



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

Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Announced
Date of inspection:	16 November 2023
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0033585

About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 16 November 2023	09:30hrs to 18:15hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

This was an announced inspection of Powdermill Nursing Home. Throughout the day residents were observed walking around the centre, going out, reading newspapers, watching TV, and engaging in activities in the two communal rooms. Inspectors met all the residents during the day and spoke with five residents in more detail. They all said that they were happy in the centre. A number of visitors were seen coming and going all day and four of them spoke with inspectors. They were complimentary about their experience of the care and the good communication with staff.

Following an introductory meeting with the person in charge, the operations manager and the clinical nurse manager, inspectors were accompanied on a walkabout of the premises.

The centre provided a homely environment for residents, and renovations and repainting had been completed since the previous inspection. For example, internal construction work of the new front stairs was finished and the surrounding walls were painted and wallpapered. Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms appeared visibly clean. Alcohol hand gel dispensers were readily available along corridors and within residents' rooms. The gel was now contained in individual pouches which were replaced when empty, in the interest of good infection control.

The smoking shelter was located outside the door at the end of the hallway and inspectors observed residents using this door to access the gardens and surrounds. Records of residents' meetings and survey results indicated that residents were encouraged to go outside and that they enjoyed the freedom to do so. The front gate of the centre was key pad accessible and this was released when required. Bedroom accommodation was laid out over two floors. Inspectors found that the addition of en suite facilities in the upstairs bedrooms was welcomed by residents, and one resident spoken with said that this was a great addition in respects of their privacy and dignity. Each bedroom was seen to be personalised with photographs, pictures and books, with the help of family and staff. Bookshelves and personal items of furniture had been made available for a number of residents. Residents enjoyed using the beauty salon on the grounds which was used for hairdressing also. Staff said that hairdressing was currently carried out within the centre, especially due to the inclement weather. Some issues relating to aspects of the premises and fire safety are addressed later in the report.

Records relating to residents' survey results and residents' meetings were reviewed. A number of these survey forms were sent out to the centre by the Health Information and Quality Authority (HIQA) prior to the announced inspection and these had been circulated by staff to residents and relatives. Responses seen indicated a good level of satisfaction with the accommodation and other aspects of care. Minutes of residents' meetings and copies of the monthly newsletter demonstrated that a wide range of issues such as community activity, staffing, as

well as upcoming events, were highlighted. One relative said that they were happy with the care and the effective communication from staff. They described to inspectors how they had waited on the waiting list until they could access a bed for their relative, due to a previous good experience with the centre.

There was a wide choice available to residents at each mealtime. Food preferences were known to staff and residents said that the catering team and the chef took note of residents' food choices. The chef explained to inspectors that they attended residents' meetings in order to understand the type of food residents liked best, and to understand how they could accommodate individual preferences. The new kitchenette in the second sitting room was well established and was a very useful area for residents and relatives who might wish to make a cup of tea independently. A resident was seen to use this facility during the inspection. Residents said that snacks were available between meals and at night time, and inspectors observed that a snack trolley was seen to circulate in the morning and afternoon containing home made "brownies" and other tasty treats.

Residents informed inspectors that there was attentive medical care available and they spoke about the daily events which kept them occupied. They said that they enjoyed the recent Halloween party and were looking forward to Christmas. There were two staff members on duty, on the day of inspection, who were specifically engaged in coordinating social events and interactions such as singing, bingo and quiz. The weekly quiz was very popular as residents said they enjoyed the camaraderie and competition. Residents came from all parts of the centre to participate and they were heard to ask staff "when is the quiz starting?". Prizes were on offer such as chocolates and cosmetics. There was a lively "buzz" created during the morning because of the excitement generated by this. In addition, in the afternoon an external person supplied music, dancing and singing and staff and residents were encouraged to sing also, which they were seen to enjoy.

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.

Capacity and capability

While there were some good systems of governance and management in place, a number of aspects required review and additional oversight. Overall inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, required some action in the following areas, risk management, premises and fire safety, some of which are addressed under the quality and safety dimension of the report.

Powdermill Nursing home is operated by JPC Powdermill Care Centre Limited. There are two directors in the company who are involved in the management of the

centre. In relation to daily management support this was provided by one director of the company, representing the provider, who was present in the centre each day. This member of staff also held the role of person in charge, and they were found to be knowledgeable of the responsibilities of that role, under the regulations. They were supported in the delivery of care by senior nurses and a healthcare team, as well as household, catering and administration staff. There were also two senior staff members participating in the management of the centre, namely the general manager and the operations manager. One clinical nurse manager had gained a qualification in infection prevention and control, which enabled them to become the lead practitioner for the centre in this aspect of care. Staff were found to be aware of their obligations in relation to safeguarding of residents and to be knowledgeable of aspects of their training.

Inspectors viewed minutes of regular governance, management and staff meetings, where a variety of issues such as human resources, complaints and incidents were discussed, among other aspects of care. The senior management and nursing team attended these meetings to ensure staff had clarity in communication and management priorities. Inspectors met with a number of nurses, some of whom were part of the management team. They said they had been delegated management duties, such as auditing, to support the person in charge. They were found to be capable and knowledgeable and were spoken about in a complimentary way, by a number of residents.

While a quality management system, which included reviews and audits, was in place, inspectors found gaps in some aspects of management oversight: namely, related to aspects of fire safety management, premises and the management of risks. These findings are outlined in detail under the respective regulations in the quality and safety dimension of this report, that is Regulation 28 Fire safety, and Regulation 17 Premises. Nevertheless, resources had been made available for renovations following the installation of the new stairs, painting of the communal rooms, bedrooms and hallways, a plentiful supply of PPE, training and the provision of a new external gazebo, among others.

Inspectors saw evidence of good practice in that the recording and investigation of incidents and complaints, included an assessment of learning and evidence of feedback with staff for learning and support, where necessary. The annual review was available. The required policies and procedures were in place and reviewed three yearly, as required by regulation.

Records required to be available were well maintained and easily accessible to inspectors. A sample of four staff files were viewed by inspectors. These were found to contain the required documents, set out in Schedule 2 of the regulations for the sector. An Garda Síochána (police) vetting (GV) was in place for all staff and the person in charge stated that all staff had this in place, prior to commencing work in the centre.

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix indicated that appropriate and mandatory training sessions were undertaken by staff.

Staff supervision was implemented through regular appraisal meetings and daily observation by management staff.

Induction records and probationary meeting records were available in staff files.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre, under Schedule 2, 3 and 4 of the regulations, were available to inspectors and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems pertaining to oversight of fire safety, premises and risk management were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

In relation to fire safety:

An immediate action was given to the provider on the day of the inspection in

relation to fire safety which was addressed. Other fire safety issues were outlined in greater detail under Regulation 28: Fire Safety.

In relation to risks:

There were a number of areas of risk identified during the inspection which had not been risk rated and controlled, these included issues with the premises and fire safety and involved: a glazed, galvanised area which was not fire safe and the external work-shop area which was not secure or well maintained. In addition, a number of items awaiting removal to a storage space were seen around the external grounds, this could pose a risk to residents.

In relation to premises:

The inspectors saw that there were a number of additional external buildings, such as the staff dining hub, the office, the hairdressing salon and the housekeeping room, which were not currently part of the registered centre and required registration.

Additional findings related to premises were detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the regulations in a timely manner.

These included falls resulting in serious injury, or any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in detail.

A review of the complaints book indicated that issues were addressed.

There was an appeals process in place and contact details for the ombudsman and an independent advocacy service were available.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of the new regulations on complaints management.

Judgment: Compliant

Quality and safety

Overall residents in Powdermill Nursing Home were found to be supported to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted and residents spoken with said that this approach was evident in how they were treated. Findings on this inspection demonstrated a good standard of compliance with the regulations inspected, particularly from the clinical point of view. However, some aspects of fire safety management, premises and risk management, required action and are highlighted under the relevant regulations.

Inspectors were assured that residents' health-care needs were met to a good standard. There was weekly access to general practitioners, (GPs), who were described as attentive and available to residents. Systems were in place for referral to specialists where necessary, as required under Regulation 6: Health-care. A comprehensive assessment was carried out for each resident, prior to admission, which formed the basis for the development of an individualised plan of care. In

addition, the national transfer document was seen to be used, whenever a resident required hospitalisation, to ensure up-to-date and pertinent information was made available to hospital staff.

The registered provider had upgraded the premises, which had a positive impact on the quality of life of those living there at present. For example, new en-suites had been added to two upstairs bedrooms, new pictures and additional bedroom furniture had been sourced. New sinks had been installed in a number of bedrooms and good quality furniture had been sourced to accommodate all residents' belongings. The operations manager stated that there was a commitment to continue to update the premises.

Nevertheless, premises issues requiring action, such as inadequate screening curtains in a small number of shared rooms, were outlined in more details under Regulation 17. In addition, risks which required action, related to the external and internal premises are described in more detail under the aforementioned regulation also.

In relation to fire safety, inspectors reviewed fire safety management and the physical premises. Internal escape routes were kept free and available for use. Floor plans were displayed, highlighting escape routes. A new fire alarm panel had been installed and this was observed to be free of fault. Regular fire drills were taking place, simulating different scenarios. All staff had received fire safety training. Some alterations to the premises and additional structures in the garden areas required review, to determine the risk to the designated centre. For example, the porch to the side, an escape route from the dining room, was now a nurse's office. Additional risks were detailed under Regulation 28: Fire safety.

A safeguarding and prevention of elder abuse policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baked desserts and cakes were a daily feature of mealtimes and the kitchen was clean and well equipped. The chef spoke with inspectors about how he met with residents, to ensure he knew their likes and dislikes. He explained that fresh vegetables were sourced daily and he was aware of the nutritional needs of the older residents. Residents' nutritional status was assessed monthly and a dietitian was consulted where necessary. Items for attention on a recent environmental health (EHO) inspection had been addressed, and email confirmation of these actions was seen.

It was evident that residents were consulted about the running of the centre, formally at residents' meetings and informally through the daily interactions with the management and care team.

Regulation 10: Communication difficulties

Care plans were in place for residents who had communication difficulties. These were detailed and included strategies for staff to ensure effective communication with residents.

Sensory and movement activity sessions were available and staff explained how these activities stimulated communication. Residents who had communication difficulties were seen to be included in all activities, and were spoken to in a respectful way by staff, who appeared to be familiar with their specific needs.

Judgment: Compliant

Regulation 13: End of life

Residents at end of life were afforded safe, professional and kind care.

Relatives had free access to their loved one, and tea and snacks were provided for them.

Choices were respected, for example, if a person wished to stay in the home for treatment, or when at end of life they wished to not be transferred to hospital, this was facilitated and clinical advice from the GP was always available to residents and relatives, in respect of the care needs required.

Cards were seen from relatives who expressed thanks for the care provided at this time for families and residents.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully conform to the matters set out in Schedule 6 of the regulations:

- One shared TV was attached to the side of a wardrobe which limited easy access to the wardrobe and this required risk assessment to evaluate the level of risk of injury.
- The privacy curtains in some shared rooms were not adequate to ensure usable and private space for each resident. The provider confirmed that this issue was already under review.
- The external grounds adjacent to the centre were not properly maintained, to ensure residents could circulate safely and that the escape routes were optimised. For example: there were a number of old items of furniture in the external areas which were awaiting removal to a storage unit.

- The newly constructed stairway did not have a handrail on both sides of the stairs.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and a risk register in place.

Issues relating to identified risks which required action were addressed under Regulation 23, Regulation 17 and Regulation 28.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

- Issues identified on the previous inspection had been addressed.
- There were sufficient hand sanitising gels available.
- An external janitorial room was located in an outside hub.

Judgment: Compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to address an immediate risk that was identified on the day of inspection. The rear escape route led through a maintenance shed and subsequent enclosed covered area. This space was not afforded adequate fire detection or emergency lighting and has inappropriate storage. The oxygen cylinders were not appropriately stored in line with the provider's own policy. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed, before the end of the inspection day.

Improvements were required by the provider in relation to taking adequate precautions against the risk of fire. There were a small number of electric heaters and a number of extension leads in use, which required risk assessment to ensure their safe use and maintenance. Hoist batteries were being charged within the escape corridor, introducing a risk of fire. There was no record of an inspection of the electrical installation in the building. The provider was required to provide

assurance that the gas storage tank to the rear was in line with the appropriate standards.

Assurance was not available in relation to the additional buildings which had been provided on the site and their impact to the designated centre and residents' safety, in terms of fire spread and containment, and fire detection.

Assurance was not available in relation to the means of escape, in particular the area to the rear. Some sections of the path reduced in width and assurance was required that all evacuation aids in use along this route would freely fit.

Internally, the means of escape from the upper floor included the new stairs, however there was a handrail on one side only. One of the dedicated escape routes from the dining area was through a nurse office. This area was previously a conservatory. The exit from one of the ground floor bedroom corridors led through the aforementioned enclosed covered area. The means of escape from the centre requires a review by the provider's competent person to assure adequate means of escape.

In the main, fire containment was to a good standard, however a number of fire doors were not fitted with appropriate smoke seals to prevent the spread of smoke. The door from the laundry room required an automatic door closer. The glazed screen from a bedroom to the escape corridor was not fire rated and did not assure adequate containment of fire between the bedroom and the corridor.

The measures in place to detect fire were not adequate; the smoke detectors within two store rooms had been temporarily decommissioned and the provider confirmed there was a plan to have these replaced within in a short period.

The records of fire drills did not include the simulated evacuation of the largest compartment, when staffing levels were lowest. The provider confirmed that this would be completed at the next drill exercise. A number of ski sheets were not appropriately fitted to the mattress, which may result in a delay in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were informative and person centred.

- They were well maintained on a paper, and on an electronic computerised system and were updated on a four monthly basis. They contained relevant details and guidelines to direct care. Each care plan was underpinned by an evidence-based clinical risk assessment.
- Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had

been consulted in the development of their care plans which were found to reflect residents' social and medical needs.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed in the centre.

- There was good access to local general practitioners (GPs), the pharmacy, the dentist, the chiropodist and consultants, if required.
- Residents had availed of a range of other health professional advice and care such as weekly physiotherapy and access to occupational therapy (OT). The dietitian's and the speech and language therapist's (SALT) visits to residents were documented. There was also input and advice available from local palliative care services and psychiatry of old age.
- Documentation seen indicated that residents had availed of external health care appointments.

Judgment: Compliant

Regulation 8: Protection

Inspectors was satisfied with the measures in place to safeguard residents and protect them from abuse.

All staff had An Garda Síochána (Irish police) vetting (GV) disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training.

Those spoken with were knowledgeable of how to report any allegation of abuse. Records reviewed provided assurances of the ongoing commitment to training.

Judgment: Compliant

Regulation 9: Residents' rights

The centre aimed to promote a human rights-based approach to maintaining residents' rights, and training in this approach to care was being undertaken by all

staff.

Residents said that their choices were respected in relation to breakfast choice, visits, bedtimes, to access outdoor activities, personal newspapers, meaningful activities and personal i-pads and mobile phones. The employment of a staff member to assist with breakfast meant that residents could attend the dining room for breakfast, if that was their wish, and eat their meal in a leisurely manner.

Another example of choice being respected included, one resident who said he liked to stay up late to watch TV. He informed inspectors that staff would support him in this. In addition, another resident liked to work in the outdoor areas and was facilitated to do so.

The hairdresser and the chiropodist attended residents on a regular basis and these visits were documented.

Survey results described staff as 'kind' and 'helpful' and one person said that they were 'treated like a queen'. They told the inspectors that they were happy that they knew some of the staff and said this helped them feel safe.

Relatives confirmed the resident's comments, one relative used the word "perfect" to describe their experience.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0033585

Date of inspection: 16/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A competent person in fire safety has attended to review the areas where the inspector noted concerns and has conducted a review of fire prevention and safety measures. He liaised with the Operations manager, and the general manager at the end of his visit. He has advised on the preparation of the Provider Compliance Plan which will be actioned on the dates specified in the compliance plan. Furthermore, he has advised on the removal of two visitor cubes which will be completed according to timelines already stated in the plan. He has pointed out that there are ten exits from the Centre which always provide other options for evacuation should one route be inaccessible due to fire or other reasons. 31st March 2024 • Items requiring storage are currently being removed to our external storage facility in Ballincollig– completion date 31st January 2024. • An updated Statement of Purpose and amended floor plans (in respect of additional external buildings/ change of use) has been re-submitted to the registration department as part of an open application to re-register (sent on 17th Jan 2024) One social cube and one staff pod will be removed and will no longer form part of the registration. The remaining pods will have fire detection equipment installed. Complete by 31st March 2024. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- A risk assessment had been undertaken on the T.V. The resident who lives in the room and enjoys watching T.V. has been consulted and a minor adjustment of the holding bracket has been completed, including signage. – Completed
- The privacy curtains in multioccupancy rooms have been ordered and we have been given a date of the end of February for fitting -Completion date 31st of March to allow for any delays.
- A competent person in fire safety has attended to review the areas where the inspector noted concerns and has conducted a review of fire prevention and safety measures. He liaised with the Operations manager, and the general manager at the end of his visit. He has advised on the preparation of the Provider Compliance Plan which will be actioned on the dates specified in the plan.
- The furniture (such as electric and comfort chairs) are being moved to external storage facility in Ballincollig– completion date 31st January 2024.
- A second steel handrail has been ordered for the new stairway and this will be fabricated and installed by the 29th Feb 2024

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 two smoke detectors that were temporarily decommissioned at the time of inspection have been replaced and are fully functioning. Our competent person in fire safety is liaising with Stalwart our fire panel and detection system provider to assess if additional detection is required in the covered area and their recommendations will be considered by the registered Provider when available. Completion by 31st March 2024
- Oxygen storage has been reviewed and is now in line with stated policy – complete.
- The electric heaters and extension leads in question have been risk assessed- complete
- Hoist batteries are no longer being charged on escape corridors and ski sheets have been refitted correctly to all mattresses. Communications have issued to all staff and these practices will be overseen through daily senior management walk arounds and daily fire safety checklists – complete and ongoing.
- Pat testing is currently underway on all electrical appliances- to be complete by 31st March 2024
- The existing cut of valve for gas in the kitchen will be repositioned to provide easier

access. A competent person will review our gas to determine if any changes are required to comply with legislation. To be complete by 31st Jan 2024

- A competent person in fire safety has attended to review the areas where the inspector noted concerns and has conducted a review of fire prevention and safety measures. He liaised with the Operations manager, and the general manager at the end of his visit. He has advised on the preparation of the Provider Compliance Plan which will be actioned on the dates specified in the compliance plan. Furthermore, he has advised on the removal of two visitor cubes. The remaining pods will have fire detection fitted. Completion by 30th April 2024.
- There are ten exits from the Centre which always provide other options for evacuation should one route be inaccessible due to fire or other reasons. There are four escape routes to the back one to the side and five to the front. As all of the exits to the front open outside there is no logical reason why residents would be evacuated to the rear exit should that route be compromised.
- Smoke seals are currently being upgraded where required to fire doors throughout the building. Smoke seals will be industry standard and fitted to existing door frames and not overpainted. – will be complete by 31st Jan 2024.
- An automatic door closer will be installed on the laundry room door. The closer will ensure the door firmly closes the door into the frame. Will be completed by the 31st Jan 2024
- The glazed screen from the bedroom to the corridor will be double slabbed with fire rated construction to achieve minimum one hour fire rating. Completed by the 19th Jan 2024.
- The two smoke detectors have been replaced, are fully functioning, and tested at regular intervals – complete and ongoing.
- A fire drill will be conducted for the largest compartment simulating night-time staffing levels and this will be completed by the 31st January 2024.

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	31/03/2024
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	31/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/04/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/04/2024
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.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2024
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.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	30/04/2024

	containing and extinguishing fires.			
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.	Substantially Compliant	Yellow	30/04/2024