



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

Issued by the Chief Inspector

Name of designated centre:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	06 June 2024
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0043890

About the designated centre

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

Macroon Community Hospital dates from the 1930's. There is significant work being undertaken to modernise and renovate the building. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 26 beds with 24 single and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a quiet library room, a dining room with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroon Community Hospital 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:	24
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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
Thursday 6 June 2024	09:00hrs to 17:15hrs	Robert Hennessy	Lead
Thursday 6 June 2024	09:00hrs to 17:15hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, residents were provided with a good quality of life in Macroom Community Hospital. Residents spoken with on the day of inspection were content living in the centre and visitors that spoke with the inspectors were happy with the care and support their loved ones received. Residents who spoke with the inspectors gave positive feedback about the centre and the staff. There were 24 residents in Macroom Community Hospital on the day of inspection, the inspectors spoke briefly with most of them and spoke with six in more detail. One resident said the "staff were really good" while another said they were "happy with activities" and they "really enjoyed the food". A visitor was spoken with was also very happy with the service being provided to their family member.

Macroom Community Hospital is a single-storey building situated on a large site which also accommodated community day services. An application to vary the registration was submitted to increase the number of residents from 26 to 38 with the addition of four three person bedrooms. These areas were viewed as part of the inspection. The centre had recently been refurbished and extended and was observed to be finished to a very high standard. The centre was made more homely with artwork and pictures on display throughout.

Most areas of the centre were clean. However, one sluice room (a room used for the safe disposal of human waste and disinfection of associated equipment) was seen to be visibly unclean. It was reported to the inspectors that at times there was a shortage of dedicated cleaning staff to cover the cleaning schedule, this is discussed further under regulations 15 and 27.

Bedrooms for the residents were seen to be personalised with memorabilia and mementos. Personal storage for residents was adequate, with access to lockable and wardrobe storage. The new bedrooms that were subject to the application to vary the registration were seen to be furnished, they had a call bell system in place but there were not call bells at all the beds and the system was not clear which meant staff would not be alerted to the area the call bell was alarming. Privacy for residents in these new bedrooms required action. Privacy screens in place did not provide adequate coverage to enable residents to undertake activities in privacy. This is discussed further later in the report.

The inspectors saw that a number of fire doors were propped open in the centre which made them ineffective in the case of fire as they would not automatically close. Two magnetic locking devices, which would enable key code access to outdoor areas, of two fire exits were seen not to be fitted in the area that was subject to the application to vary the registration.

There was an activity schedule seen to be in place and a person was identified each day to manage activities for the residents. Mass was seen taking place in the afternoon in the centre and a number of residents reported that this was important

to them. Further one to one activities took place in the afternoon.

The lunchtime meal was observed and this was a social occasion for the residents. Residents that required assistance were given assistance by staff. Residents reported that they were happy with the quality and choice of food available at meal times.

Throughout the day of inspection, inspectors observed staff interacting with residents in a positive and respectful manner. Staff spoken with on the day of inspection were knowledgeable on how to support the residents with their needs. Evidence of regular resident meetings were taking place in the centre, with issues being identified and actions taken from same.

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 on the quality and safety of the service being delivered.

Capacity and capability

In general, Macroom Community Hospital was a well-managed centre where residents received good quality care and services. However there were a number of areas found on this inspection that require some action including fire issues, privacy issues and premises.

This was an unannounced inspection following an application to vary conditions of the registration of the centre and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Macroom Community Hospital is a single storey designated centre which can accommodate 26 residents. There were 24 residents living in the centre on the day of inspection. An application had been submitted to increase the number of residents from 26 to 38 with four additional bedrooms with three bed spaces in each. This inspection also included a focused review of fire precautions in the centre.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre was clear, with roles and responsibilities understood by the management team, residents and staff. The management team, operating the day to day running of the centre consists of a person in charge and a clinical nurse manager. The management team is supported by staff nurses, health care assistants, house hold staff and administration staff.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. Staff interacted kindly and respectfully with the residents during the day. However, on this inspection it was found that there was not always an appropriate amount of staff allocated to cleaning the centre, which

posed a risk to residents, this is actioned under regulations 15 and 27.

There was a record of training maintained for staff. All staff had received training suitable for their roles and there was a plan in place to refresh this training to keep it updated.

The statement of purpose was reviewed in a timely manner and had the information included as required by the regulations.

The inspectors found that there were issues with records in that some records in the centre were stored in an manner which was not secure and the directory of residents did not have all the information completed as required.

Most incidents had been reported in line with the regulatory requirements, but the quarterly notifications had not been completed for the quarter preceding the inspection. These were submitted following the inspection.

The centre had a complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern these complaints were recorded in line with regulatory requirements.

Regulation 15: Staffing

On the day of this inspection the number and skill mix of staff on duty was appropriate, to provide care for the number of residents living in the centre. However, action was required regarding staff identified for cleaning in the centre as there was lack of availability of dedicated cleaning staff at times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained current with training to support them in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

Some details required by Schedule 3 of the regulations were not fully complete in

the Directory of Residents this included:

- the discharge date for a resident
- where the person was discharged to
- whether the person was male or female.

Judgment: Substantially compliant

Regulation 21: Records

Some records belonging to previous residents were not stored in secure manner as there were boxes of residents records in a corridor in unlocked areas.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following management systems required action to ensure the service provided is safe, appropriate, consistent and effectively monitored:

- the provider had applied to vary the registration of the centre; However, the centre was not ready for inspection and actions were required to ensure this area would comply with the regulations, in particular regulation 17 premises and regulation 28 fire precautions
- further oversight of the regulatory notification process was required as discussed under regulation 31
- further managerial systems and oversight are required to monitor the premises as discussed under regulation 17
- oversight of the cleaning arrangements and household staffing levels in the centre as discussed under regulations 15 and 27
- oversight of fire safety was not in place in areas such as service records for fire safety equipment not being available, fire doors being propped open, which is discussed under regulation 28

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations and was reviewed within the previous 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

The requirement for a written report to the Chief Inspector at the end of each quarter in relation to the incidents set out in schedule 4 was not completed for the quarter before the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider applied to vary the conditions of registration for Macroom Community Hospital and increase the bed occupancy from 26 to 38 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

Quality and safety

In general, the inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. The extension part of the premises was modern and enhanced the resident's life in the centre. Visitors were seen coming into the centre throughout the day of inspection and some of them spoke with the inspectors to say how happy they were with the service provided.

Mealtimes for residents appeared to be a social occasion and residents reported that

they really enjoyed the food and the choice available at mealtimes.

Residents had access to health care services such as regular general practitioner visits, and access to psychiatry of old age, geriatrician, dietitian, tissue viability, physiotherapy, chiropody and palliative care services for example. Care plans were in the main comprehensive and well completed and person centred in nature.

Most of the centre was clean, however a sluice room appeared unclean in the area of the centre already registered. The area subject to the application to vary the registration appeared unclean, in areas, even after deep cleaning taking place. The laundry room which had been redesigned did not provide adequate facilities to prevent cross contamination in relation to residents' laundry.

The premises was modern with suitable equipment in place for residents. There was sufficient communal space and residents had access to secure outdoor areas. Action was required for the existing premises and the part of the centre that was subject to the application to vary the registration. Arrangement of privacy curtains in the area applied to be registered were not sufficient. One wardrobe for residents in the area regarding the application to vary was not suitably placed and could not be fully opened. This is further detailed under Regulation 17 Premises

Overall, fire safety was managed well, however improvements were required in the day-to-day identification of risks, for example fire doors being propped open and the courtyard escape corridor being obstructed. The evacuation procedure was being tested through regular simulated fire drills and the reports were identifying areas for improvement and what went wrong. Staff were found to be knowledgeable on the procedure to follow and confirmed they had appropriate training and participated in drills. Staff further confirmed there had been no training or drills in the area subject to the application to vary the registration. Action was required in the area subject to the application to vary and these are detailed under Regulation 28.

The call bell system consisted of displays on the corridor which displayed a room number and not its use. The panel at the nurse station would display the room use, meaning staff unfamiliar with the numbering system would need to go to the nurse base to identify the location of the call bell. The system would benefit from a schedule of the numbers and room use to be displayed adjacent to the corridor displays.

The rights of residents to undertake activities in private in the shared rooms which had is subject of the application to vary could not be assured with the current arrangements of the privacy screens in place.

Regulation 17: Premises

The following needed to be addressed by the registered provider:

- storage was an issue, with items for residents stored in many different

locations throughout the centre

- the corridor providing access to the courtyard was obstructed by mobility equipment. This created a risk of falls and reduced independent access for residents to the courtyard
- the bath in the assisted bathroom could not be used as the room was full of items being inappropriately stored there

The following items needed to be addressed by the registered provider in relation to the area subject to the application to vary the registration:

- The layout and configuration of multi occupancy rooms were not suitable to meet the needs of the residents
- a wardrobe in one of the shared bedrooms opened onto the residents bed and did not have sufficient space for it to be used fully
- call bells were not operating correctly with the location not identified for staff to know where to proceed to. Call bells were not fitted in some bed spaces and other call bells were not fitted in the correct areas. The indicator light on the ceiling outside some rooms was not working
- the remote controlled blinds in room 33/34/35 were not working
- the manifestations on the glazing in some areas was not adequate to ensure a person would not walk into the glass, for example the window from the meeting room resembled a door and person may walk into the glass
- some lights in the rooms were not working correctly
- magnetic locks on external fire exit doors had not been fitted
- scaffolding was still in place on the outside of the building with building works not fully complete
- areas of the centre were not yet furnished as required for registration
- a number of paper towel dispensers and hand sanitiser dispensers were not yet mounted
- there was a domestic size laundry dryer plugged in and positioned in front of the hand wash sink
- the staff toilet had staining and appeared to have a leak

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with choice and mealtimes, meals prepared looked wholesome and nutritious. Residents spoken with during the inspection were happy with the meals being provided.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that the standards for the prevention and control of health care associated infections are implemented:

- it was not apparent from the staff rosters that adequate staff were allocated to cleaning on a daily basis as a result some areas were not cleaned to an acceptable standard
- the current layout of the on-site laundry did not support the functional separation of the clean and dirty phases of the laundering process.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire, for example;

- there were a number of fire doors propped open during the course of the inspection, including a compartment door. Where a fire door is propped open, it will not close to contain fire
- there was an air fryer appliance obstructing the manual pull handle for activating the suppression system, which may cause a delay if access is required in an emergency
- the fish tank was temporarily relocated and had a daisy chain of two extension cords to reach a socket further down the corridor. There was also a loose timber board propped against the tank with the water pump attached and plugged into the extension cord. Multiple extension cords creates an additional risk of fire. This needs to be assessed to determine a safe interim arrangement.

Improvements were required by the provider with the arrangements for the maintenance of fire equipment, means of escape, building fabric and building services, for example;

- the inspectors saw logs to show that fire safety equipment was being serviced, however the service records were not available in the centre as required. For example, there was no service report of the fire alarm system being serviced since December 2023. The confirmation of annual inspection and testing for the emergency lighting and the service report for the fire extinguishers were submitted subsequent to the inspection
- a query was raised with estates personnel in relation to the smoke seals to bedroom fire doors. It appeared one of the two seals were either worn or removed; this will be reviewed against the test certificate for the fire door type to ensure appropriate smoke seals are in place. The inspectors observed some gaps forming in the existing fire doors and these required adjustment

While the centre was provided with adequate means of escape, the corridor leading to the courtyard, was a designated escape route from the courtyard itself and this was obstructed with mobility equipment such as hoists and large wheelchairs. This could lead to a delay in evacuation for residents in the courtyard.

The inspectors reviewed the reports from drills practiced and spoke to staff regarding evacuation. It was reported in some drill reports that staff omitted to close the small leaf of bedroom doors. The small leaf is not fitted with a self-closing device and relies on staff to close it during evacuation. Staff also indicated that the lock at the top of the door can be difficult to reach. The inspectors reviewed the personal emergency evacuation plans (PEEPs) for residents and found they were not being updated. This was actioned during the inspection.

The procedures to follow in the event of a fire were available in the nurse station, but were not prominently displayed.

Within the area subject to the application to vary the registration:

- staff had not been trained and had not practiced simulated fire drills in the newly configured area, which meant they would not be prepared to safely evacuate residents in the event of a fire
- bed evacuation was the mode of evacuation identified to inspectors. Bed evacuation had not been tested in the newly configured area to ensure the beds could fit and navigate along designated escape routes
- the room identified on floor plans as a linen store was not suitable as it housed electrical panels. A risk assessment from a competent person is required to assess this area and determine suitable controls for staff to follow
- there was a fire extinguisher missing from its stand in the reception
- the procedures to follow in the event of a fire were not yet displayed, nor were the floor plans
- Fire safety documentation had not been updated to reflect the altered configuration, including the fire policy, emergency plan and evacuation procedures

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' care plans viewed were comprehensive and provided good guidance for staff in care and support of the residents. Residents' care plans were reviewed every four months or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services who were on-site regularly. Multi-disciplinary team inputs were evident in the care documentation reviewed including physiotherapy and occupational therapy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' ability to undertake personal activities in private could not be assured in the multi-occupancy rooms which were in the area that was subject to the application to vary the registration. There were inadequate privacy screens. The proposals relating to the use and layout of the rooms was unclear. For example, folding screens were provided but it was not clear how residents would maintain their privacy and circulate around their private bed space. In two of the multi-occupancy rooms, the door to the en-suite opened directly to a resident's bed space and would not have sufficient space to provide a privacy screen and maintain the doors swing for access into and out of the en-suite. Privacy for the resident using the en-suite and for the resident in the bed space nearest the en-suite could not be assured.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	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 9: Residents' rights	Not compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0043890

Date of inspection: 06/06/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge has reviewed the cleaning schedule and identified and secured dedicated cleaning staff within the staff roster to maintain cleaning duties within the centre.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The person in charge has reviewed the 'Directory of Residents' and updated the identified residents information to include, discharge date, where the person was discharged to and whether the person was male or female.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The identified boxes of records had been placed in the nursing management office corridor whilst awaiting transfer to storage company. All record boxes identified have since been transferred to storage company for storage. The person in charge will ensure that going forward any record boxes awaiting transfer to storage company will remain in the locked room until transfer.	

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"> • The provider has withdrawn the application to vary the registration of the centre and will reapply in due course when the centre is ready for inspection and the actions undertaken to ensure the area is in compliance with the regulations. • The person in charge has since submitted a written report to the Chief Inspector in respect of the previous quarter in relation to incidents set out in Schedule 4 • The person in charge has reviewed the cleaning schedule and identified and secured dedicated cleaning staff within the staff roster to maintain cleaning duties. • The actions to ensure the service provided is safe, appropriate, consistent and effectively monitored are outlined under regulation 17. • The actions to ensure the service provided is safe, appropriate, consistent and effectively monitored are outlined under regulation 28. 	
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"> • The person in charge has since submitted a written report to the Chief Inspector in respect of the previous quarter in relation to incidents set out in Schedule 4. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The person in charge has reviewed the storage of residents' items throughout the centre and relocated items as identified. 	

- The person in charge has ensured that the mobility equipment obstructing the corridor providing access to the courtyard has been cleared and appropriately relocated within the centre. The person in charge has communicated with all team members regarding the correct storage of mobility equipment and is monitoring practice at ward level to ensure this practice is embedded at ward level.
- The person in charge has ensured that all items inappropriately stored in the assisted bathroom have been removed and appropriately relocated.
- In relation to the area subject to the application to vary the registration, the provider has withdrawn the application to vary the registration of the centre and will reapply in due course when the centre is ready for inspection and the actions undertaken to ensure the area is in compliance with regulation 17.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The person in charge has reviewed the cleaning schedule and identified and secured dedicated cleaning staff within the staff roster to maintain cleaning duties.
- The person in charge has ensured that all laundry services will remain outsourced until appropriate reconfiguration of the laundry room is undertaken to ensure functional separation of the clean and dirty phases of the laundry process.

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

- The person in charge has communicated with all team members to ensure that the practice of propping open fire doors will not continue within the centre. The person in charge will ensure the correct practice and awareness is embedded within the centre through ongoing surveillance at ward level.
- The person in charge has ensured that the air fryer appliance obstructing the manual handle for activating the suppression system has been relocated to avoid any risk of delay if access is required in an emergency.
- The person in charge has ensured that the fish tank which was temporarily relocated

has been securely and safely repositioned and connected to the electrical socket. The loose timber board and extension cords have been removed.

- The person in charge has liaised with HSE maintenance and obtained the most recent service report of the fire alarm system. The person in charge has requested of maintenance that contractors will send reports directly to the person in charge going forward so that same are available in the centre.
- In relation to smoke seals, the person in charge received correspondence from HSE estates that an external company provided HSE maintenance with written confirmation from the fire door manufacturers stating that only one smoke seal is required where two leaves of double doors meet - based on this information seals on one leaf have been removed in some locations to facilitate the closing of the door within the required parameters of the door closers. All doors have been inspected and undertaken any required adjustments to ensure fire door tolerances are met. A fire door inspection regime occurs 6 monthly and is undertaken by a third party accredited fire door specialist. The person in charge has liaised with HSE maintenance and requested a review of all fire doors for any gaps forming by a third party fire door specialist.
- The person in charge has ensured that the mobility equipment obstructing the corridor leading to the courtyard have been cleared and appropriately relocated within the centre. The person in charge has communicated with all team members regarding the correct storage of mobility equipment and is monitoring practice compliance at ward level to ensure same is embedded in practice at ward level.
- The person in charge can confirm that the provision of the "kitten" door leaf is for bed movement only. This door leaf should remain closed, latched in place at all times and only be released when a bed movement is required, and only for the duration of the bed movement. Fire evacuation training, includes identification of the need, by staff, to release the "kitten" leaf latching mechanism for evacuation of residents by bed and the identification / simulation of the closing and re-latching of the "kitten" door leaf once the resident bed has been evacuated. This forms a key part of the trainer lead training completed on site. The training provider assesses all persons who present for training on their ability to complete this. The training provider also carries out simulated evacuation drills where staff are not prompted or assisted during drills to assess staff knowledge and awareness in the specific requirements for the "Kitten" leaf during resident bed evacuation. Within the Fire Safety Management Register, under section "Policies – Training", the policy and procedure for bed evacuation outlines the requirements and procedure.
- The person in charge has completed a risk assessment based on the ability of staff to complete the de-latching of the "kitten" leaf. The person in charge has sought the assistance of HSE Estates and the Fire Prevention Officer for a suitable mitigation measure to be advised.
- The person in charge communicated with the Fire Officer who has issued instruction for the installation of "Fire Safety Action Notices". Temporary "Fire Safety Action Notices" were issued to the person in charge in the interim and are now displayed adjacent to all Fire Evacuation Plans, at least one per fire compartment.

- The person in charge has ensured that the personal emergency evacuation plans (PEEPs) for residents have been updated and clear guidance and direction has been communicated to all team members to ensure all personal emergency evacuation plans (PEEPs) for residents remain in date going forward.
- The person in charge has ensured the fire extinguisher missing from its stand in the reception area has been replaced.
- Within the area subject to the application to vary the registration, the provider has withdrawn the application to vary the registration of the centre and will reapply in due course when the centre is ready for inspection and the actions undertaken to ensure the area is in compliance with regulation 28.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Within the area subject to the application to vary the registration, the provider has withdrawn the application to vary the registration of the centre and will reapply in due course when the centre is ready for inspection and the actions undertaken to ensure the area is in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	28/06/2024
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.	Not Compliant	Orange	11/07/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/06/2024
Regulation 21(6)	Records specified	Substantially	Yellow	07/06/2024

	in paragraph (1) shall be kept in such manner as to be safe and accessible.	Compliant		
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/06/2024
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	28/06/2024
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.	Not Compliant	Orange	28/06/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	10/07/2024

	including emergency lighting.			
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	21/06/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Not Compliant	Orange	30/09/2024

	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.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	21/06/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	10/07/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	21/07/2024
Regulation 9(3)(b)	A registered	Not Compliant	Orange	11/07/2024

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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