



**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:	St Ita's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gortboy, Newcastlewest, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 July 2023
Centre ID:	OSV-0000664
Fieldwork ID:	MON-0040362

About the designated centre

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

The service at St Ita's Community Hospital is provided by the Health Service Executive (HSE) and the centre is located in Newcastle-West, Co. Limerick. The centre is registered for an operational capacity of 66 residents, providing respite and palliative care as well as continuing care for long-stay residents. Nursing care is provided mainly for older people over 65 years of age with needs in relation to age related and degenerative neurological diseases. Care is provided across three residential units for residents with dependency levels ranging from low to maximum. Dementia-specific care is provided in a separate unit that accommodates up to 12 independently mobile residents. Care plans are developed in accordance with assessments and residents are provided with access to a range of allied healthcare services. Private accommodation is provided where possible within the constraints of the existing building which is over 100 years old in some parts. Residents are provided with opportunities for activation and social interaction including engagement with local community activity groups.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
--	----

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 13 July 2023	09:30hrs to 18:10hrs	Rachel Seoighthe	Lead
Thursday 13 July 2023	09:30hrs to 18:10hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff. Although some actions were needed to bring the premises into compliance with the regulations, the centre environment was homely and welcoming.

This was an unannounced inspection which was carried out over one day. The inspectors were met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspectors walked through the centre which gave them the opportunity to meet with residents and staff. There was a calm and relaxed atmosphere for residents in the centre and the inspectors overheard polite conversation between residents and staff. Inspectors spoke with a number of residents and those who could express a view told the inspector that staff were kind and they were satisfied with the service they received. Inspectors heard positive comments such as 'it is fantastic, the staff are number one, the food is like what you would get in a hotel, the place is lovely and clean, and I am more than well looked after'.

St Ita's Community Hospital provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is located in Newcastle-West, Co. Limerick. The designated centre is registered to provide care to a maximum of 66 residents. There were 60 residents living in the centre on the day of the inspection. Resident bedroom and communal accommodation is provided across three residential units.

Inspectors spent time walking through each of the three units, where they observed the residents living accommodation. Overall, the inspectors found that the centre was spacious and clean. Dementia-specific care was provided in the Orchid Unit, that accommodates up to 12 independently mobile residents. Inspectors observed that this unit was laid out around a large enclosed garden which was the focal point. Window ledges along corridors were wide and designed to enable residents to sit and view the enclosed garden which was purposefully decorated to engage resident interest. Inspectors observed that safety grab rails were fitted throughout the unit to encourage residents safe mobility and independence. Residents living in the unit also had access to a sensory room and a prayer room. Resident bedrooms were personalised with items of significance such as photographs and soft furnishings. Bedrooms were generally clean and well laid out, however inspectors observed that floor surfaces in a number of resident en-suite bathrooms were damaged.

Inspectors observed that refurbishment works on Camelia Unit had been completed since the previous inspection and this unit appeared bright and spacious. However, further maintenance was required as the inspectors observed that pipe work was exposed at sinks in a number of resident bathrooms and this posed a risk of injury. Furthermore, floor surfaces were scuffed and paintwork was damaged on a small

number of wall surfaces. Inspectors spent time in Bluebell unit where they observed that residents were well supported with their care needs. Residents told the inspectors that they were content living in the centre and felt that their needs were met. However, in contrast with Orchid and Camelia unit, the decor in Bluebell unit was not in a good state of repair. Although bedrooms had been repainted, works to replace floor covering in bedrooms and circulating corridors had not commenced and inspectors observed a number of floor surfaces were in a poor state of repair. Furthermore, a number of wall surfaces were visibly damaged along circulating corridors.

Residents were happy to talk about life in the centre. They told inspectors that they felt safe, and that they could freely raise any concerns with staff. One resident told the inspectors that 'I can call for help day or night which is a great comfort'. Residents were satisfied with their surroundings, including their bedrooms and communal spaces. One resident said that the centre was like a second home and that they were very happy with their bedroom which they shared with three other residents. They told inspectors that 'it is great to have the company'. A small number of residents chose to remain in their bedrooms, reading, listening to the radio or watching the television, and watching the comings and goings along the corridors. Residents were also supported to attend enclosed gardens in each of the units. It was evident that residents' choices and preferences in their daily routines were respected. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak with the inspectors. These residents were observed to be relaxed and content.

Resident group activities were facilitated in the parlour room adjacent to the Camelia unit and in communal sitting rooms in each unit. Inspectors spent time observing a group of residents participating in a game of bingo in Orchid Unit. Staff were observed supporting residents, chatting meaningfully and laughing with residents. It was evident that residents appeared to really enjoying these positive and personal interactions with staff. Residents in Camelia unit enjoyed a live music session on the afternoon of the inspection. Residents in each unit were offered the choice of attending a local tea dance twice weekly. Residents were supported to practice their religious faiths in the centre and a catholic mass was held twice weekly. Pastoral care was provided weekly.

Friends and families were facilitated to visit residents, and inspectors observed many visitors in the centre throughout the day. Inspectors spoke with one visitor who was satisfied with the care provided to their loved ones.

There was evidence of information displayed throughout the centre guiding and informing residents about on-site and local activities as well as community services that were available. Advocacy services were also available to support residents and the contact details for these services were advertised in the designated centre.

The next two sections of the report presents the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also focused on the action taken by the registered provider to address issues of non-compliance with the regulations found on previous inspections.

Some improvement actions had been implemented since the last inspection, however the inspectors found that the compliance plan submitted by the provider to address the findings had not been progressed to completion. The inspectors found that actions were outstanding in relation to; infection control, premises, fire safety, and governance and management. Further action was now required to bring the designated centre into compliance to ensure that residents received a safe and appropriate service.

The provider of the centre is the Health Service Executive. A general manager of older people services provided oversight and support to the person in charge. Within the centre the person in charge is supported by a team of clinical staff including an assistant director of nursing, clinical nurse managers and staff nurses. Additional support is provided by a team of health care assistants, household, catering, administration and maintenance personnel.

There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. Clinical and environmental audits were complete by the management team. The audits included reviews of hand hygiene, fire safety, falls, care planning and medication management. Quality improvement action plans were developed and inspectors observed that these displayed on notice boards for staff and residents. The completion of action plans were assigned to staff within their areas of responsibility to ensure that actions were implemented and completed. Regular meetings took place with staff and management in relation to the operation of the service, including clinical meetings, governance meetings and regular meetings with the various staff roles. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. Inspectors found that risks were appropriately identified and recorded in the risk register by the person in charge, with controls put in place to mitigate the risk of harm to residents. Where necessary, risks were escalated to senior management for further action. However, the inspectors found that risks in relation to the premises were not addressed in a timely manner to ensure the safety and welfare of residents. For example, the hazard posed by unsafe floor covering in Bluebell unit, as identified on the previous inspection, had not been addressed by the provider.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 60 residents being accommodated at the time. There was evidence that staffing levels were reviewed to ensure that they met

the needs of residents and the provider had increased the night time staffing levels following the findings of the previous inspection.

Training records demonstrated that staff had access to a varied training programme including patient moving and handling and infection control. Inspectors observed that staff were appropriately supervised and supported by the management team to provide safe care to residents. There were policies and procedures available to guide and support staff in the safe delivery of care. Inspectors observed that staff were appropriately supervised and supported by the management team to provide safe care to residents. There were policies and procedures available to guide and support staff in the safe delivery of care.

Inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. The provider had systems in place to ensure the records set out in the regulations were available, safe and accessible

The provider acted as an pension agent for fourteen residents. Inspectors found that were appropriate pension agent arrangements in place for residents that chose to avail of them.

The provider had arrangements for recording accidents and incidents involving residents in the centre. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre. There were at least two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training records provided to the inspector referenced that staff were facilitated to attend a varied training programme.

Appropriate supervision of all grades of staff and oversight of the standard of care and service they provided was in place on the day of inspection.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems that were in place were not effective and did not ensure that the service provided to residents was safe, appropriate and consistent. This was evidenced by poor oversight of the maintenance of the premises. For example, the person in charge had completed a risk assessment relating to roof damage over Bluebell unit in September 2022. This was escalated to senior management for further action however it had not been addressed at the time of this inspection. Furthermore, the provider had failed to ensure required improvement works were completed to ensure that the premises complied with Schedule 6 of the regulations, as detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents as specified by the regulations were notified to the Chief inspector within the required timescales, including quarterly incident reports as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors observed that residents living in this centre received a high standard of care and support which ensured that they were safe. Residents' needs were being met through good access to healthcare services and opportunities for social engagement.

Care delivered to the residents was of a high standard, and staff were knowledgeable about residents' care needs. Inspectors reviewed a sample of six residents' files. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. Care plans were sufficiently detailed to guide care, contained information that was holistic and person-centred, and were reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other allied health and social care professionals, in line with their assessed

need. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

There were systems in place to mitigate the risk of fire. Fire doors and fire alarms were tested on a weekly basis. Records showed that fire fighting equipment, the fire alarm system and emergency lighting system had been serviced within the required time frames. Further action was required in order to comply with fire safety, which is discussed under Regulation 28, Fire Precautions.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However inspectors identified a number of areas requiring improvement as detailed under Regulation 17: Premises. Additionally, while there were a number of designated storage rooms in the centre, inspectors observed that items were not segregated and stored appropriately to ensure that good standards for infection prevention and control were maintained. This is discussed further under Regulation 17: Premises.

There was evidence of good practices in relation to infection control, including the monitoring of multi-drug resistant infections (mdros). There was evidence that this information was communicated to the staff team and staff staff demonstrated good knowledge of infection control practices. The provider had made a number of improvements since the previous inspection, however, further oversight was required in relation to cleaning and maintenance of some parts of the premises. This is discussed further under Regulation 27: Infection control.

There was a schedule of activities in the centre which included art, music, movement and dance, bingo and gardening. Residents were supported to attend outings and the centre had established links with the wider community, enabling residents to attend participate in community events. Resident's rights were upheld in the centre and inspectors observed that residents were free to exercise choice about how they spent their day. Resident's meetings were held regularly and residents had the opportunity to meet together and discuss issues in the centre including activities, catering, safeguarding, fire safety, infection control, and advocacy. Satisfaction surveys were carried out with residents yielded positive feedback. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors in a designated visitors' room or their own bedrooms.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider had failed to ensure that the premises were appropriate to the number and needs of the residents and the matters as set out in Schedule 6 of the regulations. This was evidenced by:

- Floor covering in on Bluebell unit, along corridors, in residents bedrooms and en-suite toilets were visibly damaged and lifting. This created a trip hazard to residents.
- Floor covering in a number of en-suite toilets in Orchid unit was damaged.
- Grab rails were not fitted in some residents bathrooms to support residents' independence and safety
- Water pipes were exposed at sinks in a number of bathrooms in Camelia unit.
- Wall surfaces were damaged in a number of areas on Bluebell unit.
- There was inappropriate storage of resident equipment and general supplies in the prayer room, hairdressing salon and staff room on Orchid unit.
- Floor covering, applied to form skirting at the base of the walls in the communal bathroom in Orchid unit, was peeling away from wall surfaces. Furthermore, storage units in this bathroom were damaged.
- Paint was scuffed on a number of wall surfaces in a number of resident bedrooms. This meant that these surfaces could not be effectively cleaned.

Judgment: Not compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the authority. This was evidenced by;

- The sluice room in the Orchid unit did not facilitate effective prevention and control measures. For example, cleaning equipment was stored in the sluice room and posed a risk of cross infection. Furthermore, this room was visibly unclean.
- There was no equipment drying rack available in the sluice room in the Orchid unit.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28, Fire precautions.

- The simulated emergency evacuation drill records available did not provide assurances that residents could be evacuated to a place of safety at anytime, day or night, in the event of a fire emergency. For example, the drill detail did not include the evacuation of the largest compartment in the centre, using the lowest levels of staff.
- A number of personal evacuation plans (peeps) and door signage reviewed by the inspectors were not accurate, as they did not reflect the fire safety equipment used to evacuate the resident in practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Ita's Community Hospital OSV-0000664

Inspection ID: MON-0040362

Date of inspection: 13/07/2023

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> <p>Actions completed:</p> <p>A review of the maintenance management system has been commenced by a newly appointed maintenance manager. This includes progressing corrective work on the roof above Bluebell unit. A schedule of works to address maintenance issues has been developed.</p> <p>Remedial intermediate repairs have been completed on the roof 15th August 2023</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Actions to be completed:</p> <ul style="list-style-type: none"> • All floors in Bluebell unit will be immediately checked by maintenance team and repairs carried out by: Reviewed, remedial repairs scheduled for week commencing 21st August. Tender issued for replacement of all floors in Bluebell with work targeted for completion by 31st December 2023 • A contractor has been assigned to carry out repair of the en-suite bathroom flooring in Orchid unit, work to commence 11th September 2023 • Grab rails, where indicated, have been replaced, work completed on 17th August 2023 • Exposed pipes in a number of bathrooms in Camelia unit will be covered, work to be completed by 30th September 2023 • Wall surfaces were damaged in a number of areas on Bluebell unit. Repair of wall surfaces in Bluebell unit will be undertaken by 30th Sept 2023 	

- Inappropriate general supplies in the stated areas in the Orchid unit have been removed as of 2nd August 2023, and additional environmental auditing will include these areas to verify compliance.
- Floor covering, applied to form skirting at the base of the walls in the communal bathroom in Orchid unit, was peeling away from wall surfaces. Furthermore, storage units in this bathroom were damaged. Repair to floor covering at the base of walls in the communal bathroom in the Orchid unit and of storage units in this bathroom will be completed by 30th October 2023
- Repainting of scuffed wall surfaces in a number of residents bedrooms areas will be completed by 30th September 2023

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

Action completed :

Sluice room in Orchid unit has been deep cleaned on 01/08/2023 and cleaning equipment removed.

Actions to be completed :

Drying rack for sluice in Orchid will be completed by 30th October 2023

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

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

Actions completed :

On the 23rd of July 2023, a private external fire officer oversaw a simulated evacuation drill of the largest compartment in the centre, and a written report was provided to the regulator on the 24th of July 2023, as mandated.

Personal emergency evacuation plans (PEEPs) and door signs were examined and have been updated, and continuous compliance will be audited.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	15/08/2023

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/10/2023
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	23/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/07/2023