



**Health  
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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: | St Vincent's Hospital              |
| Name of provider:          | Health Service Executive           |
| Address of centre:         | Woodstock Street, Athy,<br>Kildare |
| Type of inspection:        | Unannounced                        |
| Date of inspection:        | 23 July 2024                       |
| Centre ID:                 | OSV-0000520                        |
| Fieldwork ID:              | MON-0041743                        |

## About the designated centre

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

St Vincent's Hospital is located on the fringe of the busy town of Athy and was originally built in 1844. The original building (which is a listed/protected structure) is no longer used for resident care activities but accommodates the nursing management, hospital administration and clerical teams. It also includes the day care unit, allied health care, primary care teams and the staff/visitors restaurant and hospital chapel. The centre is spread over a large campus and can accommodate up to 82 residents. Residents are cared for in pre-cast buildings dating from the 1970s, which are attached to the old hospital building by link corridors. These buildings comprise of single and twin, and triple-bedded rooms, some of which have en-suite facilities. All accommodation is on the ground floor level, with direct access from each unit to the original hospital building and to the grounds. The gardens are spacious and well maintained, with seating for residents and their visitors. Other areas include day rooms, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry and ample parking space provided for residents and visitors. According to St. Vincent's Hospital's statement of purpose, the centre aims to provide a warm, welcoming, safe, respectful and caring environment for all residents entrusted to their care. The centre's primary objective is to provide a comprehensive multi-disciplinary service that will effectively address and meet the identified needs of all residents living there. It provides respite care and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 71 |
|--|----|

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 23 July 2024 | 10:25hrs to 18:25hrs | Helena Budzicz | Lead    |
| Tuesday 23 July 2024 | 10:25hrs to 18:25hrs | Niall Whelton  | Support |

## What residents told us and what inspectors observed

The management and staff were working towards ensuring that residents' assessed needs were met and that they could enjoy living in the designated centre. Residents who spoke with inspectors expressed satisfaction with the service, including their bedroom accommodation and the quality of food. All the residents who were spoken with were complimentary of the staff and said that the staff is kind and helpful.

Residents have access to a wide variety of small and large communal areas, each offering a unique experience in different units of the centre. These include dining facilities, sitting rooms, and outside seating areas. Bedrooms were observed to be personalised with family photos, and each bedroom had a different theme for wall colours, bedding, and privacy screens. Inspectors were informed that residents residing in their bedrooms participated in choosing the design for their rooms and private bed spaces. The walls in the corridors were filled with lovely artwork, adding to the homely atmosphere. Overall residents were seen to be able to exercise choice, however this was not always possible. For example, not all bedrooms were fitted with wash hand basins as required by regulations, which meant that some residents were required to access communal wash hand basins located on the corridors, which did not uphold their rights to privacy.

Residents were offered a variety of food, snacks and refreshments on a daily basis. The dining experience was observed to be a relaxed occasion, and the inspector saw that the food was well-presented and appetising. Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful and unhurried manner.

Residents had opportunities and facilities to participate in meaningful activities that aligned with their interests and abilities. The designated centre had a dedicated area for activities and dedicated staff members to assist with the activities programme. Various activities were observed taking place throughout the day of inspection. Residents who could not attend the activities in the activity area had individual activities in their units. Residents had access to television, radio, newspapers and books.

Residents were observed to be receiving visitors without restrictions throughout the day and enjoyed their visits in their bedrooms, communal rooms, or outdoor garden space.

While the centre was clean and well laid out to meet the needs of the residents, inspectors observed that further improvements were required in respect of premises and infection prevention and control to ensure residents and staff had access to appropriate hand washing sinks in line with their needs.

The inspectors reviewed the fire safety arrangements in the designated centre and found that the provider had delivered on previous commitments given to the chief

inspector that all the red and orange-rated fire safety risks will be addressed. However, notwithstanding the completion of these works, further action was required to ensure all areas of the premises were safe and well-maintained.

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

## Capacity and capability

Overall, the management systems were well-established and effectively monitored the quality of care provided to residents. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. However, further areas for improvements were identified and these are discussed under relevant regulation in this report.

This was an unannounced 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 as amended. The provider submitted an application to renew the registration of the centre, and the inspection informed decision-making in this regard. The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in July 2023. As a consequence of regulatory non-compliance with Regulation 28: Fire precautions from the last two inspections completed in 2022 and 2023, the provider had an additional restrictive condition attached to the registration of the designated centre. Condition 4 required to address all orange and red rated risks identified in the provider's fire risk safety audit report, which was undertaken in November 2021 and revised in August 2022. The work in three out of five units in the centre had already been completed, and these units had been removed from Condition 4. During this inspection, inspectors found that the registered provider had completed the works in the two outstanding units- Le Cheile and St Anne's and had achieved compliance with condition 4.

The Health Service Executive (HSE) was the registered provider of St Vincent's Hospital. A senior management team was in place to provide managerial support at the group level. The person in charge (PIC) was responsible for the local day-to-day operations in the centre and was supported in this role by the Assistant director of nursing (ADON), clinical nurse managers (CNMs), a team of nurses, healthcare, catering, activity, housekeeping, administrative, and maintenance staff.

There was evidence of continual staff training and the inspectors saw evidence that staff had completed and up-to-date mandatory training and there were adequate supervision arrangements in place.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements. The annual review of the service's quality and safety for 2023 and the quality improvement plan for 2024 were available for review. There was evidence that they were prepared in consultation with residents and their families.

The inspectors reviewed a number of staff personnel records, which were found to have the necessary requirements, as set out in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were sought prior commencing the employment. However, not all records were stored in the designated centre as outlined under Regulation 21: Records.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the office of the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records were provided to the inspectors for review and indicated that all staff had up-to-date training, including fire safety, safeguarding vulnerable adults,

manual handling, infection prevention and control and other training relevant to their roles and responsibilities.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedule 3 were not stored in the premises registered as the designated centre.

Copies of transfer letters for occasions when residents were temporarily transferred to the hospital were not maintained in residents' files and were not available on the day of the inspection as required in Schedule 3.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Notwithstanding the improvements noted on this inspection, further improvement was required in the oversight of fire safety and maintenance as discussed under Regulation 28: Fire Precautions and Regulation: 17 Premises.

For example, the inspectors noted an area adjacent to St. Joseph's unit, which had not been covered by the fire safety risk assessment. This area comprised two externally accessed spaces; one housing the oxygen cylinders for the piped oxygen supply and the other a maintenance storage area with paint cans and other maintenance products stored there. There was inadequate containment between these two spaces and no fire detection. The person in charge immediately arranged for the storage items to be removed to reduce the risk.

Management systems to oversee the maintenance and storage of records, premises, infection control, fire safety and care planning required to be further strengthened to ensure they aligned with regulatory requirements.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose



The statement of purpose (SOP) required updating to reflect all the requirements detailed in Schedule 1. For example, there were some discrepancies between the description of facilities in the SOP and the floor plans that required addressing.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and notification events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available and updated within the prescribed time frame.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high-quality care to residents. Residents' needs were being met through good access to healthcare services and good opportunities for social engagement. However, some actions were required in assessments and care planning, infection control, premises, residents' rights and fire precautions, which will be detailed under the relevant regulations.

Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. Inspectors were assured

that each resident had a care plan in place. However, on review of a sample of nutritional care plans, some required updating to reflect recent changes in residents' conditions; this finding is further detailed under Regulation 5.

Residents reported feeling safe in the centre, and staff were aware of what to do if there was an allegation of abuse. Inspectors reviewed documentation regarding residents' monies and found that appropriate procedures were in place to safeguard residents' finances.

Overall, there was effective management and monitoring of infection prevention and control practices within the centre. In general, the centre was clean, and the storage was well-organised. However, inspectors found that some improvements in respect of the clinical hand washing sinks were required, as discussed under Regulation 27: Infection Control. In addition, inspectors were not assured that all facilities in the centre meet the criteria of Regulation 17: Premises.

The fire safety work to the residential units was complete, and a sign-off from the fire safety consultant was issued and available for review. The provider had committed to completing works in the central area of the designated centre. These works, informed by a further fire safety risk assessment were in progress; fire doors were being replaced and fire containment works to the kitchen and ancillary areas was under way. Delays owing to the protected structure in the area of the chapel meant that the date for completion was extended. Upon completion, sign-off will be required to be submitted to the chief inspector. Fire safety management requires improvement, and this is detailed further under Regulation 28: Fire Precautions.

Residents' individual preferences were supported, and the inspectors observed that residents were able to exercise choice in their daily routines. Minutes of residents' meetings evidenced that residents' feedback regarding the quality of the service was used to improve the service. However, some improvements were required regarding supporting residents' privacy and dignity as outlined under Regulation 9: Residents' Rights.

## Regulation 17: Premises

Call bells were available throughout the centre; however, inspectors found that in two units, some of the call bells were not correctly assigned to rooms and displayed incorrectly on the call bell screen. This posed a risk of delays in answering the call bells, as when a resident was calling for assistance, the number displayed on the monitor led to a different room. Assurances from St Joseph's unit were received on the day of the inspection, and following the inspection, that all call bells in the centre were aligned with the correct room.

Further action was required by the registered provider to meet the requirements of Regulation 17 and Schedule 6:

- Wash hand basins for residents' personal hygiene were not provided in some of the multi-occupancy bedrooms.

- There was a cover missing from a light fitting in St. Joseph's unit.
- There were a number of damaged shower heads in residents' bathrooms.
- The layout of an en-suite bathroom in Our Lady's unit meant that access to the toilet was through the shower area, creating a slip or fall risk when the area is wet. Furthermore, the water from the shower spread across the room beyond the shower area, creating a further risk of falls.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre had an up-to-date risk management policy in place, which included all of the required information as set out under Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control processes in the centre were not fully in compliance with the *National Standards for Infection Prevention and Control in Community Services* and other national guidance. This was evidenced by:

- Hand washing sinks were missing in two bedrooms in Our Lady's and Holy Family units.
- The sinks in the Toilet room opposite the dining room in Our Lady's and Holy Family units were not fit for purpose as their position on the wall did not provide easy access for residents with mobility impairment.
- The sinks in the treatment rooms did not meet the criteria for clinical hand washing sinks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Requisite fire safety works in the residential units, arising from the providers fire safety risk assessment had been completed since the previous inspection; this greatly improved the arrangements in place to protect the residents from the risk of fire. However, further action was required to ensure compliance with this regulation.

There was a small store and oxygen manifold room attached to St. Joseph's unit, accessed externally, which was not covered under the scope of the fire safety risk assessment. To ensure adequate precautions against the risk of fire, including containment and detection in this area, an assessment is required by a competent fire safety professional to determine actions required to protect residents from the risk of fire.

Action was required to ensure adequate precautions against the risk of fire. The position of some oxygen cylinders created a risk where they were located close to electrical appliances. Cylinders stored in the laundry store area were not adequately ventilated.

Action was required to ensure adequate means of escape, including emergency lighting:

- Some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure a safe escape to the assembly points.
- Documentation available confirmed the emergency lighting was being inspected on a quarterly basis as required, but indicated additional lighting was recommended. The certificate/confirmation for annual inspection and testing was not available for review.
- The alternative escape route from a dining room in St. Joseph's unit had a step and required review. A number of residents who use this dining room have restricted mobility and use a wheelchair.

Action was required to ensure adequate containment and detection of fire;

- The fire doors in the newer section of the St. Josephs's unit had gaps where locking devices interrupted the heat and smoke seals, creating excessive pathways for the spread of fire and smoke. There were also gaps where the smoke seal was fitted and would not contain the spread of smoke to the escape corridor.
- In some locations where light fittings were replaced, the ceiling required fire sealing where holes were made in the fire rated ceiling.
- Where new fire doors were being installed and work to fire containment; when complete, sign off will be required to ensure adequate containment of fire.
- A linen room was not fitted with fire detection.
- The store and oxygen supply room at St. Joseph's was not fitted with fire detection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not consistently guided by a comprehensive assessment of residents' care needs. For example:

- Some residents' care plans for nutrition did not accurately reflect the needs of the residents and did not identify interventions in place to support residents when identified as being at high risk of malnutrition. The changes in residents' weight were captured in the evaluation, but the care plan was not updated with the history of weight loss and the therapeutic interventions needed or in place. In addition, there was no mention of the Malnutrition Universal Screening Tool (MUST) scoring high risk in residents' care plans for an evidence-based approach to care planning. In two instances, the Malnutrition Universal Screening Tool (MUST) was not correctly calculated, reflecting the correct score calculated in the last 3-6 months.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' general practitioners (GPs) made site visits on a regular basis. Residents also had access to a range of health and social care professionals such as dietitians, chiropodists, physiotherapists and tissue viability nurses (TVN).

Judgment: Compliant

### Regulation 8: Protection

The provider was a pension agent for multiple residents, and the records examined demonstrated appropriate safeguards to protect residents' finances. The registered provider had a process in place for any outstanding balances of all monies owed to residents' estates of any deceased residents. Every effort was made to liaise with the relevant authorities to enable monies to be returned in a timely manner.

Judgment: Compliant

### Regulation 9: Residents' rights

In the absence of sinks available for residents' use in their bedrooms as detailed under Regulation 17: Premises, inspectors observed sinks located in front of the room on the corridors in the Our Lady's and Holy family units. This did not support

residents' rights to undertake personal activities in private, such as brushing teeth, as these bedrooms also did not have an en-suite facility.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 21: Records   | Substantially compliant |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 3: Statement of purpose   | Substantially compliant |
| Regulation 31: Notification of incidents   | Compliant               |
| Regulation 34: Complaints procedure  | Compliant               |
| Regulation 4: Written policies and procedures                                      | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management   | Compliant               |
| Regulation 27: Infection control   | Substantially compliant |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 5: Individual assessment and care plan                                  | Substantially compliant |
| Regulation 6: Health care  | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Substantially compliant |

# Compliance Plan for St Vincent's Hospital OSV-0000520

Inspection ID: MON-0041743

Date of inspection: 23/07/2024

## 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:</p> <ul style="list-style-type: none"> <li>• Communication given to all nursing staff that when transferring a resident to another facility a copy of the transfer form must be filed in the residents care record. Communication process is via team meetings and safety pause – Completed 4/9/24</li> <li>• Transfer policy and procedure has been updated and in house education sessions on implementing the policy have commenced - Completed 24/7/24</li> <li>• Audit to be completed on all records of residents who transfer out to ensure that a copy of the transfer document is kept in the resident records. – Completed 30/11/24</li> </ul> |                         |
| 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"> <li>• Review management systems to strengthen governance oversight of the maintenance and storage of records, premises, infection control, fire safety and care planning to be enhance alignment with regulatory requirement- Complete by 31/12/24</li> <li>• Fire Safety Risk assessment to be completed for the area adjacent to St. Joseph's unit including oxygen manifolds and maintenance storage areas throughout centre by HSE fire officer in conjunction with relevant stakeholders – Complete by 30/10/24</li> </ul>   |                         |

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|---|-------------------------|
| Regulation 3: Statement of purpose  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• Updated SOP and floor plans submitted to regulations@hiqa.ie – Completed 3/09/2024</li> </ul>  |                         |
| 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"> <li>• HSE Estates in consultation with relevant subject matter experts will review access wash hand basins in resident bedrooms throughout the centre, secure fund to generate a time bound plan to improve access as per Schedule 6 regulatory requirements – Complete by 30/04/25</li> <li>• The cover has been replaced on the light fitting in St Joseph’s Unit – Completed 24/07/24</li> <li>• Centre’s maintenance team have reviewed and generated an action plan to replace identified damaged shower heads – Complete by 31/10/24</li> <li>• Centre’s maintenance team to review ensuite layout in OLW unit and generated an action plan to address the fall risk – Complete by 31/12/24</li> <li>• PIC to complete a risk assessment on OLW ensuite with identified controls measures actioned to minimize risk – Complete by 31/12/24</li> </ul> |                         |
| Regulation 27: Infection control  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• HSE Estates in consultation with relevant subject matter experts will review access wash hand basins in resident bedrooms throughout the centre, secure fund to generate a time bound plan to improve access as per Schedule 6 regulatory requirements – Complete by 30/04/25</li> <li>• Centre’s maintenance team to review assisted toilet in Our Lady’s and Holy Family unit and generated an action plan to renovate this space to enhance ease of access to residents’ with mobility impairment – Complete by 31/06/25</li> <li>• HSE Estates to complete upgrade sinks in the treatment rooms in Our Lady’s, Holy Family and St. Anne’s units – Complete by 31/12/24</li> </ul>  |                         |

|  |                         |
|--|-------------------------|
|  |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Our Lady’s unit’s oxygen cylinder relocated to an identified appropriate space away from electrical appliances – Completed 28/08/24</li> <li>• Centre’s maintenance team to review and generate an action plan to increase ventilation supply in the internal oxygen storage area – Complete by 31/11/24</li> <li>• Installation of an upgraded emergency lighting system along external escape routes across the designated centre to deliver annual certified compliance – Complete by 31/06/25</li> <li>• Within the non-residential areas of the centre, works will be undertaken to upgrade the infrastructure to active and passive fire protection systems. Upon completion, the relevant sign off certificates of compliance shall be provided 31/06/25</li> <li>• Centre’s maintenance team to review and generate an action plan to replace the fire exit door in St Joseph’s unit supported by an installation of an escape ramp – Complete by 31/12/24</li> <li>• Subject Fire doors in the new four bedded area in St. Joseph unit will be remediated by the installation of intumescent/smoke seal assemblies to the edge of door leaf that does not incorporate ironmongery, and gaps between the leaves shall be minimised to achieve a maximum of 4 mm – Complete by 31/12/24</li> <li>• Ceiling repaired works completed to address identified issue from previous light fixture remedial works – Complete by 26/08/24</li> <li>• Fire detection system to be installed in the centre linen store– Completed 31/12/24</li> <li>• Fire Safety Risk assessment to be completed for the area adjacent to St. Joseph’s unit including oxygen manifolds and maintenance storage areas throughout centre by HSE fire officer in conjunction with relevant stakeholders – Completion date 30/10/24</li> </ul> |                         |
| Regulation 5: Individual assessment and care plan  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• An audit of all nutritional assessments for residents has been carried out and in-education around conducting a nutritional risk assessment scheduled. A particular focus on the management of residents with noted weight loss – Complete of 31/12/24</li> <li>• Audit of the In house refresher sessions on the nutrition policy have commenced for all staff with a focus on nutritional assessments and care planning in the event of weight loss – Complete 31/12/24</li> </ul>   |                         |

|  |                         |
|--|-------------------------|
|  |                         |
| 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"><li>• HSE Estates in consultation with relevant subject matter experts will review access wash hand basins in resident bedrooms throughout the centre, secure fund to generate a time bound plan to improve access as per Schedule 6 regulatory requirements – Complete by 30/04/25</li></ul> |                         |

## 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      | 30/04/2025               |
| 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      | 30/11/2024               |
| 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                                 | Substantially Compliant | Yellow      | 31/12/2024               |

|                         |   |                         |        |            |
|-------------------------|---|-------------------------|--------|------------|
|                         | effectively monitored.  |                         |        |            |
| Regulation 27           | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/12/2024 |
| 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)(c)(i)  | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.   | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate   | Substantially Compliant | Yellow | 30/06/2025 |

|                     |   |                         |        |            |
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|                     | arrangements for reviewing fire precautions.  |                         |        |            |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow | 31/12/2024 |
| Regulation 03(1)    | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.   | Substantially Compliant | Yellow | 03/09/2024 |
| Regulation 5(4)     | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 04/09/2024 |
| Regulation 9(3)(a)  | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.   | Substantially Compliant | Yellow | 31/12/2024 |

|                    |   |                         |        |            |
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| 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 | 30/04/2025 |
|--------------------|---|-------------------------|--------|------------|