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:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0037808

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building.

The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24-hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting.
The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

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
Thursday 6 October 2022	09:45hrs to 18:30hrs	John Greaney	Lead
Tuesday 11 October 2022	15:00hrs to 10:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, it was evident that residents were happy living in Holy Ghost Residential Home and their rights were promoted and respected. There was a person-centred approach to care and staff were observed by the inspector to be kind and caring towards residents. Residents spoken with by the inspector were complimentary of staff and of their responsiveness to their needs.

This inspection had initially been scheduled to take place over one day by one inspector. However, due to concerns identified with fire safety, a second inspection day focused on fire precautions was scheduled.

The inspector arrived unannounced on the morning of the first day of the inspection and was guided through the infection prevention and control measures necessary on entering the designated centre. Following an opening meeting with the person in charge, the inspector was guided on a tour of the centre. On the walk around of the centre, the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre supported the independent lifestyle of residents.

Holy Ghost Residential Home accommodates residents that have been assessed as low dependency and are supported by staff to live as independently as possible. It is a single storey facility that comprises 60 single bedrooms, all of which are en suite with shower, toilet and wash hand basin. In addition to residents' bedrooms there is one staff sleepover room and a visitor's sleep over room, both with en-suite facilities. The centre has secure outdoor space that is readily accessible to residents and is furnished, landscaped and maintained to a high standard. There are a number of communal areas that include a library, a lounge, a visitors' room, a smoking room and a chapel. There is a hairdressing room and a hairdresser visits the centre on a weekly basis.

All bedrooms are single occupancy and are of adequate size and layout to accommodate a bedside locker and armchair. Bedrooms were personalised to various degrees with photographs and mementos, depending on each resident's preferences. Bedrooms had televisions with a basic suite of local television channels. Residents were supported to access satellite channels, should they so wish but they are liable for the costs associated with this service. Residents had good wardrobe space for storage and hanging their clothes.

The main sitting room is called the "Concourse", an area where all wings of the centre intersect. This is a large room containing a television and multiple armchairs. This area is bright and had recently been redecorated. It had been painted, new seating had been installed on either side of the room and a small area had been sectioned off to provide privacy should residents choose to meet with their visitors here. There were a large number of armchairs arranged in rows in the centre of the room and the person in charge acknowledged that it had an institutional appearance

but the residents preferred this layout. There were plans to replace these armchairs in the near future to provide a more homely environment.

There is a large dining room and the adjacent lounge was also used for dining at mealtimes. All residents come to the dining rooms for meals. The inspector observed that the food served in the centre was wholesome and served hot in the dining rooms. The meals served were well presented, and there was a good choice of nutritious food available. Residents told the inspector that they enjoyed mealtimes and they had a choice that they could get an alternative to the menu if they did not like what was offered. Staff members and residents were observed to chat happily together throughout the lunchtime meal, and all interactions were respectful. Residents seen to chat with each other and mealtimes were seen to be social occasions. Residents were also seen to come and go from the centre throughout the day as amenities such as shops and cafés were within walking distance of the centre.

The inspector noted that there was a map on display identifying the fire compartments in the centre. This had been updated since the last inspection, as the boundaries of each fire compartment were unclear on that inspection. While the boundaries had now been clarified, it was identified that one compartment contained 31 beds. It had not been definitively ascertained if all residents within this compartment could be evacuated in a timely manner, particularly at night time when all residents were in bed and staffing was at its lowest level. The fire containment strategy in this area included the subdivision of the attic with fire rated barriers to prevent the spread of fire. The corridors provided fire protected means of escape and each bedroom was it's own fire rated enclosure.This is discussed in more detail under Regulation 28 of this report.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. Residents had unlimited access to television, radio, newspapers and books. Activities on offer included arts and crafts, bingo, and exercises. Mass was held in the centre every week. Visiting was facilitated in line with current guidance and there were no restrictions on visitors.

Interactions between staff and residents observed by the inspector indicated that staff had a good knowledge of each resident. Residents were seen coming and going from the various communal rooms throughout the day, and some spent some quiet time in their rooms. Many residents had mobile phones and were able to maintain good contact with family and friends.

Staff were seen to engage with residents in a positive and respectful manner. Independence was promoted and assistance provided when necessary. Residents with whom the inspector spoke were complimentary of all the staff in the centre. One resident told the inspector that staff are "very good, everyone is excellent". Another ersident said that staff "treat you like their own". Residents talked about the freedom to go down town or to the shops whenever they wished.

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 to residents.

Capacity and capability

This centre promotes a rights-based approach to care where residents' independence is promoted, encouraged and facilitated. The centre has a history of good compliance and has demonstrated a positive attitude to the regulatory process. Some improvements were required in relation to policies and procedures and training and development.

Holy Ghost residential Home is a residential care setting operated by Holy Ghost Hospital Board of Trustees. Membership of the board comprises a number of volunteers. The centre is registered to accommodate 60 residents. There were 59 residents living in the centre on the day of the inspection.

The chairperson of the board is the registered provider representative. The person in charge works full time and is responsible for oversight of clinical issues. The secretary to the board is called a superintendent and is usually present in the centre for three days each week. The person in charge interacts with the superintendent on an almost daily basis and reports formally to the board at monthly board meetings. The person in charge is supported on site by an assistant manager, nurses, multi-task attendants, catering staff, and an administrator.

The centre is a low-dependency supported care home and is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The dependency level of residents is monitored and when it is determined that care needs are beyond what can safely be provided in the home, residents are assisted in the process of finding more suitable accommodation, usually a nursing home.

This was an unannounced risk inspection which was initially scheduled to take place over one day, to monitor ongoing compliance with the regulations. Due to concerns identified in relation to fire safety, a second day of inspection was scheduled to be completed by an inspector of social service with expertise in fire safety. The findings in relation to fire safety are discussed in more detail under the Quality and Safety section of this report.

The inspector found that there was sufficient staff rostered during the day to meet the low-dependency needs of the residents. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The person in charge provided nursing cover from 09:00 to 17:00 from Monday to Friday. There was a registered nurse on duty from 08:00 to 13:00 on Saturday and Sunday. There was also a nurse on duty overnight from 20:00 to 07:30. The nurse on night duty was supported by an MTA that worked at the

beginning and end of the night shift and was available during the intervening period in the staff sleepover room, should they be required. A second nurse worked on three days each week to allow the person in charge time to complete tasks associated with her management role, such as audits.

There was a comprehensive training schedule in place to support staff have up to date knowledge and skills. a review of the training matrix identified that some staff were overdue attendance at training in some mandatory areas. This is discussed under Regulation 16 of this report.

The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits in addition to the monitoring of weekly key performance indicators (KPIs). Due to the low dependency level of residents, incidents and accidents were not a regular occurrence, and the person in charge maintained clear records when incidents did occur. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed, with an action plan for the year ahead.

Residents were consulted through residents' meetings that were facilitated by an external advocate. The person in charge also consulted with residents informally through opportunistic chats. A relative questionnaire is completed annually and the questionnaire for 2022 was due to be posted shortly after this inspection. Complaints within the centre were at a minimum level.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications specified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Judgment: Compliant

Regulation 15: Staffing

A review was required of night time staffing levels in the context of ensuring that all residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A small number of staff were overdue attendance at training in mandatory areas, such as manual handling, fire safety and safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre is governed by a voluntary board of management. The board of directors oversee the organisational, financial and management of the centre. The board meet monthly.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' low dependency needs. There were systems in place to review the safety and quality of care and support to residents. The person in charge formally reports the at monthly board meetings and informally to one of the directors that is present in the centre for three days each week. An annual review of the quality and safety of care delivered to residents had taken place for 2021.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found that there were no complaints recorded since the last inspection. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly.

Judgment: Compliant

Regulation 4: Written policies and procedures

On the day of the inspection the person in charge was in the process of reviewing and updating policies and procedures. The inspector found that some policies and procedures had not been reviewed at a minimum of every three years.

There was a need to ensure that the medication management policy was updated to ensure it reflected:

- the recently introduced electronic prescribing and administration recording system
- medication administration practices within the centre

Judgment: Substantially compliant

Quality and safety

Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. There was evidence of consultation with residents in the planning and running of the centre. Significant action was required in to ensure that adequate fire safety management systems were in place. Improvements were also required in relation to care planning and healthcare.

Residents were comprehensively assessed prior to admission to ensure that the centre could adequately meet their needs and that residents had an adequate degree of independence to safely live in the centre. Residents' dependency status was kept under constant review and measures were put in place to assist residents and their family to source alternative accommodation when the centre could no longer meet their needs. A review of residents' care plans, however, indicated that they were generic in nature and did not provide adequate detail on an individual level of the specific needs of each resident. There was also a need to ensure that adequate measures were put in place following residents' falls to ensure they had not sustained a head injury in the fall.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Many residents attended the GP practice in the community. Allied health and specialist services were also available when required. These included, dietetics, speech and language therapy, dental, chiropody and ophthalmology services. Most of these services were accessed through referral to community care. Residents were supported to attend out-patient appointments.

There was adequate space and facilities for residents to undertake activities in groups and in private. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Residents' rights were protected and promoted. Residents were protected from abuse while living in the centre. The registered provider had developed a clear policy for preventing and responding to allegations of abuse. Staff were observed to be respectful to residents and responsive to their needs.

Fire precautions were reviewed in detail on the second day of the inspection. The residents' evacuation requirements were assessed and documented in personal emergency evacuation plans (PEEPs). The inspectors reviewed the PEEPs and all residents were assessed as being low to medium dependency and were mobile. Some residents required mobility aids such as a rollator, but were capable of mobilising either independently or with guidance of a single staff member. There was signage within each compartment indicating the compartment number; this correlated with the floor plans displayed. There were floor plans and evacuation procedures displayed. The floor plans would benefit from including 'you are here' annotation. Action was required in relation to fire safety, particularly in relation to containment and compartmentation. In view of the fire safety concerns identified during this inspection, the inspectors were not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre. An urgent compliance plan was issued to the provider on the day following the inspection. The response to the compliance plan provided adequate assurance that the provider is taking appropriate action to address the risks identified. The areas identified that required action to ensure compliance with fire precautions are detailed under Regulation 28.

Regulation 11: Visits

There were no restrictions on visits and visitors were seen to come and go over the course of the inspection. There were adequate facilities for residents to meet with visitors away from their bedrooms, should they so wish.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage space for residents to store their clothing and personal possessions in their bedrooms. Residents' personal laundry was usually taken home by family members for laundering.

Judgment: Compliant

Regulation 17: Premises

The centre was generally bright and clean and was designed and laid out to meet the assessed needs of the residents and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre. In addition to the main sitting room, there was a library that was well stocked with a variety of reading material. There was a chapel that was suitably ornate.

All bedrooms seen by the inspector were spacious and brightly decorated with residents personal possessions and had suitable storage facilities. Based on the observations of the inspector and a review of floor plans and the Statement of Purpose, all bedrooms met the minimum requirements set out in SI 293 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. All residents' bedrooms had en suite shower and toilet facilities. Residents had access to an enclosed garden that had sufficient seating to accommodate residents needs.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy which detailed the five specific risks as required by the regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services. There was an associated risk register that identified the measures and actions in place to control the risks identified.

Judgment: Compliant

Regulation 27: Infection control

An infection prevention and control policy and procedures were in place. This information included COVID-19 precautions updated and implemented in line with guidance provided by the health protection and surveillance centre (HPSC). Staff were educated in good hand hygiene techniques and donning and doffing personal protective equipment (PPE).

The centre premises were well organised, airy, uncluttered and visibly clean. There were comprehensive daily cleaning records and deep cleaning schedules which were complete. Housekeeping staff who spoke with the inspector were aware of their

roles and responsibilities and were knowledgeable about the cleaning processes required. Equipment in use was noted to be clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals.

Judgment: Compliant

Regulation 28: Fire precautions

An urgent compliance plan was issued to the provider for action to address risks identified during the inspection regarding the following:

- where bedroom doors were not fitted with automatic door closers, the details of this were not known by management and it was not risk assessed
- automatic door closers had been removed from fire doors, other than bedroom doors.
- the function and operation of the roller shutter door forming part of the kitchen fire rated enclosure, in the event of a fire, was not known.
- there was excessive gaps to the fire door of the laundry room.
- the cross corridor door separating the sleeping area in compartment 8, from the adjacent non-sleeping area was not fitted with an automatic closing device and did not stay in the closed position when closed manually.
- the door from the kitchen prep to the dining room could not close
- the exit from compartment 5 did not have an emergency light outside the exit

In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- the process for the identification and management of fire safety risks was not adequate
- some of the furniture in the smoking room was not suitable. The fabric of one chair was worn and another was not labelled to ensure it was flame retardant. These were immediately removed during the inspection

The means of escape was not adequate, for example:

- the external emergency lighting coverage was not adequate to ensure a safe escape from the building to the assembly points.
- the external paths did not provide adequate escape away from the building and required escaping across grass
- two exits had a step off the landing and there was no handrail or support. This may be an impediment to escape where residents use mobility aids
- there were two exits, each of which consisted of a set of two narrow door leafs. To escape both required to be opened; the fastening on the second leaf was discreet and may lead to delays in opening the door. Given the low

dependency of residents, who may independently escape, this arrangement may cause a delay

The arrangements for maintaining fire equipment and building fabric was not effective:

- fire doors were not being maintained to ensure they performed as required; this included excessive gaps, some doors were sticking to the floor covering when in the open position, sections of heat and smoke seals missing
- the fire alarm event log showed that the fire alarm and emergency lighting systems were being serviced quarterly, however, the service reports were not available for review
- a smoke detector in the visitors room was fitted with a dust cover, preventing its effective operation to detect fire. This was immediately removed during the inspection.

The arrangements for containing fire were not adequate, for example;

- as mentioned above, the cross corridor door separating the sleeping area in compartment 8, from the adjacent non-sleeping area was not effective to contain fire.
- the compartment door to compartment 8, had large gap where the fire doors meet.
- the fire rated enclosures to higher risk rooms such as the laundry and kitchen were not effective
- attic hatches within fire rated ceilings were not fire rated

Action was required to ensure early warning of, and adequate detection of fire:

- the service enclosures containing electrical fuse boards along bedroom corridors were not fitted with fire detection
- the fire alarm panel was located in the centre concourse and a repeater panel at the secondary entrance. There was no fire alarm repeater panel at the main entrance/reception.

From a review of fire drill reports, and conversations with staff, inspectors were not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner when staffing levels were lowest. Recent drill records reflected day time staffing levels only. There was some confusion regarding the fire alarm panel and what is displayed. Assurance was required that all staff have appropriate knowledge of what is displayed and how to read the fire alarm panel. A walkie-talkie system had recently been purchased and was available at the panels, however, they had not yet been used in fire drills, nor were staff trained in their use.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had recently introduced an electronic prescribing and electronic medication administration recording system. Medication administration practice was observed to be in compliance with evidence-based guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in relation to the assessment and care planning for residents, including:

- care plans did not contain adequate detail to provide guidance on an individual basis for each resident
- evidence-based assessment tools, such as the risk of falling were not always updated at the required intervals, such as following a fall

Judgment: Substantially compliant

Regulation 6: Health care

Observations to be recorded following an un-witnessed fall were not routinely completed.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre presenting with responsive behaviour. There were no residents using bed rails in the centre.

Judgment: Compliant

Regulation 8: Protection

All residents spoken with stated that they felt safe in the centre. All interactions by staff with residents were seen to be courteous and respectful. The provider is not pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were adequate arrangements in place to support the recreational needs of residents. Residents had opportunities to participate in meaningful group and individual activities that were facilitated by appropriately experienced staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Residents had good access to the community and were seen to come and go freely throughout the day. Residents had unrestricted access to television, radio, newspapers and telephones.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0037808

Date of inspection: 11/10/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staff rosters have been reviewed. Staffing has been increased to three for night duty cover to ensure safety and protection of all residents in the event of evacuation being required at night. Timescale - Completed	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff members overdue Manual Handling, Fire Safety and Safeguarding training will complete their training. All staff will be up to date on all training as per regulations. Timescale – 30th November 2022	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All Schedule 5 policies, including medication policy, have been updated. Next due July 2025 unless changes are required.

Timescale - Completed

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider is dedicated to ensuring the Home is safe in the event of a fire and to this end have commissioned a design team. They have been engaged to prepare a report and schedule of works. These works will be prioritized pending an appointment of an appropriate contractor. All works required for compliance with regulation 28 will continue over the next 6 months in the priority listings/ following specified – out to tender – delivery issues and completion of works:
1. Door closures for all fire doors will be completed
2. Seals/strips and gaps will be addressed, repaired or replaced as necessary
3. The two exit doors (with fixed leaf) will be replaced with new fire doors, easier access and handrails fitted for safety and support
4. The full service reports will be contained within the fire log quarterly – following the quarterly services. All fire records will be maintained in line with regulations.
5. All attic hatches will be fire rated
6. The service enclosures will be fitted with fire detectors
7. A 2nd repeater fire panel will be allocated at the new reception/carpark entrance
8. Night time staff training drills will be completed by 30/11/22 and 6 monthly thereafter along with usual quarterly fire drill training.

The compartment 8 compartment door (gaps) will be replaced/repaired ensuring the cross corridor door will be effective to contain fire.
The kitchen prep area door has been repaired and is working properly. The roller shutter door in the kitchen automatically shuts down in a fire once the fire alarm sounds.
The furniture/chairs in smoking room are all fire retardant.
To ensure adequacy of means of escape, emergency lighting will be provided externally to assist safe escape from the building. New external escape paths will be provided across the grass areas to ensure safe access to the assembly point.
The laundry door will be replaced and the ceiling pipes insulated
There will continue to be 3 full time night staff to assist in the event of an emergency until all the above works are completed.
There are daily, weekly, monthly + quarterly checks of all fire precautions. The fire alarm system will be activated weekly + tested. These duties will be assigned to maintenance staff and monitored by the provider.
Any issues will be dealt with ASAP in order to maintain safety.
The remaining staff who have not completed updated fire training will have completed by

30/11/2022
The residents will continue to be updated on peeps quarterly + practice fire drills or as required.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Following a full review of the individualized care plans, an on-going Activity of Daily Living section has been included to provide and demonstrate the ongoing care to the individualized Resident.

The quarterly Fall Risk Assessment Tool (FRASE) will be updated following any fall for residents as per regulations.

Timescale – immediate for all new residents and over next quarterly review for current care plans.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Accident Book has been updated to include recording of the residents obs following any falls.

Timescale – immediate.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	26/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
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	Not Compliant	Red	30/04/2023

	suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/04/2023
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	30/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Substantially Compliant	Yellow	30/11/2022

	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.	Not Compliant	Orange	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
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	30/10/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals	Substantially Compliant	Yellow	30/10/2022

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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	30/10/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/10/2022