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:	Ennis Road Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Ennis Road, Meelick, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	10 April 2024
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0040429

About the designated centre

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

Ennis Road Care Facility is a designated centre located on the outskirts of Limerick city on the old Ennis Road. It is registered to accommodate a maximum of 84 residents. It is a purpose-built single storey facility, where bedroom accommodation comprises 54 single and 15 twin rooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional toilet facilities are available throughout the centre. Communal areas comprise a spacious dining room, a large garden room (day room), activities room, smoking room, and oratory. Main reception is an expansive space with a grand piano, fire place, and lots of seating hubs; off the main reception is the hairdressers' salon and an area to be developed into a coffee dock. There are additional comfortable seating areas off the activities room. Residents have access to two enclosed gardens with walkways, seating and raised flower beds. Ennis Road Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 April 2024	09:45hrs to 18:25hrs	Rachel Seoighthe	Lead
Wednesday 10 April 2024	09:45hrs to 18:25hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

The consistent feedback from residents was that Ennis Road Care Facility was a nice place to live and staff were considerate to their needs. Inspectors heard positive comments about the kindness of staff and residents reported satisfaction with the service provided. Inspectors found that the atmosphere in the centre was welcoming and residents received unhurried and attentive care from a team of staff who were dedicated to ensuring that residents enjoyed a good quality of life.

Upon arrival to the centre, inspectors were greeted by the person in charge. Following an introductory meeting with the management team, the inspectors spent time walking through the centre, giving an opportunity to meet with residents and observe their living environment. At this time, some residents were observed sitting in communal areas or having their breakfast, while others were in the process of getting ready for the day. Inspectors observed staff being responsive and attentive to resident's requests and they appeared to be knowledgeable about resident's individual needs and preference. The residents spoken with were satisfied with the length of time it took to have their call bells answered.

Ennis Road Care Facility provides long term care for both male and female adults with a range of dependencies and needs. The centre was a single-storey facility, situated in a residential area on the outskirts of Ennis, Co. Clare. The designated centre is registered to provide care for 84 residents. There were 80 residents living in the centre on the day of inspection.

The entrance of the centre led to a spacious reception area which contained several comfortable seating areas and furnishings. There were a variety of other communal areas for residents to use including a large dining room, an activities room and a prayer room. There was a spacious enclosed garden area which was accessible to residents. Residents were seen moving freely throughout the centre and it was evident that their individual preferences were respected in relation to where they chose to spend their day.

As inspectors walked through the centre they noted that one final fire escape door was not accessible to residents and signage was placed on the fire escape door instructing that it should not be used. When the fire escape door was opened inspectors observed that the ramp on the opposite side of the door had been removed as construction works were taking place outside. There was a significant drop onto an uneven, wet surface and there was no safe pathway to enable the safe evacuation of residents to the nearest fire assembly point. This meant that residents could not be safety evacuated through this part of the centre in the event of a fire emergency. Inspectors noted that personal evacuation plans (PEEPS) displayed in several resident bedrooms, instructed that each resident should be evacuated through the inaccessible route. This written instruction could have caused confusion and potentially delay the evacuation of residents in the event of a fire in the centre.

These fire safety risks were brought to the attention of the management team.

Resident bedroom accommodation consisted of single and twin bedrooms, with en-suite facilities. Inspectors noted that many resident bedrooms were personalised with items of significance such as photographs, ornaments and soft furnishings. Call bells were provided in resident bedrooms and en-suite bathrooms. Inspectors observed that the cleanliness of the premises required attention, particularly in respect of resident communal toilet facilities, as several sink, toilet and floor surfaces were visibly unclean.

Staff were visibly present and observed providing care in an unhurried manner while engaging in polite conversation with residents. Residents told inspectors that the staff were 'A1'' and treated them with respect. Inspectors observed interactions between the staff and residents that were as the residents described. For example; inspectors observed a resident who appeared distressed and calling out at the main reception. Inspectors observed two members of staff attend to the resident and engage with the resident in a manner that supported the resident to communicate their wishes. The resident was offered multiple choices to return to their bedroom, attend one of the communal sitting rooms or remain at reception. Staff engagement was observed to be kind and not rushed. Following this interaction the resident was later observed to be resting peacefully listening to music. The resident appeared relaxed and content.

Residents told the inspectors that they knew the management team well and would raise a concern or complaint without hesitation, with confidence that the issue would be resolved. One resident sought out inspectors so that they could tell them about their satisfaction with the service provided. Residents told inspectors that their choice was respected with regard to the time they got up from bed and frequency of showers. Residents appeared well groomed and it was evident that residents were supported to maintain their personal appearance.

The inspectors observed the dining experience to be a social and enjoyable experience for residents. The dining room was bright and spacious and tables were neatly set. Residents were observed enjoying the company of one another in the dining room. Mealtimes were unhurried and staff were present to provide assistance and support to residents with their meals when needed. Residents were provided with a choice at mealtimes.

Two staff members were assigned to the provision of activities for residents and a detailed activity plan was in place. This included one-to-one activities, group activities and outings. On the afternoon of the inspection, individual easels and art materials were arranged in one communal room. Inspectors observed that an activities coordinator had sketched images, which were then painted by the residents. One resident was observed showing the reception staff their finished work. Inspectors overheard a positive interaction where staff spent time chatting with the resident, complimenting their artwork and remarking on their 'many talents.' It was evident that the resident enjoyed this pleasant engagement.

Visitors were observed attending the centre throughout the day of the inspection.

Visitors who spoke with inspectors confirmed that arrangements for visiting were flexible. They gave positive feedback about the care their relatives received.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

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. Inspectors followed up on the provider's compliance plan response to a previous inspection in February 2023 which had identified non-compliance in relation to governance and management, and assessment and care planning. Inspectors found that on this inspection, action had been taken to bring care planning and assessment into full compliance with the regulations and there were systems in place to oversee clinical and environmental aspects of the service. However, inspectors found that the governance and management of the centre was not fully aligned with the requirements of the regulations. Risk management systems were not effectively implemented and risks associated with fire safety were not identified and acted upon in a timely manner to ensure the safety and welfare of residents. The provider was required to submit an urgent compliance plan in relation to fire safety issues, to the office of the Chief Inspector following this inspection. The urgent compliance plan was accepted.

The registered provider of the centre was Beech Lodge Care Facility Ltd. There was a clearly defined management structure in place, with identified lines of authority and accountability. A director of the company represented the provider and they attended the centre at a minimum of three times per week. The person in charge was supported in their role by an assistant director of nursing (ADON) and clinical nurse manager (CNM). A team of registered nurses, health care assistants, activity, administration, maintenance, domestic and catering staff made up the staffing compliment. The assistant director of nursing deputised in the absence of the person in charge. This inspection was facilitated by the person in charge and assistant director of nursing. Information requested for this inspection was provided in a timely manner and the clinical management team were knowledgeable of residents individual needs.

On the day of the inspection, inspectors observed that there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. Records showed that there was at least two registered nurses on duty at all times to oversee the clinical needs of the residents. Records demonstrated that the provider had made arrangements to facilitate training for staff in fire safety, infection control, manual handling and safe-guarding vulnerable persons.

Regular meetings took place with staff and management in relation to the operation

of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions agreed. There were management systems to monitor the quality and safety of the service. Clinical and environmental audits were completed by the management team. Audits completed included reviews of falls, medication management and infection control. The clinical audits reviewed by inspectors effectively identified areas for improvement and contained quality improvement plans. While there was management oversight of the service, inspectors found that risk management systems failed to identify and mitigate risk relating to fire safety, resulting in the failure to identify significant fire safety issues within the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector, as required by the regulations. Records demonstrated that incidence of falls were used as an opportunity for learning and post-fall reviews included details such as the location of falls, times falls took place and the frequency of falls for individual residents. A root cause analysis was completed following incidents and quality improvement plans were developed in response to findings. Notifications required to be submitted to the Chief Inspector were done in accordance with regulatory requirements. Records of complaints viewed found effective management of incidents of complaints, which were recorded in line with regulatory requirements.

A review of a sample of the contracts for the provision of services in place for residents found that they met the requirements of the regulation. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services.

Inspectors reviewed a sample of staff personnel files and found that all of the information required by Schedule 2 of the regulations was contained in each file. All staff had a garda vetting disclosure in place prior to commencing employment in the designated centre.

An annual review of the quality and safety of the service had been completed for 2023. This included findings from audits completed throughout the year and set out a quality improvement plan for 2024.

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.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that risk management systems were effectively implemented. Inspectors found that risks in relation to fire safety were not identified and effectively mitigated. This was evidenced by findings as detailed under Regulation 28.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts for the provision of care. Contracts viewed were signed by the resident or their representative and they included the terms of admission and fees to be charged for services provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, resident's health and social care needs were delivered to a high standard of evidenced-based care. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However, the quality and safety of care being delivered to residents was not consistently managed to ensure the best possible outcome for residents. In particular, fire precautions, infection prevention control and premises were not found to be in line with the requirements of the regulations.

It is acknowledged that the provider had systems in place to monitor fire safety precautions and procedures within the centre, such as a fire detection and alarm system which were serviced at appropriate intervals. However, inspectors observed that the provider failed to ensure that adequate arrangements were in place for evacuating residents in the event of a fire. The risks associated with restricted access to a fire escape were not identified or addressed and in the absence of satisfactory assurances regarding residents' safe evacuation in the event of a fire emergency, the provider was asked to submit an urgent compliance plan by 16 April 2024. This compliance plan was accepted. Additional fire safety risks identified in relation to the containment of fire and smoke in the centre are detailed under Regulation 28: Fire precautions.

While there were cleaning schedules in place, inspectors observed that some areas of the centre and items of resident equipment, were not cleaned to an appropriate standard. Several communal toilets were visibly unclean which posed a risk of infection to residents. Inspectors found that further actions were necessary to ensure residents were protected from risk of infection and these findings are discussed under Regulation 27: Infection Control.

The centre was found to be well-lit and warm and resident's accommodation was individually personalised. However, inspectors found that there were parts of the premises which were in a poor state of repair such as bedrooms, bathroom facilities, and communal areas. Walls were visibly damaged and stains were evident along corridors.

Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident, which reflected their assessed needs. Inspectors found that, overall, care plans that were in place were holistic and contained person-centred information.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP) , as evidenced by a sample of residents' records reviewed. The centre employed a full-time physiotherapist and residents were also referred to health and social care professionals such as dietician services, occupational therapy, and speech and language therapy, as needed. Residents' hydration and nutrition needs were assessed, implemented and regularly monitored. Residents who were assessed as being at risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and

language therapy specialists. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan and the recommendations of health and social care professionals was observed to be implemented. For example, advice received from a tissue viability specialist on the management of a wound and advise from a dietitian on the management of unwanted weight loss was implemented which resulted in positive outcomes for residents. There were a number of residents in the centre with complex care needs and records demonstrated that the person in charge was working with community services, to support residents to explore independent living accommodation options.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of the residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

The provider had systems in place to ensure that residents were protected from the risk of abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. The provider acted as a pension agent for three residents and there appropriate arrangements in place.

Residents had access to an independent advocacy service and records demonstrated that residents were supported to engage such services. There were regular residents' meetings held which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that residents were consulted about activities, the quality of food, laundry services, maintenance and infection control. Records demonstrated that a detailed action plan was drafted following each meeting, to ensure that items raised were addressed to resident satisfaction. Meeting records also indicated that residents were invited to participate in management meetings. The centre had prepared a residents guide that outlined the services and facilities that were provided in the centre. Residents had access to radios, television, local and national newspapers and internet services.

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

Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under Schedule 6 of the regulations. For example;

- Paint was damaged or missing along corridors and on a number of wall surfaces in resident bedrooms. This meant that these surfaces could not be effectively cleaned.
- Ceiling surfaces adjacent to the visitors room showed signs of water damage and a number of ceiling surfaces had visible holes.
- Some resident equipment such as commodes, were observed to be rusted, therefore effective cleaning could not be assured.

There was a lack of suitable storage in the designated centre. This was evidence by the following findings:

- Inappropriate storage of a hoist in a resident communal toilet.
- Storage of mixed items of equipment in a communal rooms which was labelled as a visitors room.

Judgment: Substantially compliant

Regulation 26: Risk management

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

The failure of the provider to identify and manage risk, is actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

The designated centre did not fully met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- There were areas of the centre that were not cleaned to an acceptable standard on inspection. For example, floors surfaces of several communal toilets were visibly unclean. This posed a risk of cross contamination.
- Damaged and impaired floor coverings impacted on effective cleaning as evidenced by the build up of dirt and debris along edges of the floor.
- Bed bumpers in one resident bedroom were visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following this inspection, the provider was required to submit an urgent compliance plan to address an urgent risk in relation to the safe evacuation of residents in the event of an emergency. Inspectors found that urgent compliance was required to address the risk posed by obstructed access to a final fire exit door in one compartment. Inspectors observed that when the fire exit door was opened, there was a significant drop onto an uneven, flooded surface, as a ramp had been removed to facilitate construction works in this area. The area was not safe for use by for residents who used mobility aids or wheelchairs and there was no safe pathway to support the transfer of residents from the fire exit to the nearest fire assembly point. Signage was placed on the fire exit door instructing staff against its use, however personal evacuation plans (PEEPs) reviewed by inspectors instructed that residents should be evacuated from the centre via the obstructed fire exit door. Records were not available to demonstrate that a simulated fire evacuation drill had taken pace in this area, or that an alternative evacuation route had been identified. The provider's response provided assurance that the risk was adequately addressed.

Additional concerns were identified in relation to fire safety as follows;

- A number of corridor fire doors, when released, did not close fully, which may not contain smoke in the event of a fire. This is a repeated finding from a previous inspection.
- There were spaces between the door and the floor under a number of fire doors and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency. This is a repeated finding from a previous inspection.
- Access to a fire escape door located in a room labelled as 'temporary visitors room-isolated' was obstructed by the positioning of multiple wheelchairs outside the room and a latch which was secured at the top of the fire doors.
- Several fire doors were held open with chairs to prevent them from closing.
- Emergency lighting that was required to illuminate the route of escape in the event of a fire evacuation at night time was not operating in the prayer room.
- Access to a fire escape door located in the prayer room was obstructed the the placement of furniture in front of the door.
- Staff responses on what action to take in the event of the fire alarm sounding were inconsistent and not in line with the centre's fire procedure.

- Personal evacuation plans for several residents did not contain up-to-date information regarding the fire exit to be used in the event of a fire in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment in place that guided the development of a care plan. Assessments were completed using validated assessment tools to identify residents clinical and social needs. Care plans were effective in guiding staff to deliver person-centred care. Records demonstrated that care plans were reviewed at intervals not exceeding four months, and more frequently, if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to allied health and social care professionals and access to a general practitioner (GP), as required or requested. There was clear evidence that advice received was acted upon. For example, inspectors reviewed a sample of wound care records in the centre and found that evidenced-based wound care was provided to residents. Wound prevention measures were in place and nursing staff had access to tissue viability expertise to support the management of residents wounds.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Residents felt safe living 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0040429

Date of inspection: 10/04/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Immediate action was taken to reduce fire risks identified on the day of inspection. All proposed building works that have the potential to impact on the operation of the designated centre will now be discussed, planned for, agreed at governance and management meetings and oversight in place daily that actions are being carried out so that appropriate risks can be anticipated, reviewed and the appropriate mitigating controls implemented in advance of any works commencing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. An audit of all rooms and all areas had been completed prior to the inspection that the maintenance team were working on to address the chipped paint in different locations in the care facility. This was identified and there was ongoing painting for the facility underway at the time of the inspection. All painting for the full designated Centre should be fully completed by 01/08/24. 2. The water damaged ceiling that was identified in the maintenance book at the time of the inspection is currently being repaired. It was not possible to repair this at the time due to poor weather conditions. This will be fully repaired by 07/06/24. 3. Newer commodes purchased had a flaw in their design that the top of the wheel connection to the leg of the chair began to rust. We are currently awaiting an order, and these will all be replaced by 14/06/24.Storage: 1. The hoist was removed with immediate effect. 2. The items referenced to were chairs that were moved from a communal area to	

facilitate maintenance carrying out painting. These chairs were moved there on the morning of the inspection. The room referenced was in use as a visitor's room during covid restrictions but is currently utilized for a Men's Shed only on designated days of the week. The chairs were removed with immediate effect on the day of the inspection.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Both communal toilet floors were cleaned immediately at the time of the inspection.
2. Documented spot checks are carried out by a member of the management team on a daily basis for all communal toilets that residents utilize. This is in place daily since 10/04/24.
3. The housekeeping team carry out cleaning on the communal toilets 4 times per day and document this. Ongoing daily.
4. The Head of housekeeping carries out housekeeping audits monthly.
5. All staff members have been advised to report and clean immediately any IPC issues with the communal toilets.
6. Residents use the communal toilets freely but may not be aware that they have left it unclean. We wish to continue to promote our resident's independence and increase spot checks on the communal toilets daily to support with IPC measures.
7. All bed bumpers are checked and cleaned daily by assigned HCA's and spot checked by management team on daily walkabouts.
8. Environmental audits are conducted quarterly to provide further oversight of cleaning standards.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. A provider assurance report was submitted on 16/04/24 that was accepted by HIQA as providing assurance that the risk was adequately addressed. A temporary ramp was installed on 10/04/24 during the day of the inspection and assessed on the day by the Health and Safety officer of the site. A permanent ramp was in place and accessible from the 13/04/24.
2. All escape routes have been checked by a member of the management team since 11/04/24. These checks include the internal access corridors, the door structure and mechanisms and the external egress path. No issues that could not be addressed immediately have arisen since commencement.
3. All staff have attended refresher fire safety training last training session completed on

29/05/24.
4. A nursing home PAS 79-2000 fire risk assessment was carried out on 24/04/24 by a fire engineer. All areas of fire safety were assessed including fire doors, building structure, internal and external lighting, evacuation procedures, alarm systems, servicing records. All actions from this risk assessment are being completed on a phased basis as laid out in the Fire risk assessment and will be completed by 01/08/24 as per the timeframes allocated.

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	01/08/2024
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 effectively monitored.	Substantially Compliant	Yellow	16/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	11/04/2024

	associated infections published by the Authority are implemented by staff.			
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.	Not Compliant	Red	16/04/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	16/04/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	16/04/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	01/08/2024

	containing and extinguishing fires.			