



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

## Issued by the Chief Inspector

Name of designated centre:	Valentia Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Announced
Date of inspection:	18 February 2025
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0043513

## About the designated centre

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

Valentia Hospital is set in a peaceful and relaxing surroundings with beautiful sea views. The Hospital consists of one story building. It has 22 bedrooms, 20 single en-suite bedrooms and two double en-suite bedrooms. Accommodation is provided for male and female residents who are usually over the age of 65 years. Prior to admission, a full consultation process is carried out with resident and/ or their representative. All admissions to Valentia Hospital are planned admissions.

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

Number of residents on the date of inspection:	23
--	----

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 18 February 2025	09:35hrs to 17:15hrs	Ella Ferriter	Lead
Tuesday 18 February 2025	09:35hrs to 17:15hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

This one day announced inspection of Valentia Hospital was carried out by two inspectors. Based on the observations of the inspectors and discussions with residents, Valentia Hospital was a nice place to live and residents were very happy with the care they received. The inspectors met with approximately eight residents and spoke to them in detail, to gain an insight into their experience of living in the centre and their quality of life. Residents stated that they were very well cared for by excellent, kind staff who always respected their opinions and choices. Residents told the inspectors were very happy with their life and enjoyed their days. The inspectors also had the opportunity to meet with five visitors. Each of them praised the staff and the person in charge, specifically in relation to their commitment to the delivery of very good care.

Valentia Hospital provides long term and respite care, for both male and female adults, with a range of dependencies and needs. The centre is situated on Valentia Island, in South Kerry and it is registered to provide care to 24 residents. There were 23 residents living in the centre on the day of this inspection. Residents' accommodation in the centre comprises of twenty single bedrooms and two twin bedrooms, all of which have en-suite facilities. The inspectors observed that bedrooms were large, spacious and homely. They all contained appropriate seating and lockable storage for residents belongings. Each room was equipped with an overhead hoist, to support the safe transfer of residents in their bedrooms. Residents who spoke with the inspectors said they were happy with their bedrooms and the comfort and privacy they had in them. Some bedrooms were decorated with resident's personal belongings and pictures from home. There was access to a television in all bedrooms.

The premises was well maintained. Local community workers were employed to carry out essential maintenance and upgrades to the premises both internally and externally. The centre was homely with pictures on the walls of local South Kerry scenery, patchwork quilts and pictures of residents celebrating events. Residents were seen to mobilise freely on the wide corridors and staff were observed to assist residents to go for walks.

In terms of fire safety, the centre was largely divided into two sections. The bedroom areas and sitting room were situated in the newer section of the building, with dining room, ancillary rooms and staff accommodation lie in the older part of the building. The newer section of the building, which primarily consisted of residents bedrooms, was seen to be furnished with good fire containment and fire safety systems. However, the inspectors noted that the fabric of the building in the older section raised concerns with regards to fire containment and some fire safety systems. The doors to bedrooms and exits were observed to be sufficiently wide and allowed, for residents to be evacuated in their bed. Inspectors saw that layout of the bedroom corridors and fire compartments were such that there would be sufficient space to evacuate residents into the next fire compartment or out to the outside

through the exits. In the older section of the building some coded locks were not connected to the fire alarm system. The person in charge had identified this and arranged for green break glass units to be fitted, to ensure these were openable. While this was a proactive action, these exits require review by the provider's competent person to ensure means of escape are adequate. Inspectors noted fire escape routes were maintained clear and available for use. Doors from residents' bedrooms were wide and facilitated bed evacuation. The escape corridors from the bedroom corridors were wide and provided alternative means of escape into either the adjoining fire compartment or a final exit. One exit led to an enclosed garden, the gate from which had a padlock. Findings in relation to fire are detailed under regulation 28.

A garden area, to the back of the centre, overlooked the sea and provided safe unrestricted access to an outdoor space for residents. The inspectors saw that this area was well maintained and was informed there were plans for growing vegetables in the months ahead. There were raised flower beds and colourful benches for residents to sit and relax. Two residents told the inspectors that they loved the outdoors and found the garden was a peaceful place to spend time alone or with their family.

Throughout the day inspectors observed that residents were engaged in meaningful and enjoyable activities in the day room. Mass took place in the centre in the afternoon where approximately 18 residents attended, some with their family member. Local people from the community also attended and informed the inspectors that they loved coming to the centre to visit the local people and praised the care and attention that residents received. A student from a local school played their guitar and sang for the duration of the mass and continued on while attendees enjoyed tea and cakes after the mass was finished. Some residents partook in the mass by doing readings and saying prayers. It was evident that the centre was embedded into the local community with schools visits to the centre and trips to the local hotel for a drink for some residents.

Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner throughout the day. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff, laughing and joking with them and asking them about their family.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. It was evident from review of these questionnaires that residents were extremely happy living in the centre and described staff as wonderful, lovely, warm and helpful. Relatives wrote that they were very satisfied with the care and supports and that their family member had, one relative stating that their mother's health had improved dramatically since admission to the centre.

Inspectors observed staff serving residents food and fluids at regular intervals throughout the day, in their bedrooms and in the sitting room. The inspectors spent time observing the dining experience for residents. Meals served were pleasantly

presented and residents had menu choices at mealtimes. Mealtimes were observed to be unhurried and sociable occasions. Additional dining furniture had been purchased since the previous inspection, which facilitated more people to use the dining facilities.

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

## Capacity and capability

This announced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Findings of this inspection were that Valentia Hospital was a good centre where residents received a high standard of care and had a good quality of life. However, actions were required by the registered provider in relation to fire precautions, care planning and the premises. These will be further detailed under the relevant regulations. This inspection included a detailed assessment of fire precautions by an inspector who was a specialist in that area.

Valentia Hospital is a designated centre for older persons which is operated by Valentia Community Health & Welfare Association Company Limited by Guarantee, who is the registered provider. The company consists of a voluntary board of directors with responsibility for running the centre. There had been changes to the directorship of the company since the previous inspection and the Chief Inspector had been notified, as per regulatory requirements.

Clearly defined management structures were in place, to enable accountability and responsibility for the service. The person in charge was supported by a clinical nurse manager, nurses, care staff, catering staff, domestic staff and two administrators. The registered provider representative, was available to the management team and was present on the day of this inspection. The lines of accountability and authority were clear, staff were aware of the management structure and were facilitated to communicate regularly with person in charge.

Staff were well supervised and supported in their roles. This was evidenced in a review of staffing records that showed robust staff induction and an appraisals system in place. All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to very well maintained, however, some did not contain the requirements of schedule 2 of the regulations. All staff had appropriate Garda vetting, prior to employment in the centre and nobody commenced employment without this in place.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental

audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans. The annual review for 2024 was carried out and near completion on the day of inspection.

In relation to fire safety, the provider would benefit from commissioning a fire safety risk assessment by a competent fire safety professional to identify and assess fire safety risks and inform any actions required. The findings relating to fire precautions are detailed under Regulation 28: Fire Precautions.

Complaints in the centre were welcomed by the person in charge and used to inform quality improvement. These were discussed at monthly board meetings. The complaints policy had been updated to reflect the regulatory changes of March 2023 and the complaints procedure was displayed in the centre. However, although all complaints were recorded, some had not been responded to in line with regulatory requirements, which is actioned under regulation 34. Incidents occurring in the centre had been recorded and there was good oversight of these by the person in charge, all had been reported as required by the regulations.

#### Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications, as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service. The person in charge was well known to residents and their families and displayed good knowledge of the residents' clinical needs.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents, given the size and layout of the centre.

Judgment: Compliant

#### Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of five staff files were reviewed by the inspectors and it was evident that some did not conform with Schedule 2 of the regulations; specifically:

- Two had gaps in employment history
- One did not have a reference obtained from the persons most recent employer.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Action was required pertaining to the following:

- Notwithstanding good oversight of day-to-day fire safety by local management, improvements were required by the registered provider to ensure residents were protected from the risk of fire in the designated centre, details of which are set out under Regulation 28: Fire Precautions.
- The inspector was not assured that there was an appropriate referral system in place should a resident require the expertise of a dietitian or a speech and language therapist.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose and it contained the information required by Schedule 1 of the regulations. This was updated at a minimum of yearly.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

## Regulation 34: Complaints procedure

A review of complaints records found that there was not always a provision of a written response to the complainant. This is required to inform the complainant whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process. This is a requirements of the regulation.

Judgment: Substantially compliant

## Quality and safety

Findings of this inspection were that residents were in receipt of a high standard of care in Valentia Hospital by staff that were responsive to their needs. Residents' needs were being met, through access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew them well, were aware of their individual needs and respected their choices. However, some actions were required in relation to fire precautions, care planning and the premises, which will be detailed under the relevant regulations.

Pre-admission assessments were conducted by the person in charge in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed on admission using validated tools. The inspectors reviewed a sample of care plan documentation. It was evident that all residents had a care plan in place and information contained in some care plans was seen to be person centred, clearly outlining the specific care preferences of residents. However, some care plans were not updated four monthly or when the needs of residents changed, which is a regulatory requirement. This and some further findings are actioned under regulation 5.

Residents were provided with appropriate and timely access to local general practitioner services. There was good access to allied healthcare professionals such as a physiotherapist and occupational therapist service from the community, which had been strengthened since the previous inspection. There was a reported low incidence of pressure wound development in the centre and the inspectors saw that the risk of this was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There was one resident with a pressure ulcer at the time of inspection and wound care practices were in line with evidence based nursing care.

The local management team had good oversight of fire safety management in the centre. The person in charge was proactive in relation to driving improvement and relayed to the inspectors the improvements made and implemented. The person in charge had arranged for new evacuation floor plans to be completed and was awaiting final amendments, prior to being mounted on the walls. In-house fire safety checks were being completed, including daily checks of the means of escape and fire alarm panel. Personal evacuation plans were in place for each resident.

Staff spoken with had knowledge of the overall evacuation strategy, but there was some variations of the procedure when relayed to the inspectors. Records of fire drills, were testing the evacuation procedure, highlighting what went wrong and the learning from this. The simulated evacuation time was also recorded; while these had improved, the time taken to evacuate with lowest staff levels was still high. This centre is remote and at night time is heavily reliant on the two staff on duty. The provider would benefit from seeking advice from a competent fire safety professional in relation to evacuation procedures and managing this risk. Fire safety training was provided for staff, however, from conversations with staff and management, the training did not address all aspects of the regulations. This is discussed further under regulation 28: Fire Precautions

A choice of meal was offered to residents throughout the day and options not on the menu were also available if a resident chose this. Inspectors observed mealtimes in the dining room as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Some residents were facilitated to eat in their bedrooms, aligned with their preferences.

Resident's choices were respected within the confines of the centre. The centre had established an activities programme. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

Some areas of the premises did not conform to the matters set out in Schedule 6, specifically;

- Flooring in the prayer room was damaged
- Support rails in en suites had paint flaking from them and there was rust evident
- Paint on some bedroom walls were chipped and required repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included monthly weights, and maintaining a food intake monitoring chart if required. Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information about the services and facilities provided, including complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Notwithstanding good day-to-day fire safety management oversight in the centre, action was required by the provider to achieve compliance with this regulation.

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- the automatic closing device to the administration office was disconnected; the door would not close in the event of a fire
- it came to the attention of inspectors that attics were used for storage; assurance is required that attics are not used for storage of any kind in order to reduce the risk of a fire in the attic
- fire doors in the older part of the building, in particular the staff accommodation were left open

The arrangements for providing adequate means of escape including emergency lighting required action:

- while magnetic locks in the newer section would release when the fire alarm was activated, some did not have a green break glass unit to release the lock
- in the older section, some coded locks were not connected to the fire alarm system. The person in charge had arranged for green break glass units to be fitted to ensure these were openable, however they required review to ensure adequate means of escape
- an exit led into the secure garden; the gate from this area had a padlock. This should be openable by staff if required; there was no system of key management or code to open this padlock
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety if the power in the building failed

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective:

- a magnet device to hold open the door to a store room was repaired with tape; this should be repaired correctly to ensure it is safe
- not all fire doors were being maintained appropriately; some had gaps where each leaf of a double door met and required adjustment and there were gaps to the top and sides of other doors
- while documentation showed that the emergency lighting and fire alarm systems were serviced at the appropriate intervals, not all service reports were available for review by the inspector

The measures in place to contain fire were not adequate. Fire containment in the centre required assessment, for example;

- fire doors in the older part of the building were held open with a magnetic device; these were not connected to the fire detection and alarm system, therefore would not close when the fire alarm was activated

- some of the fire doors in the staff accommodation were not fitted with automatic closing devices, to ensure fire would be contained
- fire rated ceilings in the older part of the centre had attic hatches, extract ventilation units which compromised the fire containment of the ceilings
- within the older part of the building, there were service penetrations through fire resisting construction which were not adequately sealed up. There was also a hole in the plasterboard in the wall of a store in the staff accommodation.

The arrangements for detecting fire and giving warning of fire required action;

- there was no fire detection in the drug store in the nurse station
- additional detection was required on the corridor within the staff accommodation
- the fire alarm panel had not yet been updated to reflect the change of purpose of rooms in the older part of the building. As an interim measure, the person in charge had arranged for a floor plan to be displayed at the panel to show the location of any activated device

The measures in place to safely evacuate residents, staff knowledge and the drill practices in the centre required action:

- The person in charge was arranging frequent simulated evacuation drills and was documenting evacuation time, what went wrong and the learning from the exercise. While there had been further improvements, the time taken to evacuate a full compartment when staff was reduced to lowest levels was high and required improvement

The provider had not ensured that the fire safety training for staff met all of the requirements of the regulations, for example the training did not include the training in the building layout and escape routes. Furthermore, training was delivered every two years; considering the remote location and increased risk when staffing levels are lowest, the frequency and content of training was not adequate. Eight staff had not received training in the previous two years.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

A sample of care plan documentation was reviewed. Some actions were required with regards to this regulation evidenced by the following findings:

- One residents care plans were not initiated within 48 hours of admission to the centre, in line with regulatory requirements.
- One residents care plan was not updated when their needs changed, for example when they required a preventive skin care regime.

- Assessment tools were being used four monthly to assess clinical risk, however, information was not always used to inform care delivery.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioners from local practices who attended the centre weekly. The referral system to access a physiotherapist and occupational therapist for residents had been strengthened since the previous inspection. Residents now had access to local Health Service Executive specialists in this area from a neighboring town. Referral pathways to other allied health professionals such as speech and language therapists and dietitians required strengthening to ensure there would not be delay if a resident required services, which is actioned under regulation 23.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents said that they were kept informed about changes in the centre through resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0043513

Date of inspection: 18/02/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            Response: The Hospital Board have recently engaged a HR company, and we hope to streamline all policies and administration procedures leading to effective on line personal file management using this professional expertise.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Response: (1)The Board is aware if the requirement for protection from the risk of fire in the designated centre, and a detailed response is given in the section ‘Regulation 28’.</p> <p>(2) Regarding a referral system for a dietitian or a speech and language therapist :            Dietitian services and SALT can be obtained via an external company and we are also currently investigating community provision of a dietitian.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Response: to address this issue, going forward, the PIC will provide a written response, to inform the complaint whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Response: Regarding the areas of the premises that did not conform :</p> <p>Flooring in the prayer room is being repaired, flooring has been procured and will be completed by end April.</p> <p>The support rails in en suites need replacing, currently tendering for supply of sameto be completed by end April.</p> <p>The paint on bedroom walls is being repaired :there is ongoing routine maintenance carried out in the hospital, and the schedule is expected to be completed by end June.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Response: This extensive list has been distilled into a schedule of work (attached in email) and given to our builder and electrician to address these issues. Specifically;</p> <p>Notwithstanding good day-to-day fire safety management oversight in the centre, action was required by the provider to achieve compliance with this regulation.</p> <p>Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:</p> <ul style="list-style-type: none"> <li>• the automatic closing device to the administration office was disconnected; the door would not close in the event of a fire –</li> </ul> <p>Response - a new Fire door Hinge to be fitted, completed end April.</p> <ul style="list-style-type: none"> <li>• it came to the attention of inspectors that attics were used for storage; assurance is required that attics are not used for storage of any kind in order to reduce the risk of a fire in the attic.</li> </ul> <p>Response - the stored items are to be removed, and attics will no longer be used for storage. This is planned for end April.</p>	

- fire doors in the older part of the building, in particular the staff accommodation were left open

Response - these doors are now closed, and will remain so. Magnetic openers will no longer be used, pending integration of the older part of the building to the main Fire System

The arrangements for providing adequate means of escape including emergency lighting required action:

- while magnetic locks in the newer section would release when the fire alarm was activated, some did not have a green break glass unit to release the lock

Response - Fire electrical contractor to review door opening/green break glass units, end April

- in the older section, some coded locks were not connected to the fire alarm system. The person in charge had arranged for green break glass units to be fitted to ensure these were openable, however they required review to ensure adequate means of escape

Response – Fire electrical contractor to review break glass units in old and new parts of the building.

- an exit led into the secure garden; the gate from this area had a padlock. This should be openable by staff if required; there was no system of key management or code to open this padlock

Response - all padlocks and keys have now been removed

- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety if the power in the building failed

Response - our electrician has received the schedule of works, to be completed asap.

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective:

- a magnet device to hold open the door to a store room was repaired with tape; this should be repaired correctly to ensure it is safe

Response - this door is currently closed and magnetic opening not being used electrician has received the schedule of works, to be completed asap.

- not all fire doors were being maintained appropriately; some had gaps where each leaf of a double door met and required adjustment and there were gaps to the top and sides of other doors

Response - this has been included in the schedule of works

- while documentation showed that the emergency lighting and fire alarm systems were serviced at the appropriate intervals, not all service reports were available for review by the inspector

Response - these have been requested from the Engineer responsible for servicing the Fire Protection and alarm system.

The measures in place to contain fire were not adequate. Fire containment in the centre required assessment, for example;

- fire doors in the older part of the building were held open with a magnetic device; these were not connected to the fire detection and alarm system, therefore would not close when the fire alarm was activated

Response - all Fire Doors in the older part of the building now closed

- some of the fire doors in the staff accommodation were not fitted with automatic closing devices, to ensure fire would be contained

Response - as above

- fire rated ceilings in the older part of the centre had attic hatches, extract ventilation units which compromised the fire containment of the ceilings

Response - see schedule of works

- within the older part of the building, there were service penetrations through fire resisting construction which were not adequately sealed up. There was also a hole in the plasterboard in the wall of a store in the staff accommodation.

Response - see schedule of works

The arrangements for detecting fire and giving warning of fire required action;

- there was no fire detection in the drug store in the nurse station

Response - see schedule of works

- additional detection was required on the corridor within the staff accommodation -

Response - see schedule of works

- the fire alarm panel had not yet been updated to reflect the change of purpose of rooms in the older part of the building. As an interim measure, the person in charge had arranged for a floor plan to be displayed at the panel to show the location of any activated device

Response - Fire Training scheduled for May 2025

The measures in place to safely evacuate residents, staff knowledge and the drill practices in the centre required action:

- The person in charge was arranging frequent simulated evacuation drills and was documenting evacuation time, what went wrong and the learning from the exercise. While there had been further improvements, the time taken to evacuate a full compartment when staff was reduced to lowest levels was high and required improvement -See schedule fo works

Response -A new Fire Door, (to reduce the size of the largest compartment, in order to evacuate in the time required will be put in place, end of July.

The provider had not ensured that the fire safety training for staff met all of the requirements of the regulations, for example the training did not include the training in the building layout and escape routes. Furthermore, training was delivered every two years; considering the remote location and increased risk when staffing levels are lowest, the frequency and content of training was not adequate. Eight staff had not received training in the previous two years.

Response - Fire Safety training to include Evacuation Plans is scheduled for mid May.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Response: Care plan documentation :</p> <ul style="list-style-type: none"> <li>• One resident's care plans were not initiated within 48 hours of admission to the centre, in line with regulatory requirements.</li> </ul> <p>Response -Going forward, a registered nurse will be given the responsibility to complete a resident's admission and care plan within 48 hours of admission.</p> <ul style="list-style-type: none"> <li>• One resident's care plan was not updated when their needs changed, for example when they required a preventive skin care regime.</li> </ul> <p>Response -PIC to deliver training to Nursing Staff to emphasise the importance of the Care Plans and updating as appropriate.</p> <ul style="list-style-type: none"> <li>• Assessment tools were being used four monthly to assess clinical risk, however, information was not always used to inform care delivery.</li> </ul> <p>Response -This will be documented in the future</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/04/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	30/04/2025

	effectively monitored.			
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	30/04/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2025
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	Not Compliant	Orange	31/05/2025

	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.			
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	31/05/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(2)(iv)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/05/2025

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	11/04/2025