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:	Aperee Living Ballinasloe
Name of provider:	Aperee Living Ballinasloe Ltd
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0038342

About the designated centre

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

Aperee Living Ballinasloe is a purpose built two storey nursing home situated in the town of Ballinasloe in Co. Galway. The centre is registered to accommodate 60 residents. The accommodation comprises 52 single and four twin bedrooms. All bedrooms have en suite shower and toilet facilities. A variety of communal rooms are provided for residents' use on each floor, including sitting, dining and recreational facilities. There is a lift provided between floors. Residents have access to an enclosed garden. Aperee Living Ballinasloe accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, palliative care, respite and post-operative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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 2 November 2022	09:30hrs to 17:45hrs	Gordon Ellis	Lead
Wednesday 2 November 2022	09:30hrs to 17:45hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Overall, there was mixed feedback from residents spoken with during this inspection on what it was like to live in the centre.

Some residents' feedback was positive, while others described delays in receiving meals and also that their days in the centre were long due to limited activities provided.

During the inspection, inspectors observed that staff were kind and responsive to residents' needs. Interactions between staff and residents were meaningful. On the day of inspection, inspectors observed a group activity where residents participated in saying the Rosary and singing hymns.

The inspectors visited the kitchen area and found there was plentiful supplies of fresh vegetables and juices available for residents. Residents who spoke with the inspectors were complementary of the food choices, and homemade breads were being prepared by the kitchen staff. Designated staff changing rooms are available to staff.

While the centre was generally visibly clean on the day of inspection, some of the equipment for use by residents was not clean; for example, hoists and one shower tray. There was a sluice room (used for the safe disposal of bodily waste and for cleaning and sterilising of residents' bedpans and urinals) available on each floor. However, the bedpan washer in the sluice room, located on the first floor was out of order.

The janitorial unit in the cleaners' room was also out of order. Management provided assurances to inspectors that the above matters would be addressed without delay.

All residents are accommodated in single rooms. Inspectors observed that the majority of bedrooms had been configured so that beds were positioned against a wall, in a way that meant residents could not access their overhead bed light.

The inspectors were accompanied by the staff member in charge on the day and a maintenance staff member on a walk around of the designated centre. During this walk around, significant fire safety risks were identified.

In an activities room on the ground floor, a new temporary visitors' room, constructed for use during the Covid-19 pandemic, blocked a designated fire exit. In addition, a curtain was noted hanging above a fire exit, which obscured its location in the event of an evacuation.

In a resident's bedroom, the inspectors observed a number of items of equipment and other materials that created a risk of evacuation being impeded in the event of

an emergency. Inspectors brought this to the attention of the person in charge on the day of the inspection, and assurances were given that this would be addressed.

Furthermore, inappropriate storage of flammable items were identified in the centre in several areas, such as plastic boxes in a communications rooms (used to manage electrical systems in the centre).

On the first floor, the inspectors observed signs of water getting into the ceiling space and damage to a number of ceilings in residents' bedrooms, some of which were directly above some residents' beds. Due to the heavy rainfall and level of water damage seen on the day of the inspection, some residents had to be relocated to other bedrooms.

During the inspection, the external areas available to residents were pleasant and contained poultry for residents to feed. They had been nicely planted and seating is available to residents to relax. However, the inspectors found that concrete paths in these areas were covered in leaves, and this posed a falls risk to residents. Furthermore, external gates in this area had been fitted with padlocks. Staff or residents did not have easy access to the keys for these padlocks, which meant that these access routes could not be used by residents in the event of an emergency.

This created a fire evacuation risk to residents, as these routes formed part of the emergency exit means of escape from the building in the event of a fire.

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.

Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

While inspectors found that the day-to-day governance systems within the centre were adequate, the organisational structures in place to support the centre were weak. The registered provider of this centre is Aperee living Ballinasloe Ltd. Recent changes in this company's structure had resulted in a reduced organisational support team consisting of one director, representing the registered provider and one regional manager. The impact of these changes was evident in the lack of progress made in relation to action that had been required to address significant fire safety issues. These had been identified in a fire safety risk assessment conducted by the provider in November 2021.

On this inspection, the oversight of fire safety management systems and the processes to identify, and manage fire safety risks were ineffective to ensure the

safety of residents living in the centre. Significant fire safety risks identified included the following:

1. Residents with complex needs were accommodated on the first floor of the centre with no clear plan in place for their safe evacuation in the event of an emergency.
2. The condition of external paths used for external means of escape posed a falls risk to residents.
3. There was inappropriate storage of items in a residents bedroom.
4. Padlocks fitted to external gates were not readily openable and were identified along external escape routes.
5. A designated fire exit was blocked with a temporary visitors area.
6. The inspectors were not assured there was enough staff on duty to safety evacuate residents in the event of a fire.
7. A smoking area located on the first floor did not have fire-fighting equipment fitted.
8. Residents personal emergency evacuation procedures were not up-to-date or accurate in relation the level of assistance needed or the type of evacuation aids required.
9. Bins were identified to be stored up against a generator which caused a fire risk.
10. The inspectors were not assured that floor plans and door labels were aligned with the fire alarm panel.

An immediate compliance plan was issued by the inspectors to the provider following this inspection. Within the compliance plan completed by the provider, assurances were given that action to address the identified risks as listed above were in the process of being addressed.

A copy of the fire safety risk assessment completed in the centre in November 2021 was provided to the inspectors on the day of the inspection. This report had identified a number of high-level and medium-level risks, with a recommendation that all items in the report should be considered as urgent and should be dealt with as a matter of extreme importance. In the assessment report, deficiencies were found in several areas such as, compartmentation, fire stopping, the fire-rating of a ceiling to the first floor, fire doors and ducting which had no dampers fitted. Little progress had been made to address these risks.

In addition to the fire safety issues identified there was non-compliance with the regulations relating to premises, and governance and management which was impacting on residents' quality of life.

The provider failed to ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Inspectors observed residents waiting extended periods of time for their meals on the ground floor. Residents social care needs were also affected by the lack of staff available to spend time with residents who could not, or did not wish to participate in group activities. In addition, a review of the rosters did not provide assurance that staffing

levels at night time were sufficient to safely evacuate residents in a timely manner in the even of an emergency

The role and responsibility of the night porter was not clear and lacked centre specific detail. Inspectors were told that the night porter was responsible for checking fire safety. A review of the job description for this role did not provide assurance that all high risk areas of the centre, such as the smoking room, would be included in the safety checks of the centre. In addition, a floor plan of the areas to be inspected every two hours was not included either in the description of the role or in the training records viewed.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

Regulation 23: Governance and management

Inspectors found that the provider failed to ensure that the management systems in place ensured the safety of residents in the centre. This was evidenced by;

- Failure to address the fire safety risks identified in the risk assessment dated November 2021.
- Failure to identify, assess and manage risks, and take appropriate actions to mitigate same in line with their own risk management policy.
- Failure to ensure the premises was kept in a good state of repair and equipment was kept in good working order as outlined under regulation 17

Inspectors found that there were insufficient resources and suitable equipment to ensure the effective delivery of care in accordance with the statement of purpose and function. This was evidenced by;

- Excessive drill times to safely evacuate residents. Detail is outlined under regulation 28 Fire precautions.
- Observations by inspectors of delay in meals to residents accommodated on the ground floor.
- Insufficient provision of 1-1 activities to residents who choose to remain in their bedrooms.
- The role and responsibility of the night porter was not clear.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, inspectors were not assured that the provider's fire safety arrangements adequately protected residents from the risk of fire in the centre nor ensured their safe and effective evacuation in the event of a fire.

The provider had failed to effectively manage identified fire safety risks, and had not identified day-to-day risks found on this inspection. The inspector found the arrangements for reviewing fire precautions were inadequate, for example; little progress had been made by the provider to address the risks identified in the fire safety risk assessment and the high-level risks still persisted. The findings of the assessment and this current inspection aligned. Furthermore, inspectors found additional fire safety issues on the day of the inspection that had not been identified by the provider.

The inspectors found uncertainty over fire-containment, visual deficiencies in the building fabric and fire doors. For example, fire curtains provided for in the attic space had significant breaches and service penetrations, which rendered them insufficient, the fire rating of the ceiling below the attic did not offer the minimum fire resistance times required, ducting that penetrated through the first floor ceiling lacked fire dampers and a laundry chute was not sufficiently enclosed in fire rated construction. The combined deficiencies of these risks identified on the day of the inspection allowed for fire and smoke to develop, and spread more easily within the centre. This has significant consequences for residents in the event of a fire developing in the centre.

This inspection found that the combined risks associated the mean of escape, deficits in compartmentation and inappropriate storage of flammable materials led to an unsafe environment for the residents living in the centre. For example; it was of concern that the blocking of a fire exit with a temporary visitors room had not been identified as a risk by the provider prior to erecting the visitors room. The inspectors were not assured that there was adequate compartmentation in the centre to facilitate progressive horizontal evacuation. This was evidenced by the absence of 60 minute compartmentation on the ground and first floor. This resulted in a significant increase in the number of residents to be evacuated and an increase in travel distances. Furthermore, Items were found stored beside electrical panels in store rooms, and mattresses were found piled up under a fire sensor in another store room.

From a review of fire evacuation drills and as a result of the deficiencies in compartmentation outlined above in the centre, the inspectors were not assured by the arrangements in place and staffing levels to ensure the safe evacuation of residents in the event of a fire emergency. As a mitigating measure, the provider made a commitment to stop any further admissions in to the centre until the regulator is satisfied with the progress made in addressing the fire risks in the centre.

The Inspectors reviewed documentation in terms of regular in house fire safety checks in the centre. There were daily and weekly checklists which included checks for the automatic door release mechanisms, fire alarm detection system, escape

routes, and fire doors. The inspectors were informed that weekly fire safety huddles were carried out with staff members to discuss fire safety in the centre. This was good practice, and promoted an active fire platform and awareness for all staff.

Service records were available for the various building services and these were up to date, however quarterly service records for the fire detection alarm system were not available on the day.

The registered provider had commenced an improvement plan in respect of premises, such as painting bedrooms , which would improve the quality of life for the residents. However, further improvements were required, as evidenced under Regulation 17: Premises.

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider had not taken adequate precautions against the risk of fire:

- The inspectors observed Inappropriate storage of flammable items such as plastic boxes, some of which were beside electrical panels and mattresses were found piled up under a fire sensor in a store room. Furthermore a residents room was found to be cluttered and did not facilitate timely evacuation in the event of an emergency.
- Door labels did not match room labels on floor plans displayed throughout the centre. The inspectors were not assured that the fire panel matched the floor plan labels of each room. This could cause a delay for staff in locating a fire in the centre.
- The inspectors observed a generator located in a bin refuge, bins were stored up against the generator which presented a potential fire risk.
- A designated smoking room on the first floor, was in use by residents. However it did not contain fire-fighting equipment such as a fire extinguisher, smoking apron or a fire blanket.
- The inspectors noted the location of fire extinguishers were not aligned to the associated signage displayed throughout the centre. This could cause confusion for staff in the event of a fire.

Arrangements for providing adequate means of escape including emergency light were not effective:

- An exit from a bedroom corridor that lead into a dining room would not be considered a suitable alternative means of escape for residents to use in the event of a fire. This was also identified in the fire safety risk assessment.

- The inspectors noted a wall of Electrical Supply Board (ESB) units were located along a means of escape and were not encased in fire rated construction. Furthermore level access from this area out through the external fire exit was not provided for. This was also identified in the fire safety risk assessment.
- The inspectors observed internal corridors were missing directional signage above corridor doors. As a result it was unclear on what direction of travel to take in order to access a fire exit.

Arrangements for maintaining fire equipment, means of escape and the building fabric were not adequate:

- On the day of the inspection, external gates located along escape routes were found to be fitted with padlocks and required keys to unlock them. This presented a risk to staff and residents as the gates were not readily openable in the event of a evacuation. This was also identified in the fire safety risk assessment.
- External escape routes were found to be covered in leaves and were slippy to walk on posing a falls risk to residents.
- Windows located in residents bedrooms were found to be permanently restricted from opening fully. As a result escape or rescue in the event of a fire, from a residents bedroom was not possible.
- Fire doors were not being maintained in good working order. Examples of deficiencies included; excessive gaps where double doors met and underneath doors and a door was observed to become stuck to the floor covering when opened. The inspector was not assured that glazed screens along the protected means of escape routes would meet the required fire rating. Furthermore some fire doors were twisted and did not align fully. This was also identified in the fire safety risk assessment.
- On the day of the inspection, quarterly service records for the fire detection alarm system were not available. Assurances are required to ensure the fire detection alarm system is regularly serviced and maintained.

Arrangements for containing fire in the designated centre were not adequate:

- The inspectors were not assured that there was adequate compartmentation in the centre to facilitate progressive horizontal evacuation. This was evidenced by the absence of 60 minute compartmentation on the ground and first floor. This resulted in a significant increase in the number of residents to be evacuated and an increase in travel distances. This was also identified in the fire safety risk assessment.
- The inspector noted attic access hatches were not fire rated and would not maintain the ceiling fire-rating on the first floor.
- The inspectors were not assured that the ceiling on the first floor would meet the required fire rating. This was also identified in the fire safety risk assessment. This was also identified in the fire safety risk assessment.
- The junction between block walls to the underside of the roof in the attic space are found to not be adequately sealed. Furthermore, fire stopping of services was required through fire rated barriers. For example, in the boiler

room, the inspectors noted a large opening was found through a wall in a neighbouring laundry store room.
- There were numerous ducting penetrations through the first floor ceiling which lacked fire dampers and appropriate passive fire protection. This was also identified in the fire safety risk assessment

From a review of the fire drill reports, the inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- While regular evacuation drills were being carried out, the inspectors were not assured that the largest compartment, which provided sleeping accommodation for 27 residents on the first floor, could be evacuated in a timely manner when staffing levels were at the lowest. This was evidenced by the excessive evacuation time recorded for an evacuation of the first floor with night time resources.
- Some residents' personal emergency evacuation plans (PEEPs) were not accurate. For example a high dependency resident on the ground floor would require three members of staff to assist in an evacuation but their PEEP stated two.

Arrangements for the display of procedures to be followed in the event of a fire required improvement:

- The inspectors noted floor plans were not displayed beside the main fire alarm panel. This would cause a delay for staff to locate the source of a fire if one were to occur.
- Floor plans that were displayed in the centre were difficult to read, and did not provide sufficient information to aid staff in an evacuation.
- Fire action notices displayed in the centre were outdated and contained the name of a previous designated centre.

Judgment: Not compliant

Regulation 17: Premises

Inspectors acknowledge that some painting was in progress to maintain the premises, however, parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- Appropriate sluicing facilities were not provided for, a bedpan washer was not in working order on the first floor,
- A janitorial unit in the cleaners room was not in working order,
- Some equipment for use by residents was not clean. For example, a hoist and shower tray
- There was no emergency call bell for resident use in the smoking room

- The external grounds were not appropriately maintained due to collection of leaves
- The gutters were full of weeds
- There was inadequate arrangements of storage in the centre.

During the walkabout of the premises, the inspectors identified a number of discrepancies between the floor plans, the description of facilities in the statement of purpose and the physical environment. For example the activity store room identified on the floor plan had a different door label.

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Aperee Living Ballinasloe OSV-0000361

Inspection ID: MON-0038342

Date of inspection: 02/11/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Frequency of fire drills have increased to weekly simulations on both floors to improve staff's readiness / preparedness levels in the event of a real fire scenario. Further detail on same documented under regulation 28.

There will be no delay in standard mealtimes,Breakfast will continued to be served as per the residents wishes.Dinner starts at 12:30 and supper @. All residents that require assistance to eat their meals and to drink are accompanied by a staff member. The Residents mealtimes are staggered to enable the Residents who require assistance to enjoy their meal in an unhurried manner, prior to the staff member then assisting another Resident. There are more than one sitting for Residents to have their meals when assistance is required.

Two activity co-ordinators are working.Activity Coordinator has schedule in place which includes 1-1 activities for residents who choose to remain in their bedrooms.

The role and responsibilities for Night Porter Role shall be read and signed by the night porter and made available in the designated centre. All staff in the home are made aware of what this role and responsibilities are.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

All inappropriate storage of flammable items has been removed / discarded or appropriately stored in an alternative location. Clutter has been removed from resident's bedrooms on 03.11.2022.

A review of all floor plans in the building will be conducted and ensure they are displayed along escape corridors of each compartment and beside all fire panels.

Bins have been relocated away from the generator 02.11.2022.

Designated smoking area on the first floor [Balcony]has a call bell facility installed, a fire extinguisher, fire blanket and appropriate ashtray now in place 16.11.2022.

On site review of the location of fire extinguishers and associated signage displayed throughout the centre will be reviewed and updated and clear knowledge of signage will be included in fire training from Jan 2023.

Remedial works to be scheduled to include compartmentation in this bedroom corridor.

Remedial works to be scheduled to include the upgrade of electrical units to be encased in fire rated construction.
External fire exits will be reviewed to ensure they lead to an area of safety and wheelchair accessible.

Emergency lighting will be provided on both sides of corridors .

Padlocks have been removed from all external gates. Keypads and green break glass units have been installed for external gates on 23.11.2022.

Maintenance has cleared all external pathways from leaves to ensure safe evacuation of residents outside the building on 03.11.2022

Restrictions on windows reviewed by a competent person and he is satisfied with same as reported that in the event of a fire, residents would not be evacuated through a window, and all windows should be closed once the resident is removed from the bedroom.

Full fire door assessment required and repairs/replacement to be completed.

The missing quarterly fire alarm system service report received from electrical company who completed the service and is now saved in the fire register along with all other fire reports 0n 04.11.2022.

All admissions ceased and effective as of October 18th 2022.
Additional staff member rostered at night time (total numbers 7) effective November from 03.11.2022

Remedial works to be scheduled to include upgrade of compartments, ducting through ventilation, fire stopping and captivity barriers.
Additional night time staffing numbers to be monitored and implemented if required.
In the interim of remedial works commencing, laundry chute to be sealed in fire rated material to prevent a spread of fire from the ground floor to the top floor.

Additional staff member rostered at night time (total numbers 7) effective November 03rd 2022. Frequency of fire drills have increased to weekly simulations of the top floor to improve staff's readiness / preparedness levels in the event of a real fire scenario. Arrangements for evacuation of maximum dependency residents on the top floor has been reviewed. 7 maximum and 1 high dependency residents have been relocated to the ground floor. Appropriate relocation of a bariatric resident of the top floor has been relocated to the ground floor to prevent prolonged evacuation times. On departure of a resident from the ground floor, a list is in place for appropriate movement of another high dependency resident from the top floor to the ground floor.
All PEEP's have been updated based on resident's dependency levels and further reviewed to reflect Vertical Evacuation scenario for top floor residents

Conduct a review of all floor plans in the building and ensure they are displayed along escape corridors of each compartment and beside all fire panels.

Fire notices have been updated to reflect the updated name of the nursing home on 03.11.2022.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Bedpan washer servicing and repair Company contacted,due to come on 31.01.2023. Cleaning regime in place to address all resident equipment to include hoist and shower trays from 03.11.2022. Call bell/emergency call bell in place in both designated smoking areas on 16.11.2022. Maintenance has cleared all external pathways from leaves to ensure safe evacuation of residents outside the building on 03.11.2022. Gutters were cleared of weeds 04.11.2022. All internal and external storage has been decluttered on 03.11.2022 A review of all floor plans in the building will be conducted.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2023
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.	Not Compliant	Orange	31/01/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	31/01/2023

	specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2023
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	03/01/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	03/01/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	03/01/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate	Not Compliant	Orange	16/12/2022

	arrangements for reviewing fire precautions.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/01/2024
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	03/11/2022
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	30/04/2023