



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Meath Community Unit
Name of provider:	Health Service Executive
Address of centre:	1-9 Heytesbury Street, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	16 October 2024
Centre ID:	OSV-0000477
Fieldwork ID:	MON-0044066

About the designated centre

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

The Meath Community Unit is a 48 bedded Unit which provides residential, convalescence and respite care. There is a Day Care Centre on site which provides services for older people from the area. Rooms are located over three floors, Camden (1st floor), John Glenn (2nd floor) and Maureen Potter (3rd floor). These were named by the residents committee. The day room where some activities are run is located on the ground floor.

Access to residential care is following assessment by a Consultant in Medicine for the Elderly and completion of the Common Summary Assessment Report (CSAR). Respite services provide people with short breaks away from home, this service is offered to enable carers to take a holiday or a break to help them to continue caring. It is also provided to people who are living alone and require the support which is offered by occasional respite. Initial arrangements are made through Nursing Staff, Social Workers or General Practitioners, subsequent admissions are co-ordinated through the family and the Public Health Nurses and Nursing Administration in the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Wednesday 16 October 2024	10:00hrs to 18:00hrs	Una Fitzgerald	Lead
Wednesday 16 October 2024	10:00hrs to 18:00hrs	Frank Barrett	Support
Wednesday 16 October 2024	10:00hrs to 18:00hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

Residents living in The Meath Community Unit told inspectors that they felt safe living in the centre and that staff were kind and polite to them. The inspectors found that residents received a high standard of person-centred care from a team of staff who knew their individual needs and preferences. Residents expressed high levels of satisfaction with the service, including the provision of meaningful and engaging activities that supported them to develop good social relationships with other residents and staff. Residents overall feedback was that the centre was a pleasant place to life.

Following an introductory meeting, the inspectors walked through the centre to review the premises and meet with residents and staff. Resident accommodation comprised of double bedrooms spread across three floors. Each unit had access to two communal sitting rooms. The first communal room was close to the nurses station, and was observed to be a busy area where residents sat and enjoyed each others company. The second communal room was situated at the far end of the units and were observed to be used for residents who were having visitors. There was a calm, relaxed and homely atmosphere in the centre. In the main, the premises were observed to be clean. Corridors were sufficiently spacious, with grab rails to support residents. The inspectors observed that communal toilet and shower facilities were used to store equipment such as multiple wheelchairs and mobility aids. This impacted on the accessibility to the communal bathroom.

The inspectors noted that resident bedrooms were personalised with items of importance to residents. However, the inspectors observed that privacy screening in multiple bedrooms across all three units was not appropriate and did not ensure privacy for residents in shared accommodation. Residents confirmed that the privacy screening was a source of concern.

The inspectors spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions were respectful and person-centred. Staff assisted residents in an attentive and supportive manner. Staff who spoke with the inspectors demonstrated a good knowledge of residents' individual needs and preferences.

The dining experience was observed to be a social occasion for residents. Residents were complimentary about the food served in the centre, and confirmed that they were always afforded choice. Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, if necessary. Each unit had its own kitchen which enabled residents in all units to have access to snacks and drinks, outside of regular mealtimes.

Residents were observed walking independently around the centre, spending time alone in their bedroom, or chatting to one another in the communal day rooms. Other residents were observed to spend time in the external garden area.

Residents were engaged in activities throughout the day. There was an activity schedule on display to support residents to choose what activities they would like to participate in. The inspectors observed the interactions between residents and staff during activities and found that staff supported residents to enjoy the social aspect of activities. There was a blend of group and one-to-one activities throughout the day. Residents were seen going for walks outside the centre, accompanied by staff. In the morning, a lively game of bingo was held and on one floor, a live music session was held. Residents told inspectors that there was always something enjoyable occurring in the centre.

Residents reported being offered choice in many areas such as the time they got up or returned to bed. Residents said that they felt well cared for as they could see a doctor when needed and staff were attentive and helpful. Visitors confirmed there was no restriction on visiting loved ones. Visitors spoken with, told inspectors that they were made to feel welcome and could visit at any time. Quiet spaces, such as the second sitting room on each unit, was available if desired. An oratory was also available to residents and visitors.

The following sections of this report details the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This unannounced inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in October 2023.
- follow up on unsolicited information received by the Chief Inspector
- review notifications submitted by the provider in relation to adverse incidents involving residents.

Inspectors found that this centre was well manage and sufficiently resourced. There was a strong management structure in place and lines of responsibility and accountability were clear. Notwithstanding this, inspectors found that the systems in place for the management and oversight of Regulation 23: Governance and management did not meet the requirements of the regulations. In addition, inspectors found that the premises, and on the management of fire precautions did

not fully meet regulation compliance. This is discussed in detail under the quality and safety section of the report.

The Health Service Executive is the registered provider of the centre. Senior management were present on the day of inspection. Within the centre, the person in charge was supported by two assistant directors of nursing, a team of clinical nurse managers, all of whom worked in a supervisory capacity. This local management and staffing structure was found to be effective.

The centre was registered to accommodate 48 residents. On the day of inspection, there was 44 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs.

A review of the record management system in the centre found that records were not fully in line with the requirements of the regulations. The inspectors reviewed a sample of staff files. The files did not always contain the necessary information as required by Schedule 2 of the regulations. For example, some records did not contain details of relevant qualifications, or references for all staff.

Staff training records, reviewed by the inspectors, confirmed that staff training was provided through a combination of in-person and online formats. On the day of inspection the records capturing the staff training was incomplete. This meant that the system in place did not provide assurances that all staff were appropriately trained. The records shown to the inspectors evidenced that training was provided in role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. Staff responses to questions asked on the day of inspection displayed good knowledge and understanding of training received.

The provider had systems in place for reviewing the overall quality and safety of the service. There was an audit schedule in place to monitor the delivery and quality of the care given. A review of the most recently completed care plan audit was comprehensive and detailed.

A review of incidents that had occurred in the centre found that incidents were not always notified to the Chief Inspector in line with the requirements of Schedule 4 of the regulations. For example, the inspectors found multiple examples whereby the provider had failed to submit a notification relating to an injury that required medical treatment.

The provider had reviewed the systems in place to manage residents' finances. Inspectors found that there were systems in place to ensure that residents had access to, and retained control over their personal finances.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was

displayed in the centre and residents and staff were aware of the procedure. A review of the records of complaints received by the centre found that they were appropriately managed, in line with the requirements of the regulations. At the time of inspection, all logged complaints had been resolved and closed.

Regulation 15: Staffing

A review of the rosters found that there was adequate staffing levels in place to meet the needs of the residents, and for the size and layout of the centre. Staff spoken with were knowledgeable regarding the residents support needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to, and had completed training, appropriate to their role. On the day of inspection, training records were incomplete. This is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place to ensure oversight of the service for fire precautions and record-keeping was not fully effective. This was evidenced by:

- The system in place for the recruitment of all staff. For example, not all staff files had the documents in place that are required by Regulation 21: Schedule 2.
- The provider did not have oversight of the management of staff training. On the day of inspection there was no clear record of the training that was completed by all staff and so the provider could not be assured of what training was required.
- The registered provider had not taken adequate steps to fully ensure that resident's, staff and visitors are protected from the risk of fire as detailed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notification of incidents, as required by Regulation 31, were not submitted to the Chief Inspector. For example; the inspectors found incidents whereby the provider had failed to submit a notification relating to an injury that required medical treatment.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' were satisfied with the service received and felt they were actively involved in the organisation of the service.

A review of a sample of care plans found them to be person-centred and that they clearly detailed the care to be given. Residents' assessment of need and a corresponding care plan were developed on admission, updated regularly, and reflected changes in the residents' needs. Nursing staff spoken with were familiar with the care plan system in place. Residents who were identified as being at risk of falling had assessments of need completed and care plans reflected their current care needs. Restrictive practices in place such as the use of bedrails was monitored. Each bedrail had an appropriate risk assessment completed. There was evidence of consultation with the resident and the multidisciplinary team. Risk assessments were reviewed at regular intervals, as required. Residents' nutritional care needs were monitored. Care plans contained adequate information to guide care. Residents' weights were monitored and all staff were familiar with the level of assistance each resident required during meal-times. Staff spoken to were knowledgeable about the

health care needs of the residents they were attending to, and were seen to offer opportunities for social engagement relevant to those set out in their care plans.

There was regular and prompt access to allied health professionals. Nursing staff were aware of how to access allied healthcare professional support services. A general practitioner visited the centre three times a week. Residents had access to a physiotherapist, dietician and occupational therapist.

Inspectors reviewed the premises on this inspection. The centre was generally clean and well-maintained throughout, however, some areas were not maintained to an appropriate standard. For example, ceiling extractors appeared heavily stained. A resident bathroom was being used to store mobility equipment, and was therefore not available to residents.

Inspectors reviewed the arrangements in place to protect the residents from the risk of fire. Fire safety services such as emergency lighting, fire detection and alarm systems, and fire extinguishers were regularly checked and maintained. The centre was equipped with an addressable serviced fire alarm, which provided assurance that detection of fires would be in place within all areas of the centre.

Evacuation procedures were in place for each resident through the use of personal emergency evacuation plans (PEEPs) which guided staff in the event of an evacuation. These plans highlighted the equipment required for the evacuation of each resident. However, the assessed needs of each resident were not fully reflected in the arrangements in place to evacuate the residents during day-time when residents were in day spaces or dining rooms. For example, a resident who was assessed as requiring a wheelchair during the day, would need to be transferred to an evacuation mat if evacuation was required while the resident was not in their room, such as dining times, or activities. These evacuation aids were not available at the stairwells, where the transfer of the resident would be required in order to facilitate the evacuation of the resident down the stairs.

The measures in place to contain fire, smoke and fumes in the area of a fire were reviewed. A passenger lift on level three opened directly onto a resident bedroom corridor. As the passenger lift passed through floors, compartmentation between floors was compromised by the lift. This was mitigated on other levels through the use of "lift Lobbies" which would contain any smoke or fumes within this lobby area in the event of a fire. Compartmentation was also compromised by service penetrations through compartment walls, such as electrical cabling, or piping, which was not sealed. These issues are discussed further under Regulation 28: Fire Precautions.

Safeguarding of residents was promoted through staff training, regular review of incidents that occurred, and where required, the development of personal safeguarding care plans.

Residents had access to radio, television and internet. Residents' views on the quality of the service provided were sought through resident meetings. The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents

told the inspector that they were well looked after and that they had a choice about how they spent their day. While residents rights were generally found to be upheld, the provider had failed to ensure that the privacy and dignity of residents was maintained in some shared bedrooms. For example, the privacy curtains did not provide sufficient cover.

Regulation 11: Visits

Inspectors found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors, as they wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises were appropriate to the number and needs of the residents of the centre and was in line with the Statement of Purpose. For example:

- Areas of the centre, including some ancillary rooms such as the boiler room and a staff area on the top floor were not identified on the floor plans of the centre. A room in this area, which was labelled as a nurses living room, was used to store records that were required to be stored within the floor plan of the designated centre.

Inspectors found, having regard to the needs of the residents at the centre, that the premises did not always confirm to the matters set out in schedule 6 of the regulations. For example:

- There was stains on the ceilings of the sluice rooms where the ceiling extractor was placed.
- There was dried water marks on the ceiling in a resident en-suite room.
- Some floor coverings were not safe. Some areas of the dining room floors were in a poor state of repair. The joints in the floor covering were separating, resulting in the area not being amenable to effective cleaning, and presenting a trip hazard.
- Kitchenettes, to the rear of the dining rooms, were found to be in a poor state of repair. There was damage to the ceilings and the walls in these rooms.
- Emergency call facilities were not fully accessible to residents. The centre used a mobile call bell system. A review of this system found that call bells were not always positioned in the correct location. For example, inspectors

noted an en-suite bathroom, and a resident bedroom that did not have a call bell.

- There was insufficient storage of resident support equipment. A bathroom on level 1 was used as a storage space for mobility equipment such as wheelchairs. On the day of inspection, it was not usable as a resident bathroom.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspectors found that information on the complaints procedure and advocacy services were displayed in the reception area and on each unit. Residents spoken with said that they knew how to make a complaint should they wish to do so and they knew how and when they could avail of services such as the hairdresser and various activities and outings.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had not taken adequate steps to fully ensure that resident's, staff and visitors are protected from the risk of fire. For example:

- The storage of materials in the storage areas, impacted on fire safety as flammable items such as aerosols and alcohol gels were stored alongside combustible paper materials, cardboard boxes and plastics. This was contrary to the policy at the centre, which required safe storage of flammable items separate to other items.

The provider did not provide adequate means of escape including emergency lighting for example:

- An emergency light did not function effectively when required, as it appeared to be controlled by a switch which also controlled corridor lighting. This arrangement posed a risk that the emergency light within this hallway could be turned off in the event of a fire. Emergency lighting was not in place within resident bedrooms, including multi-occupancy rooms.

The systems in place to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, and residents, are aware of the procedure to be followed in the case of a fire were not fully effective. For example:

- Fire drills completed at the centre did not reflect the requirements for the potential vertical evacuation of residents in the event of a fire, and therefore, this potential scenario had not been practiced by staff.
- Evacuation aids, identified as being required to safely evacuate some residents were not available at times when residents were not in their beds.

The provided had not ensured that adequate arrangements were in place for containing fires. For example:

- The passenger lift on level three opened directly onto a resident bedroom corridor. This posed a risk that smoke, and fumes may not be effectively contained between the floor compartments, as the lift would provide a route between the levels.
- Some service penetrations were not sealed in a communications room. The services were passing through compartment lines, and could provide a route for fire smoke and fumes in the event of a fire in the room.
- An electrical distribution room did not have adequate containment measures in place above the door to contain fire smoke and fumes within this high risk room. The area above the door was open to the ceiling void of the resident corridor and electrical cabling, and services passed through this area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals. A review of a new residents records showed that a care plan had been implemented within 48hrs of admission.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested. Services, such as physiotherapy, were available to residents weekly, and tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. Each resident had a full risk assessment completed prior to any use of restrictive practices. Staff were provided with access to appropriate training in the use of restrictive practice.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements to ensure any allegations of abuse were addressed and appropriately managed. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents' rights and dignity were consistently upheld. Some residents were not facilitated to undertake activities in private. Inspectors observed that there was inadequate privacy screening in shared occupancy bedrooms on all units. The screens in place did not meet when they were drawn closed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Meath Community Unit OSV-0000477

Inspection ID: MON-0044066

Date of inspection: 16/10/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Review and enhance the designated centres system in place for the recruitment of all staff relating to management of staff files onsite that are required by Regulation 21: Schedule 2. This includes assurance all the documents and Garda vetting disclosures are available onsite before the commencement of employment in the unit – Complete • Review and enhance governance oversight of the management of staff training in the designated centre. Specific actions on recording of the training that was completed by all staff and so the provider could not be assured of what training was required – Complete <ul style="list-style-type: none"> o Practice development nurse has oversight of the training tracker in place. o Staff are given the list of the mandatory training that they need to complete and submit the training certificate to the Practice development nurse. o Practice development nurse report on the training tracker at monthly senior management meeting. • Review and enhance registered provider governance oversight to ensure adequate steps taken to fully ensure that resident’s, staff and visitors are protected from the risk of fire as detailed under Regulation 28: Fire precautions - Completed 31/05/25 <ul style="list-style-type: none"> o Flammable items have been relocated to alternate storage and are now separated from combustible items such as paper material, cardboard boxes and plastics, same is completed. o Designated centre fire evacuation chairs and fire evacuation mats will be provided for both stairs in the unit within six months. o Designated centre fire safety trainer was informed to include vertical evacuation training. 	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Review and enhance governance oversight of notification of incidents management, as required by Regulation 31 - Complete This includes <ul style="list-style-type: none"> o Notification incidents whereby the provider had failed to submit a notification relating to an injury that required medical treatment. o Targeted communication to increase Managers awareness that all incidents that require medical assessment and hospital transfers need to be notified to HIQA within 3 working days of its occurrence. o All the incidents will be reviewed by multidisciplinary team weekly. o A checklist has been initiated to assure that all incidents are reviewed and reported promptly. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Review and update floor plan and statement of purpose to include the boiler room and the staff area on the top floor- complete. • The nurses living room has been reconfigure to the designated record store room within the floor plan and an application to vary submitted -complete. • Establish an maintenance action plan to target identified remedial works– compete target 31/10/25 <ul style="list-style-type: none"> o stains on the ceilings tiles in sluice room o dried water marks on the ceiling in a resident en-suite room o Flooring cover requiring repair in dining area o damaged ceiling and walls Kitchenette to the rear of the dining room • Emergency call bells are now position in the correct location. A weekly call bell audit is now in place, which will be over seen by CNM2 - complete. <p>The bathroom on level one has been cleared of all mobility equipment - complete.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Review and enhance governance oversight of fire precautions with the HSE fire officer in line with regulation 28 generating the following agreed actions</p> <ul style="list-style-type: none"> • Flammable items (aerosols and alcohol gels) have been relocated to alternative storage and are now separated from combustible items (paper material, cardboard boxes and plastics) - Complete • Engagement with the external fire contractor to review the adequacy of the emergency lighting system coverage in the designated centre with particular focus on control switch for corridor lighting hallways and residents bedrooms – Complete by 31/06/25 • A dedicated fire safety training session will be undertaken where staff will be trained specifically on the vertical evacuation of residents down stairs. This training will include the use of both evacuation sheets/mats and evacuation chairs. An evacuation chair will be located in both protected stairways serving the building. Complete by 31/06/25 • Review with external contractor the original Fire Safety Certificate Application covering conversion of nurse’s residence into a designated centre following retrieval from the archives. Following review scope out a plan to address identified action - Completion date 31/06/25 <p>An appropriately qualified contractor has reviewed i. service penetrations in a communications room and ii. Fire containment in the electrical distribution room with an remediation plan action to address deficits will be undertaken. Completion date 31/05/25</p> <ul style="list-style-type: none"> • Fire stopping is being reviewed by contractor and will be remediated. Time to completion- completion date 31/06/25 • The fire safety trainer was informed to include vertical evacuation training by using the evacuation chairs and evacuation mats. Vertical evacuation training commenced in December 2024. All staff will attend yearly mandatory fire safety training. Monthly fire training is scheduled - Completed • An evacuation chair will be located in both protected stairways serving the building The fire evacuation chairs and fire evacuation mats will be provided for both stairs – completion date 31/12/24. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• Review and enhance governance oversight to ensure that residents' rights and dignity are upheld on ongoing basis.o Identified inadequate privacy screening in shared occupancy bedrooms on all units addressed to ensure screens in place meet when they were drawn closed - complete• Targeted education sessions to ensure all staff are made aware of their responsibility to comply with the terms of resident's right - complete	

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(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	31/12/2024
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	28/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/12/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/05/2025

	containing and extinguishing fires.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/10/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2024