



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

## Issued by the Chief Inspector

Name of designated centre:	Greystones Nursing Home
Name of provider:	Greystones Nursing Home Limited
Address of centre:	Church Road, Greystones, Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 November 2024
Centre ID:	OSV-0000045
Fieldwork ID:	MON-0043432

## About the designated centre

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

The centre is based in a town and is close to shops, and local public transport networks. The designated centre is registered to care for 58 residents, both male and female over the age of 18 years of age. It provides a service to residents with a wide range of needs including palliative care, dementia care, acquired brain injury and physical disability. The provider offers long-term and short-term accommodation, respite and convalescence care.

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

Number of residents on the date of inspection:	54
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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
Tuesday 5 November 2024	08:00hrs to 15:50hrs	Helena Budzicz	Lead
Tuesday 5 November 2024	08:00hrs to 15:50hrs	Laurena Guinan	Support
Tuesday 5 November 2024	08:00hrs to 15:50hrs	Yvonne O'Loughlin	Support

## What residents told us and what inspectors observed

On this inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. Inspectors observed how residents spent their day and how they were facilitated and supported with their care needs. The overall feedback from residents was that they were happy with the care they received and that they were content living in the centre. The inspectors spoke with five visitors and found that they too were satisfied with the care provided to their relatives living in the centre. There was unrestricted visiting and relatives were observed coming and going freely during the day.

Staff members were seen interacting gently with residents and taking their time when providing care. It was clear that the staff understood the residents' needs and individual routines very well. Residents appeared well-presented and dressed neatly.

Residents were served their lunch in the dining rooms and in their bedrooms. Residents stated that they were offered choices at mealtimes, and inspectors observed staff asking residents about their preferences from the options available. Residents were very complimentary regarding the quality and amount of food provided, with one resident saying that when they did not like the options that were offered to him, he could choose something different, and he was happy with this.

A member of staff was dedicated to the provision of activities in the morning and in the evening. They described to the inspectors the most recent internal and external activities that had taken place, such as a farm visit, imagination gym, multicultural day, and ladies' afternoon tea. They also described how they ensured all residents had access to the different activities provided; however, on the day of inspection, the inspectors noticed that residents who were in their bedrooms were much less involved in activities. This was discussed with the provider and the person in charge on the day of the inspection, who indicated that they would review their staff allocation for activities. The daily activity schedule was on display, and residents spoken with were aware of the activities on offer, with one resident saying that she really enjoyed the multicultural day.

The centre was in the process of maintenance work to upgrade and improve the premises, and inspectors observed many maintenance people painting and doing electrical work. While resident areas and equipment were clean and tidy, some areas of the centre needed improvement in relation to cleanliness and maintenance of the premises, and this is discussed further in the report.

During the inspection, the inspectors observed and recognised that a substantial amount of fire safety work had been accomplished, which was a requirement of a restrictive condition attached to the registration of the designated centre. However, inspectors identified several fire safety concerns in the Sea Patrick unit, such as two fire exits were not being maintained, a large plant was improperly positioned,

obstructing the evacuation route on the mid-platform of the stairs, and there were large amount of leaves gathered at the bottom of the stairs. These issues posed a risk to the safe and timely evacuation of residents in the event of a fire. An immediate action plan was issued on the day of the inspection, and inspectors were assured that all evacuation corridors would be cleared of obstructions. This matter is discussed further under Regulation 28: Fire precautions.

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 provided.

## Capacity and capability

Notwithstanding the improved clinical governance and management oversight and the good care and support that residents were receiving in their daily lives, the inspectors found that more robust management and oversight systems were required to ensure that the service provided to residents was safe, appropriate, consistent, and effectively monitored. The centre has a restrictive condition on its registration certificate in relation to achieving compliance with Regulation 23: Governance and management, Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions by 31st of July 2024. This condition had been attached during previous registrations, and the completion date has been extended to allow the provider to complete all necessary work. Although extensive work in respect of fire safety had been completed, inspectors found that significant risks in respect to compartmentation and which had been known to the provider since 2019, had not been fully addressed.

Greystones Nursing Home Limited is the registered provider of Greystones Nursing Home. The company comprises of three directors and is part of a wider group. There was a full-time, suitably qualified person in charge employed who was supported in their role by a deputy person in charge and a team of nursing staff, care staff, housekeeping, catering, administration, activities, and maintenance staff. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined, and staff and residents were familiar with staff roles and responsibilities.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated the assistant director of nursing for the role of (IPC) link practitioner, who was away from the centre attending the national IPC link course.

On the day of the inspection, there were adequate resources, in terms of staffing, to meet residents' individual care needs. There was a comprehensive programme of training and mandatory training for all staff was up-to-date.

The centre had a small number of outbreaks this year. The outbreaks were notified to the Chief Inspector of Social Services and appeared to have been well-managed, with support from public health. An outbreak plan was in place to guide the staff, and up-to-date guidance was available in a resource folder to manage any future outbreaks.

An immediate action was issued during the inspection as staff had no place to discard dirty mop bucket water after cleaning the kitchen. Staff confirmed that mop bucket water was discarded on the tarmac as the drain outside was blocked. The drain was unblocked before the end of the day. This is discussed in more detail under Regulation 27: Infection control.

Since the last inspection, many of the premises issues have been addressed. However, some areas of the compliance plan had not been addressed, and other findings in relation to premises that impacted effective IPC were found on the day of inspection. This is discussed under Regulation 17: Premises.

The inspectors reviewed a sample of six staff personnel files and found that they contained all the information required under Schedules 2 and 4 of the regulations. A vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, was in place for all staff.

### Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to provide care in line with the resident's assessed needs and the size and layout of the centre.

There were two housekeeping staff rostered to clean the centre Monday to Sunday, with an extra housekeeping staff member to commence after induction Monday to Friday, to support deep cleaning of resident areas.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking the completion of mandatory and other relevant training completed by staff. A review of these records confirmed that staff training in IPC was up-to-date, and IPC face-to-face training was ongoing with "toolbox" and hand hygiene safety pauses.

Judgment: Compliant

## Regulation 21: Records

The inspectors reviewed a sample of staff files, residents' records, and other records kept in the centre and found that they all met the necessary requirements, as set out in Schedules 2, 3, and 4 of the regulations.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that they had an up-to-date contract of insurance against risks such as injury to residents and loss or damage to residents' property.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems in place did not always ensure that the service provided was safe, appropriate and effectively monitored. For example;

- Oversight of the fire precautions and infection control systems in the centre required review, as immediate action was issued by the inspectors on the day of the inspection in this respect. This was addressed by the end of the inspection. This is further discussed under Regulation 27: Infection control and Regulation 28: Fire precautions.
- The registered provider was found to be in breach of a registration condition. Despite commitments given to the Chief Inspector following the last inspection and an additional extension to the timeframe for achieving compliance being granted, this inspection found ongoing non-compliances and insufficient action taken by the registered provider to achieve compliance. There was repeated non-compliance with respect to a number of regulations, such as Regulation 23: Governance and management, Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions.

Judgment: Not compliant

## Quality and safety



Residents were found to be generally happy and well cared for in the centre, supported by a staff team that was familiar with their individual needs and preferences. A sample of care plans looked at by inspectors found that residents' care needs were assessed and reviewed regularly and accurately reflected the changing needs and preferences of the person. Prompt access to health and social care professionals was provided when needed, and the recommendations were seen to be documented and carried out.

Residents with communication difficulties were supported with assistive devices. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

Meals were observed to be appetising and well-presented and served from hot trolleys on each floor. Residents who required assistance were attended to by the staff in a dignified, relaxed and respectful manner, and modified diets were given as documented in the resident's care plan. Meals served to residents in their bedrooms were also observed to be well-presented, but there were no condiments available on the trays, which potentially limited the residents' choices.

There was evidence of good access to TV, radio, newspapers, and WIFI in the centre, and staff interaction with residents was observed to be courteous and respectful.

While the residents enjoyed a high standard of medical and social care, their safety could not be assured in the areas of infection prevention and control, premises and fire prevention. Some of the ancillary facilities did not support effective infection prevention and control. For example, the housekeeping store room in the main house and the laundry room had exposed concrete flooring, and the kitchen did not have a cleaning store room with a janitorial unit. This is discussed under Regulation 27: Infection control and Regulation 17: Premises.

The provider had oversight of water safety in relation to Legionella bacteria, flushing records were maintained by the maintenance staff and the provider had scheduled water testing for the following day. The provider had installed clinical hand wash sinks in the corridor of the main house and in the Sea Patrick Wing. These sinks complied with the recommended specifications for a clinical hand wash sink. However, barriers to good hand hygiene practices were observed. For example, hand sanitisers were not available at the point of care for each resident, and the provider had not changed hand hygiene sinks in the treatment rooms, which was part of their compliance plan from the last inspection. This is discussed under Regulation 27: Infection control.

The inspectors reviewed the medicines and pharmaceutical services within the centre and found that the practices and systems, including the storage of medicines, were safe.

The provider recently upgraded the fire alarm system in the centre, installed a large number of fire doors, and improved fire containment measures. All staff members

received fire training, which is conducted annually. Inspectors noted that work in the centre was ongoing during the inspection, including the installation of emergency lighting and the connection of hinges to the fire doors. However, significant actions are still required regarding outstanding items from the previous compliance plan from the inspection of January 2024 and the restrictive registration condition, as detailed further under Regulation 28.

### Regulation 10: Communication difficulties

From a review of residents' records, it was evident that residents who had specialist communication requirements had these recorded in their care plans.

Judgment: Compliant

### Regulation 11: Visits

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors, and they were observed visiting the centre on the day of the inspection.

Judgment: Compliant

### Regulation 17: Premises

The registered provider failed to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. Notwithstanding the positive improvements made to the Main House of the centre's premises, inspectors found that further improvements were required to address several outstanding issues, as follows:

Premises were not kept in a good state of repair internally and externally. For example:

- Inspectors observed holes in various walls and ceilings as a result of fire-related works or mouldy and stained walls in the escape corridor from the first floor in the Sea Patrick unit. Ceiling tiles in several areas of the centre were stained and cracked. This was a repeat finding from the last inspection. Some of the ceilings had exposed plaster, and some had visible water leaks. The double doors leading to the sunroom opposite the nursing station in the Sea Patrick unit had a significant gap in the lower part of the doors. The

inspectors were assured that this was not a fire door; however, there was a risk that this door might not close properly, compromising its function.

Inspectors observed unsafe floor covering. For example:

- During the completion of fire-related works, a number of floors in the centre had been damaged. Inspectors observed stained carpets in the Main House and damaged floors in some areas, including a resident's bedroom, where a leaking radiator had damaged the floor; there was inadequate floor covering on the stairs from the first floor down, and the bottom area was found to be covered in leaves. The floor from the kitchen and the laundry room had exposed concrete.

The registered provider did not ensure that all the external grounds were suitable for, and safe for use by, residents and that such grounds were appropriately maintained. For example:

- The enclosed courtyard had an insufficient level ground area to enable residents with mobility issues to move safely and access the garden furniture. The code to the door was difficult to read, and there was no signage to direct those who wished to use the area. Inspectors were told that there are plans to level the courtyard and lay astroturf.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were offered a choice of hot, nutritious, and well-presented food. Drinking water and snacks were available, and modified diets were provided in line with the resident's care plan. There was sufficient numbers of staff available to assist residents with their nutritional needs at meal times.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had not ensured that procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority were implemented by staff. For example;

- Hand hygiene facilities were not in line with best practices and national guidelines in all areas of the centre. The provider had given assurances on their compliance plan from the last inspection that the sinks in both treatment rooms would be changed. This action remained outstanding.

- Some rooms did not have easy access to hand sanitiser or a nearby clinical handwashing facility. This meant that staff could not easily sanitise their hands at the point of care and increased the risk of infection spread.
- The kitchen had no separate cleaning store room with a janitorial sink. This meant that a dirty mop bucket was disposed of outside in a drain, which could contaminate the clothing of kitchen staff and is not in line with best practice standards.
- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries, which may leave staff exposed to blood-borne viruses.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire and did not address all issues from the last compliance plan:

The provider did not have adequate precautions against the risk of fire in place. For example;

- While most of the fire doors had been replaced, there were three outstanding fire doors waiting to be replaced and one fire door in the storage room located in the sluice room on the ground floor was not identified as in need of replacement.
- A number of items that the provider had committed to having in place by the 31st of July 2024 were not addressed on the day of inspection. For example, the fire door hinges, the emergency lighting and the directional signage.

There were inadequate means of escape. For example;

- The fire escape route on the first floor was not maintained and was not free from obstructions. A large number of dry leaves were collected at the foot of the stairs. In addition, there was a large plant located in the mid-platform of the stairs, blocking an evacuation route in the Sea Patrick unit. Immediate action was given on the day to clean up the leaves, and this was addressed on the day of the inspection.

Arrangements for the containment of fire was inadequate. For example;

- There was an electrical services cupboard with vents fitted to it on the first floor in the Sea Patrick unit that had not been fitted with appropriate fire-rated doors. This is a high-risk area.
- The store rooms on the ground and first floor had holes in the ceiling, and the attic hatch was missing; holes were not sealed around the electrical installation.

- The Quiet room located between the ground and first floor in the Sea Patrick unit had not been effectively contained in line with assurances provided to the Chief inspector; this was an outstanding action and remained a high-risk area as it was located in a large area with bedroom accommodation both on the ground and first floor.
- The electrical distribution panel in the Main house was not fitted with a fire-rated surround, and an area around the electrical wiring leading into the ceiling was not sealed as it penetrated the compartment lines. This could provide a space for fire smoke and fumes to spread in the event of a fire.
- There were many holes around the pipes, electrical wiring, and ceilings due to the ongoing work compromising the fire containment in the centre, which needed to be addressed.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. All medication on the medication trolley was labelled and stored according to the manufacturer's description. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, pressure sores and activities. These were reviewed regularly and when there were changes in the residents' needs or preferences. Newly admitted residents had their care plans created based on the comprehensive assessments initiated no later than 48 hours after the resident's admission to the centre.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) routinely attended the centre and were available to residents. Health and social care professionals also supported the residents on-site

where possible and remotely when appropriate. There was evidence of ongoing referral and review by health and social care professionals as appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy services with contact details displayed in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Greystones Nursing Home OSV-000045

Inspection ID: MON-0043432

Date of inspection: 05/11/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have reviewed the systems and understanding of the systems in place to report issues regarding fire, ipc and premises with staff. The Dpic will have direct oversight of these actions, having completed her ipc lead course.</p> <p>Fire warden training will be given to staff across all departments to enhance the understanding and compliance within the home. This will be in addition to the nominated fire warden within the home.</p> <p>Following this inspection, we have engaged frequently with the authority to ensure that all of our subsequent renovations are to the satisfaction of the authority. We will list under each respective regulation the improvements that have been made within the home.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All of the gaps in the walls and ceilings as a result of the fire related works have been filled and painted.</p> <p>The stained walls/ceiling in the escape corridor in SP have been stain blocked and sealed. We have replaced a very large number of ceiling tiles in SP which were damaged. All exposed plaster has been painted.</p> <p>Any/all damage from previous water leaks have been stain blocked, treated and painted. The double doors to the porchway in SP have been adjusted and the doors will securely close. This is not a fire door; however, our plan is to replace this door in 2025.</p>	

The damage to the floor from a radiator has been repaired and this room will have its flooring replaced in 2025.

Our plan is to replace a further large number of bedroom and corridor floors in 2025, which will include the carpets in the service stairwells.

The concrete stairwell in the escape/fire exit from the first floor in SP will be painted with antislip paint. We anticipate this being finished by 18.12.2024.

Both the areas of the floor in the kitchen and laundry room that had exposed concrete have had suitable flooring laid in the specific area.

We have floored and painted the storerooms beside the lift in SP on the ground and first floor.

We have increased the signage for the door coding to enable easier reading.

We have reviewed and replaced our signage to assist in directing our Residents to various areas of the home and gardens.

The enclosed garden will be reviewed in 2025 to ensure accessibility for all Residents.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

We now have 4 clinical handwash sinks in the home, two either side of the home – one on each floor.

We have reviewed and increased the number of hand sanitizing units throughout the home.

We will obtain a secure area for our kitchen cleaning equipment and have ordered a janitorial sink to be installed outside for ease of use for staff.

We have ordered and will use needles with appropriate safety devices for staff and Residents.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

All staff are up to date with fire safety and evacuation training.

Fire evac drills are run by homes own staff & again at every fire training session with the instructor.

All new staff have fire safety within the home included in their induction – this includes identifying fire escape routes, firefighting equipment & the procedure to follow in the event of a fire.

Fire procedures have been reviewed and are available either side of the house.

Fire escape route signs are displayed to indicate the route to take in the event of a fire.

Fire Assembly point is identified at the front of the MH.  
All servicing of firefighting equipment & emergency lighting has been performed & details re same are kept.  
Vent for the smoking room replaced.  
Furniture in smoking room has been replaced with fire repellent furniture & smoking apron is in place.  
All stair gates have been removed.  
The fire escape route on the first floor in SP is cleared and will be maintained as per Schedule 6.  
The stained area on the stairwell ceiling has been treated & repainted.

#### Fire Door Installation:

103 fire door sets have been installed in both the Main House, Sea Patrick, ground and first floors.  
This includes Bedrooms, Store areas, Cross Corridors, Stairwells etc.  
All necessary fire stopping around frames and door opes has been completed.  
All necessary fire stopping around compartment walls has been completed.  
Fire partitions (60 min) at the kitchen servery and lobby has been completed.  
Fire screen and fire door installs at the front service stairwell, ground and first floor levels has been completed.  
Additional door access and automated maglocks have been fitted on exit doors and stairwell doors and connected to the Fire alarm panels.  
Additional fire doors installed to close off compartment at SP stairwell/MH bedrooms on ground & first floor.

#### Fire Detection/Alarm:

Installation of the fire alarm and fire detection L1 system has been completed to both the Main House and Sea Patrick locations.  
Additional emergency lighting and directional legends have been installed where identified by EOBA.

#### Fire Stopping:

An additional 60 min shaft ceiling has been installed on the stairwell adjacent to room 49 to create an evacuation compartment.  
All fire stopping around door installs and basement areas in the Main House and Sea Patrick has been completed.

#### Means of escape:

We have ensured that all fire escapes are included in the weekly fire checks and the importance of maintaining these is paramount with all staff.  
As mentioned on the day of the inspection the plant was removed from the stairwell and the leaves at the bottom of the fire escape were cleared.

#### Containment of fire:

The electrical services cupboard (with vents) on the first floor in SP has had new fire-rated doors fitted.  
The storerooms on the ground & first floor have been repaired and are sealed.  
The electrical distribution panel in MH has been housed and has fire suppressant materials inserted into it. This has been on the advice of our fire officer.

All holes that are a result of the ongoing works have been filled, sealed and painted. The quiet room has been appropriately sealed with fire panels and the door has been replaced with a fire door.

Wall panels at the dining room in SP have been appropriately sealed with fire panels -on the ground and first floor with new doors fitted to the dining room.

All of the fire safety/containment/detection works have been done in conjunction with our fire officer. We have confirmation from our fire officer that the building is fire safe.

## 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.	Not Compliant	Orange	30/03/2025
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	16/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	20/12/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	18/12/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/12/2024