



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

Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 November 2021
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0033442

About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms were also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 November 2021	10:00hrs to 18:00hrs	Liz Foley	Lead
Thursday 9 December 2021	12:30hrs to 18:45hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Respectful and person centered care was provided by a team of competent and kind staff in a homely environment. However fire risks and infection control risks mainly caused by the condition and layout of the premises continued to impact on the safety and well being of residents and staff. The inspectors observed practices, greeted the majority of residents and spoke at length with five residents and two visitors to gain an insight into the lived experience in the centre.

On arrival each day, the inspector was guided through the centre's infection control procedures before entering the building. Exit doors were key coded. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. There was limited access to staff hand washing sinks throughout the building and at the point of care, this was not in line with infection control guidelines. The centre was warm throughout and there was a relaxed, homely and friendly atmosphere.

The building consisted of two period houses which have been adapted and extended over time and now provide accommodation for up to 47 residents. There were 40 residents living in the centre on the day of inspection. The premises was homely and warm throughout and the provider had made efforts to provide an interesting environment for residents. One corridor had been decorated as a streetscape with traditional shops and coloured doors. Many original features had been retained in the building, for example, a main staircase and fire places. The centre was laid out over three main floors with the upper floor split in three levels. A passenger lift provided access for residents to all of these levels. There was an enclosed courtyard at the rear of centre which was accessed through the lower ground floor day room. There were high ceilings, sash windows and some communal rooms had beautiful fire places and ornate plaster work. The dining room was beautifully decorated with a mural one wall and dining tables were appropriately decorated with colourful table cloths and condiments.

Many of the residents enjoyed living in a period building, however there were practical challenges with a building of its age. There were many examples where the condition of the premises did not support effective cleaning, for example, broken tiles and stained tile grout on sinks in bedrooms and bathrooms, damaged floor tiles and stained grout on floor tiles in bathrooms, gaps in flooring in some rooms, scuffed woodwork, damaged paintwork on walls and doors. One bathroom window would not open due to layers of paint on the woodwork effectively sealing it closed. There were some parts of the premises with crumbling plaster work and gaps in frames and in wood work covering pipes.

During the walkabout of the building on both mornings the inspector observed residents up in day rooms, in their bedrooms and some were observed independently mobilizing around the centre. There were assistive handrails throughout the centre and ramps had been marked with bright footprint stickers to alert residents to the incline. CCTV cameras monitored all exit doors and the

corridors within the centre, there was a sign advising residents and visitors of this. The layout of the building was not straight forward and improved directional signage would help residents with way finding difficulties to navigate around the centre more easily. There were interesting murals and notice boards to keep residents informed of what was going on in the centre and clocks were big and easy to read. There was a mix of original art work and resident art work displayed in the centre. The main focal points for residents were the three main day rooms. One quiet day room had relaxing music playing and colourful images showing on the TV, residents in this area appeared to be relaxed and staff frequently checked to ensure they were all ok. The two other day rooms were busy with activities, both group and individual activities were ongoing throughout the day. There were two activity therapists on duty daily to ensure that all residents had opportunities to participate in interesting activities.

Residents were happy with the care they received and were very complimentary about the staff. Resident's felt there were enough staff on duty to meet their needs and told the inspector their call bell was answered in good time. Residents told the inspector that staff were very kind, helpful, could not do enough for them and looked after them to the best. The inspector observed many examples of kind, discreet, and person-centered interventions throughout the day. Residents could choose where to spend the day and had a choice of fun and interesting activities. Residents enjoyed the home cooked meals and stated there was always a choice of meals and the quality of food was very good. Residents enjoyed home baking and those on special diets also enjoyed homemade tasty snacks and treats. Some residents were still missing external day services they used to attend locally before restrictions were in place for COVID-19 but stated that staff in the centre did their best to support them to do enjoyable activities.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Some improvements had been found in staffing resources and care planning, however there were ongoing serious risks found with fire safety which warranted an immediate action plan. Knowledge regarding the risks associated with containment of fire and evacuation from large compartments was lacking and this impacted on the safety of all residents and staff in the centre. Parts of the premises required upgrading and were impacting on the effective cleaning of the centre. The provider was responsive to the inspection process and willing to come into compliance.

Nirocon Limited was the registered provider for Tara Care Centre. The company

which was established in 1996 was family owned and had two directors, one of whom was the provider representative. The person in charge worked full time and was supported by a clinical nurse manager and team of nurses, health care assistants, housekeepers, catering, activity, administration and maintenance staff. There was a clearly defined management structure and staff were aware of their roles and responsibilities. While systems were in place to monitor the quality and safety of care they were not always effectively identifying risks. For example, risks with fire containment had not been identified and were not being managed. The centre had been working hard and had weekly health and safety meetings where maintenance issues were discussed, however some problems had not been identified.

This was an unannounced risk inspection carried out over two days to monitor ongoing compliance. An inspector of social services with expertise in fire safety carried out the inspection on the second day. In the period between the first and second day of inspection the registered provider had arranged for a review of fire doors and passive containment measures in the centre and had completed a simulated drill of the escape strategy for the central stairway.

The registered provider had organised a fire safety risk assessment of the centre which was completed in March 2021. The provider had made progress in addressing the risks identified, however further work was still required.

Four pieces of unsolicited information were submitted to the Chief inspector since the previous inspection in September 2020 which related to health and social care needs, premises and infection control. The inspector followed up on these concerns and found that the centre were effectively managing all health and social care issues. Concerns in relation to premises and infection control were founded and the centre had identified and managed most of these issues with the exception of some premises issues. The inspector observed many parts of the premises that required repair and redecoration.

Systems in place to monitor the quality and safety of care were not effectively capturing all risks, for example, fire containment and evacuation risks. The inspector found a high level of risks with poor fire containment and issued an immediate action plan during the inspection. This risk was also identified on the previous inspection and the provider had not ensured that safety systems were effectively monitoring this risk. During the inspection the provider ensured all fire doors were checked, were unobstructed and were closing properly. The lack of expertise in fire safety was evident by the high level of risk found which also included evacuation risks in large compartments in the centre. This was impacting on the safety of all residents and staff in the centre.

The provider had increased staffing resources since the previous inspection, there were now two activities staff rostered daily and housekeeping resources had also increased. The centre had experienced a large turnover of health care assistants and there were ongoing recruitment efforts to continue to fill all vacant posts. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. Staffing levels were consistent with the centre's contingency

plan for an outbreak of COVID-19.

Audits were conducted on a regular basis and generally informed quality improvements. For example, monthly audits of falls and incidents informed ongoing quality improvements for residents care. The centre also completed intermittent quality of life observational audits and the results of these were used to support ongoing staff training particularly for residents with responsive behaviours. Action plans were generated from audits and these were discussed at regular management meetings and meetings with staff. Meeting records reviewed demonstrated good oversight of clinical care and good communication with all of the staff team. Complaints were being managed in line with the centre's policies and learning informed ongoing quality improvements.

Regulation 15: Staffing

Staffing levels required review to ensure there were sufficient staff on duty at night time to safely evacuate the centre's large compartments. Up to 21 residents lived in the centre's upper floors and there was a single means of escape for all of these residents. The provider had not tested the competency of staff to evacuate at night time when there were four staff on duty and therefore could not provide assurances that there would be sufficient staff numbers to safely evacuate this part of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

In addition to a review of resources for staffing as discussed under regulation 15, resources were required to improve parts of the premises as described under regulation 17.

Management systems required review. There was poor oversight of fire risks, infection control risks and ongoing maintenance issues were not being effectively managed. These risks impacted on the safety of residents and staff.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure which was displayed at the reception and residents were aware of this procedure and told the inspector there were no obstacles to making a complaint or expressing concerns. Residents stated they could discuss any concerns with the person in charge or with any staff member and that their issues were always dealt with promptly and to their satisfaction.

Judgment: Compliant

Quality and safety

Residents received good standards of health care and their rights and preferences were supported. However poor understanding of the risks with fire containment and evacuation were impacting on the safety and well-being of residents and staff. Further improvements were also required with premises and infection control risks.

A number of fire safety risks were identified on the previous inspection in September 2020 and the provider engaged the services of an external fire safety consultant to review their fire safety systems and to complete a fire safety risk assessment. However, improvements made following the previous inspection had not been

sustained and ongoing risks with fire containment and evacuation were found as detailed under regulation 28.

On the first day of inspection, the inspector noted compartment doors were not being checked for effectiveness on a weekly basis, despite this being a finding on the previous inspection in September 2020. The inspector found numerous examples of compartment and bedroom doors that did not close correctly. For example, the majority of doors checked did not close due to the faulty latch mechanism on the door. This posed a very high risk to residents and staff as fire, fumes and smoke would not be contained in the event of a fire in the centre. An immediate action plan was issued and the provider had all of the doors checked and adjusted to ensure they closed effectively, this was completed during the first day of inspection. Two fire doors did not have automatic closing devices.

There was a central stairway which extended the full height of the building. It was the only means of escape for up to 21 residents on the upper floors in the period section of the building. There were bedrooms opening directly from the stairs, effectively forming one large compartment. The newer extension to the rear provided alternative escape routes for residents.

Each floor in the period section of the building was sub-divided into small compartments, however, the escape route from each of these compartments necessitated escape through the central stairway, which extended the full height of the building.

The risk was that if a fire spread into or started within this stairway, the escape route for those residents who were required to escape through this stairs, would be compromised. The registered provider was required to further reduce the risk by reviewing housekeeping arrangements and storage within the enclosure to the escape stairway and further improvements to deficient fire doors. The nurse station at the main entrance, was not separated from the central stairway by fire resisting construction. This required review considering the central stairway is a single means of escape.

Assurances were required regarding the arrangements for evacuation of all residents on the upper floors and around the effectiveness of fire compartments in the centre. Fire drill reports submitted did not provide assurances that residents would be evacuated in a safe and timely manner when staffing was lowest at night time.

The provider had made some improvement since the previous inspection; they had replaced 17 fire doors throughout the centre and reviewed their fire detection system. However overall inspectors found there was a lack of expertise and of awareness of fire risks in the centre.

On day 1, the provider had not tested the ability of staff to safely evacuate the upper floors along the central stairway in the centre at night time when staffing levels were lowest and could not provide assurances to this.

The person in charge and staff spoken with had a very good knowledge of residents needs and the challenges faced by staff in the event of a fire and they had

participated in fire evacuation drills. By day 2, a drill record had been submitted. The drill records highlighted challenges and the person in charge had sought and implemented areas for improvement, but the high number of residents that were required to be evacuated on this route meant that the time taken to evacuate them to a place of safety was excessive.

Further improvements were required in the centre to ensure adequate containment of fire. For example, deficiencies were noted to some fire doors and there were service penetrations and breaches in fire resisting ceilings and walls which required fire proofing.

The provider was actively engaging with a third party fire consultant to address identified fire safety deficits. A full review of fire doors had been completed by the fire consultant and specialist contractors had been on site to determine the effectiveness of fire containment measures in the building by examining the fabric of walls and floors. The provider was waiting on the reports for each.

The premises was warm and welcoming, appropriately decorated and comfortable. Improvements were required to ensure that all toilets had assistive hand rails to support residents with poor mobility. The layout of some shared bedrooms required review to ensure all residents could access the sink without going into another resident's bed space. The condition of the premises is intrinsically linked to infection prevention and control as damaged and scuffed surfaces cannot be cleaned and pose a risk to the spread of infection. The poor condition of parts of the premises was impacting on the ability of staff to effectively clean to the standard required for example, scuffed and damaged surfaces on sinks, tiles, woodwork, floors and walls. There were many examples of this observed during the walkabout of the premises. Efforts had been made by the provider to ensure the centre was cleaned to a high standard throughout by allocating additional housekeeping hours and putting protocols in place for cleaning. In addition a senior nurse had completed an academic course in infection prevention and control. However cleaning protocols required review to ensure staff were clearly guided on how to do a daily clean and a deep clean. Protocols for terminal cleaning were in place and clear. High touch cleaning was only being recorded daily even though staff told the inspector it was done at minimum twice daily. The layout of the laundry still posed a risk for cross contamination due to clean laundry crossing into dirty linen zones. There were good practices observed around the cleaning of equipment and furniture with a tagging system in use to identify when and by whom an item was cleaned. Staff responsibilities were set out and equipment cleaning lists were in place to support staff on when and what to clean. The centre were continuing to update their contingency plan for an outbreak of COVID-19 and staff were very familiar with the plan and competent in how to manage a potential outbreak.

There were processes in place to guide staff on how to manage risks. While some fire and infection prevention and control risks had not been identified, the centre were managing most risks and there were many measures in place to keep residents and staff safe. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many

controls to keep all of the residents and staff safe.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. GP's attended the centre and residents had regular medical reviews and referral to allied health professionals if required. All residents were reviewed by the physiotherapist if they experienced a fall or a change in their level of mobility. There was good evidence of regular and recent reviews by allied health professionals, for example, dietician, chiropodist, occupational therapist, optician and speech and language therapist. Where residents needed to attend appointments off site they were supported to do so and residents were routinely offered national screening programmes as appropriate.

Care plans were evidence based and guided staff to provide person-centered care in accordance with residents' needs. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their representative. All staff were familiar with residents needs and described individualised interventions.

There was a rights based approach to care in this centre. Residents' rights and choices were respected and residents were actively involved in the organisation of the service. 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. Residents were very positive about their experiences in the centre and told the inspector there was no obstacle to reporting concerns or feedback. Residents could undertake activities in private, shared bedrooms had privacy curtains and there were many communal rooms if residents wished to spend time alone. There were appropriate facilities for occupation and opportunities for all residents to participate in activities in accordance with their abilities. Residents were enjoying the activities provided and were hopeful that visits would continue without any further restrictions from COVID-19.

Visiting was in line with the national guidance for residential centres. There were ongoing safety procedures in place, for example, temperature checks, health questionnaires and recently the requirement for visitors to show their vaccination certificates. Residents could receive visitors in their bedrooms, the designated visiting area and outside in the gardens.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Parts of the centre required repair and painting to ensure it could be effectively cleaned. For example, damaged tiles and stained grout on sinks and floors in many areas throughout the building, damaged and scuffed wood work, plaster work and walls.
- Some en-suite and communal bathrooms did not have assistive grab rails to support and maintain the safety of residents.
- The layout of some shared bedrooms required review in order to ensure that all residents could access the sink and their personal belongings in an easy manner. For example, in one three bedded room the sink was located within the privacy curtain of one resident's bed space, if other residents needed to use the sink they would have to wait until this resident was ready. In addition, the sink being so close to the resident's bed may be a source of disruption.
- A window in one bathroom could not be opened due to layers of paint and therefore could not be effectively ventilated.

Judgment: Not compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

A register of live risks was maintained which included additional risks due to COVID-19. Identified risks were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with

the national standards and other national guidance. For example:

- The layout of the laundry did not support the flow of dirty to clean laundry and clean linen was stored in an area of the laundry where dirty linen was managed, this posed a risk of cross contamination to clean laundry. This was a non-compliance on the previous inspection in September 2020.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, of these all were not compliant with Health Building Note 00-10: Part C standards. Resident's sinks should not be dual purpose.
- Areas of the centre were difficult to clean due to wear and tear and posed a risk of cross contamination as staff could not effectively clean some surfaces.
- Cleaning protocols were not clearly guiding staff for daily cleaning and deep cleaning of rooms. For example, there was a deep cleaning list for rooms but no description of what a deep clean was.
- Bins in some bathrooms could only be opened by hand and therefore posed a risk of cross contamination to all users.
- Environmental audits were not accurately capturing all of the risks with the condition of the premises and these issues were not being managed.

Judgment: Not compliant

Regulation 28: Fire precautions

Owing to the single means of escape on the central stairway, the inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available. Residents who required to escape through this stairway were not afforded an adequate means of escape.

Improvements were required to ensure adequate precautions against the risk of fire. In particular, there were linen storage presses, storage beneath the stairway, staff storage presses, book shelves and a fridge within the enclosure of the main central stairway, which may contribute to the spread of a fire. The central stairway, providing a single means of escape should be kept free of all combustible storage. The inspector observed hoist batteries left on charge in a bedroom corridor and this had not been risk assessed.

The inspector observed a bedroom fire door was being held open by a bedside locker, to facilitate the residents expressed wish to have the door open. The fire door could not close in the event of a fire and the provider had not explored the provision of a suitable device to facilitate the bedroom door to be kept open.

Arrangements were in place for containing fires required review. While there had been significant improvement in the condition of fire doors since the previous inspection with a large number of doors replaced, further improvements were

required to some fire doors to ensure they were effective to adequately restrict the spread of smoke and fire.

Deficits with elements of the fabric of the building resulting in breaches in the barriers to fire were also noted. For example, there was a section of plywood on the ceiling of a bedroom. Assurance was required that there was an effective barrier to fire to ensure the integrity of the compartment floor above.

Systems to support fire safety required review to ensure that ongoing safety checks identified any faults and that residents and staff would be safe in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate person-centered interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. Residents also had access to consultant Geriatrician and the Frailty team from the local acute hospital which supported residents who were unwell to be cared for in the centre when appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was good and there were daily opportunities for residents to participate in interesting group or individual activities as preferred.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tara Care Centre OSV-0000107

Inspection ID: MON-0033442

Date of inspection: 18/11/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There are always a minimum of 2 registered nurses on 24 hours per day. All staff will complete evacuation of the largest compartment with the least number of staff on duty at any one time. All staff have received fire safety training from an external provider and have completed independently certified evacuation drills. Annual fire training is commencing again in March 2022, by an external provider. Evacuation procedures have been reviewed within the centre, and any deficiencies addressed. Staff on duty from 10 pm to 7 am, which is the time when we have the least number of staff on duty, will be relieved of non-essential routine work, and one staff will be responsible for increased fire watch checks between these times. The checks will include checking that all TVs, phone chargers, hoist chargers, and other non-essential electrical appliances are plugged out. They will also continuously monitor to ensure all fire doors and compartment doors remain closed. All staff working on night duty will have completed an emergency evacuation drill of this compartment.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The RP has engaged an outside fire consultant who has completed a fire risk assessment and has made a number of recommendations. The management team are committed to implementing these recommendations. Some of the recommendations have already been</p>	

implemented, such as in-depth fire training for all staff, purchasing of evacuation equipment which is individualized to each resident's evacuation needs. Other recommendations on fire containment are dependent on outside contractors and progress has been slowed due to the pandemic restrictions. However, this work on completion of compartmentalization and the installation of an AOV will commence in March 2022

The management team received further training from our fire advisor on daily fire checks weekly checks of fire doors, testing of the emergency equipment emergency lighting, duct work, and monthly inspection of gas and oil boilers.

Clearly defined roles and responsibilities of the responsibility for these checks has been agreed.

Ongoing evacuation drills will take place until all staff have completed same. The drills will be simulated using night time scenarios to test staff competencies and implement any learnings identified in the training.

A new maintenance manager who has experience in fire with the fire services commenced work on a full-time basis since 04/01/22 and will address outstanding maintenance issues

Infection control matters are discussed under Regulation 27

In 2021 the nursing home successfully managed to avoid an outbreak of COVID 19.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 An outside painting contractor has completed an audit and will address all deficiencies that he found on the audit. This work is scheduled after the firestopping and compartmentalization is completed

Our new maintenance manager commenced work on a full-time basis since 04/01/22. He will attend to general ongoing maintenance work such as damaged and scuffed woodwork plaster work, sink and tile grouting, replacing of tiles etc

Assistive Grab rails identified in the inspection report have been purchased and have now been installed.

A detailed weekly check list of each room will include the above items, they will be discussed at our weekly health and safety meeting and an action plan will be agreed and implemented.

The layout of 2 bedrooms will be reconfigured so that the residents who reside in these rooms can access the sink without going into another resident space. (The layout of one of these bedrooms has already been changed). The other bedroom should be completed within 4 weeks)

The bathroom window referred to in the report is now opening and closing.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Medical hand washing sinks that comply with Health building Part C standards are being sourced and will be installed upon delivery of same.</p> <p>Cleaning protocols for daily cleaning, deep cleaning of rooms and terminal cleaning have been developed which will clearly guide how to do a daily clean and a deep clean.</p> <p>Frequently touched surfaces are now being recorded twice per day.</p> <p>Ongoing monthly deep clean audits and quarterly environmental audits of the premises are in place and non-compliances will be addressed in a timely fashion.</p> <p>Laundry room has now 2 clearly defined entrances, one for dirty laundry and the 2nd exit for clean laundry This will aid in reducing the risk of cross contamination of clean linen being contaminated with soiled linen . Improved signage of entering and exiting with clean and dirty laundry is now in place. Appropriate PPE sluice sink and a hand washing sink are also available in the laundry room. Covered storage containers for housing clean laundry have been purchased are now in place.</p> <p>Staff training on IPC for all grades of staff other than online hseland has been sourced and has commenced in January 2022.</p> <p>All hand operated bins have been removed and preplaced with foot pedal bins</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p> <ol style="list-style-type: none"> 1.The RP engaged the services of a fire consultant in early 2021 to update our fire safety policy and strategy, which has been completed. 2. All staff have received fire safety training from an external provider and have completed independently certified evacuation drills. 3. Monthly fire evacuation drills of the first floor are now in place 4. Evacuation procedures have been reviewed within the Centre, and deficiencies addressed. 5. Our assembly point is located to the front of the Centre, and we are satisfied this is acceptable for all residents from any exit point within the building. 6. The number of residents above ground floor level will be reduced from 21 to 18 until all remedial works are complete as outlined under point 22. In addition, residents with the highest dependencies will be offered accommodation on the lower floors (Some residents and their families, following a complete explanation, have already agreed to the temporary move). 7. A minimum of 8 residents above ground floor level will be mobile and will only require minimal assistance and direction with their evacuation to a place of relative safety. 	

8. Staff on duty from 10 pm to 7 am, which is the time when we have the least number of staff on duty, will be relieved of non-essential routine work, and one staff will be responsible for increased fire watch checks between these times. The checks will include checking that all TVs, phone chargers, hoist chargers, and other non-essential electrical appliances are plugged out. They will also continuously monitor to ensure all fire doors and compartment doors remain closed.
9. Our emergency lighting is being serviced as required by Irish Standard 3217; as a result of this, our emergency lighting contractor has recently completed an audit of our emergency lights and has identified areas that require upgrading; this work will be completed 28/02/22.
10. Portable fire extinguishers were serviced on 22/01/22 and maintained in line with the requirements set out within Irish Standard 291
11. Periodic inspections of our electrical system should be completed by the end of March 2022 (this was delayed due to difficulty in getting contractors on-site).
12. All staff working on night duty have completed an emergency evacuation drill of this compartment by Friday, 17/12/21
13. All residents have individual personal evacuation emergency plans that identify any evacuation equipment required to aid evacuation.
14. Our evacuation equipment has been upgraded this year, and all staff have been trained in its use.
15. PAT of all electrical equipment has commenced and will be completed by 28/02/22.
16. All items stored under the stairs on the ground floor have been removed.
17. The linen stored on the middle and top floors has now been removed.
18. The hoist on the top floor will only be charged during the daytime.
19. The 2 doors that were awaiting door closures completed on 31/01/22.
20. All hoist chargers have been removed from the visitor's room
21. We have engaged a fire consultant to support us. Under his guidance, we will enhance the compartmentation on the lower ground and ground floors to further protect the stairwell and fit an actuator to the velux window at the roof level over the stairwell.
22. All remedial works regarding fire doors and compartmentation between floor levels are being addressed subject to the availability of raw materials and suitably qualified contractors; it is expected these works will be complete in the second quarter of 2022.
23. Weekly checking of the fire doors is now in place.

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	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	28/02/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	28/02/2022
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.	Not Compliant	Yellow	30/06/2022
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 suitable bedding and furnishings.	Not Compliant	Orange	30/09/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Not Compliant	Orange	30/09/2022

	including emergency lighting.			
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	30/09/2022
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	28/02/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
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	07/02/2022

