all staff files to identify and rectify any missing documents. All files have now been updated to meet the regulatory requirements. This includes ensuring that all necessary documentation, such as qualifications, background checks, references and training records, are complete and properly filed. To prevent a recurrence of this issue, we have implemented a more rigorous internal auditing process. This includes regular checks of staff files and additional training for our administrative team on the importance of meticulous record-keeping.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Align Management Structure with Statement of Purpose: The Provider has conducted an immediate review of the current management structure to ensure it aligns with the statement of purpose submitted during the registration process. We have addressed the discrepancy by updating the statement of purpose to accurately reflect the current staffing situation where one CNM has been deemed adequate to support the PIC in their role. This was sent to the Inspector after the inspection on 11/09/2024</p> <p>Improve Documentation and Record-Keeping: Management has Implement a standardised process for documenting management</p>	

meetings, including agendas, minutes, and action items, to ensure comprehensive records are maintained on site. The day of the inspection the Provider had the folder of the minutes of these meetings in her possession off site.

In future, management will ensure these records are readily accessible and regularly reviewed to support oversight by the provider of the quality and safety of care delivered to residents.

Complete and Maintain Annual Reviews:

On the day of the inspection the annual review audit for 2023 was not available in hard copy but was subsequently after the inspection forwarded to the inspector on 1/08/2024. Management will ensure to maintain a copy of the annual review on-site and ensure it is available for inspection at all times.

Enhance Oversight and Accountability:

Management will establish regular management meetings with a clear focus on governance, quality, and safety to strengthen oversight.

Management will assign specific responsibilities to management team members to ensure accountability in implementing and monitoring governance practices.

Regular Monitoring and Evaluation:

There is a schedule to carry out regular audits. Management must ensure that regular checks are carried out of these audits to ensure that they reflect accurately to ensure ongoing compliance with Regulation 23.

Management will use findings from these evaluations to inform continuous improvement efforts.

Address Premises Changes and Compliance:

The Provider had an online meeting to discuss the proposed application to vary condition 1 with the inspector and the regional manager. All paperwork's were submitted in March 2024. As this unannounced inspection was in July 2024, the provider assumed there were no issues with the application to vary request as 4 months had lapsed without communication about the application. The provider was not aware of the extra formal processes that had to be completed before variations took place internally.

We now know that no residents should have occupied the newly designated bedroom until a decision on the application to vary Condition 1 of registration is made. Since the inspection the provider has ensured that all changes have met the fire safety requirements, especially safely evacuating a resident from the new designated bedroom. We have modified the wash hand basin in the newly designated treatment room to meet clinical standards and support good hand hygiene practice.

We have removed and appropriately store equipment currently in the treatment room and communal bathroom to reduce the risk of cross-infection.

Enhance Fire Safety Measures:

Management has conducted a comprehensive review of fire safety protocols to identify and address any risks not previously recognised.

Management have implemented improved fire safety training and regular drills for staff to ensure preparedness.

Update Floor Plans and Standard Operating Procedures (SOP):

Revised and update floor plans to accurately reflect the current layout of the premises.

These have been submitted to the inspector following the inspection
Review and update all relevant SOPs to ensure they are current and reflect any changes in procedures or premises layout.

By addressing all these specific issues and implementing the outlined actions, we aim to achieve full compliance with Regulation 23 and enhance the overall governance and management of the centre. We are committed to ensuring the highest standards of care and safety for our residents.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
Storage: On the day of inspection, a printer was stored in the new treatment room as it was scheduled to be returned on that day to the company for repair. The hist and wheelchair were removed from the bathroom and stored in the area designated for this use. Management has identified that currently there are adequate storage space within the nursing home.

Redecorating Needs:
The provider has adhered to a redecorating schedule over the last 12 months. Three communal bathrooms and two ensuite bathrooms have all been refurbished according to IPC guidelines. On the day of inspection, the inspector noted the improvements made. The manger informed the inspector that there are further scheduled works to be completed in the coming 12 months. This includes the bathrooms and the areas that the inspector highlighted on the day. The shower head was replaced the day after the inspection.

The manager has implemented regular maintenance checks to identify and address early signs of wear and tear. A maintenance log is in place to document all repairs and redecorating activities, ensuring ongoing compliance with HIQA standards.

We are dedicated to ensuring our facility meets the highest standards of safety and comfort for our residents.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We are dedicated to maintaining a safe environment for all residents and staff. We have addressed and implemented the following in our compliance plan:

Fire Drills:

Revision of the fire drill procedures to simulate the evacuation of an entire compartment rather than a single resident.

-Management have schedule comprehensive fire drills that involve all staff and simulate realistic scenarios, ensuring all staff are familiar with evacuation procedures for multiple residents. This has been implemented and are conducted regularly.

Emergency Evacuation Routes

Action: Management reviewed and modified the evacuation routes to ensure they allow for rapid evacuation without obstacles. Management replace the coded padlock on the gate with a quick-release keypad mechanism that can be operated easily during an emergency.

Personal Emergency Evacuation Plans (PEEPs):

All PEEP's review and update to ensure accuracy and appropriateness of evacuation methods for each resident.

The PEEP in question here during the inspection was updated to reflect the use of an evacuation mat. Staff informed of updates and are familiar with the revised evacuation methods.

Fire Evacuation Assessment for New Bedroom:

A fire evacuation assessment for the proposed new bedroom was conducted and submitted to the inspector after the inspection on 29/08/2024

Containment of Flame and Smoke:

Management will ensure that all doors, particularly in communal areas, are kept closed until they are fitted with an automatic release mechanism.

Ongoing Monitoring and Review:

Regular audits and drills will be conducted to ensure continued adherence to fire safety protocols.

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	31/03/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	23/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	23/10/2024

	effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care 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.	Not Compliant	Orange	23/10/2024
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	23/10/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	23/10/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	23/10/2024

	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	23/10/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	23/10/2024