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:	The Cottage Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	70 Irishtown, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0004587
Fieldwork ID:	MON-0038290

About the designated centre

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

The Cottage Nursing Home is located within the urban setting of the town of Clonmel, Co. Tipperary. The original building, historically, was the Cottage hospital and this has undergone significant refurbishment. It is a two-storey facility with a lift and stairs access to the upstairs. The centre is registered to accommodate 25 residents. Residents' accommodation comprises single and double occupancy bedrooms with hand-wash facilities; assisted shower bathrooms are available throughout the centre; day room and dining areas are located on both floors. The Cottage Nursing Home provides 24 hour nursing care to male and female residents whose dependency needs range from low to maximum with varying care needs including care of people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Wednesday 15 February 2023	10:00hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with a number of residents over the course of the inspection and spoke with four residents in more detail. Residents spoken with were very positive about their experience of living in the centre and were complimentary of the quality of care provided and of the responsiveness of staff.

Following an introductory meeting with the person in charge, the inspector did a walk about of the centre accompanied by the person in charge. The Cottage Nursing Home is a Georgian style building and is located in the centre of the town of Clonmel. It is situated close to the road, on a busy street and does not have its own parking facility. Parking is available in designated paid parking areas on both sides of the street directly outside the centre. The centre is in close proximity to all amenities, including a church and a post office, which are located across the road. It is a two storey building with bedroom and communal space on both floors. The first floor can be accessed by both lift and stairs. Bedroom accommodation comprises nine single bedrooms and eight twin bedrooms. None of the bedrooms are en suite but all contain a wash hand basin. There are adequate communal bathrooms located at convenient locations throughout the premises to meet the personal hygiene needs of the number of residents accommodated in the centre. Communal facilities comprise two sitting rooms, one on each floor, that also serve as dining rooms. There was a secure outdoor area that had an artificial grass surface and suitable garden furniture, should residents wish to spend some time outside.

Throughout the inspection, the inspector noted that the person in charge and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided. The inspector observed residents enthusiastically participating in activities that were facilitated by an activities coordinator.

Overall, the feedback from residents of their experience of living in the centre was positive. Residents had choice over their daily routine. On arrival to the centre, the inspector met with three residents that were on their way out to attend mass at the church across the road. The inspector was informed that this was a daily occurrence. Later in the day, the inspector observed a resident asking a member of the management team if they wanted anything from the post office as they were on their way to post a letter.

The inspector spoke with individual residents, and also spent time in communal

areas, observing residents and staff interactions. The general feedback from residents was one of satisfaction with the care and the service provided. Residents told the inspector that they were happy in the centre and that the staff were kind and attentive. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The provision of care was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance with respect and kindness.

The inspector observed the lunch time dining experience. Where residents required assistance with their meal, the inspector observed that staff interacted with the resident in a respectful manner while providing assistance. The inspector did however note that most residents were provided with plastic aprons to protect their clothes. While most residents were asked if they wished to have the apron, the use of long plastic aprons did not contribute to a dignified appearance for residents. Residents confirmed to the inspector that there was always a choice of two main courses on the lunch menu.

Residents' bedrooms were clean and bright and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. There was adequate storage in bedrooms for residents' clothing, which included a wardrobe and lockable storage space. In a number of bedrooms, residents had personalised their bedrooms with the addition of items of personal significance, such as photographs and ornaments. While each bedroom had a wash hand basin, there was inadequate storage space for personal hygiene items. The inspector observed that residents hygiene items, such as toothpaste, liquid soaps and creams were stored on the wash hand basin. This was particularly unsuitable in shared rooms, where individual residents did not have adequate space to segregate these items from the other resident's hygiene products. In one bedroom, it was noted the both residents' toothpaste and toothbrushes were stored in the one plastic container. Call bells were available throughout the centre and that inspector observed that these were responded to in a timely manner.

The premises was not originally designed for long-term care and as a result communal and storage space was at a premium. The lack of storage space negatively impacted on communal space, as wheelchairs and hoists were seen to be stored in the corner of the sitting rooms. This also contributed to the absence of a homely feel, particularly in the upstairs sitting room. The upstairs sitting room contained a large couch and the upholstery was significantly worn and frayed. This was also the case on the last inspection. The couch was covered by a blanket. In addition to detracting from the homeliness of the environment, it also had infection prevention and control implications, as it could not be effectively cleaned. There were also no paintings on the walls of this room. The ground floor areas were in need of painting due to chipped paintwork on walls and doors and evidence of an adhesive substance on the walls. The inspector observed that a programme of painting had commenced with the initial focus on the first floor.

The inspector noted some fire safety concerns on the walkabout of the centre. A lobby area leading to a fire exit was obstructed by a table and chairs. This was also

identified at the last inspection. While there were evacuation floor plans located throughout the centre, the orientation of the floor plans made it difficult to ascertain the direction of travel to get to the nearest place of relative safety. The maps were based on fire zones and did not accurately reflect fire compartmentation in the centre. Each map contained multiple "you are here" annotations and it was therefore difficult to identify where you were in the centre in relation to the nearest emergency exit.

While the person allocated to facilitate activities for residents was absent of the day of the inspection, other staff on this role. Residents were observed to be enthusiastically participating in activities. The inspector observed visitors coming and going in the centre throughout the inspection. Most visits took place in residents' bedooms. While visitors were requested to phone in advance of visiting, residents that spoke with the inspector described that they had unrestricted visiting in the centre.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that there was a clearly defined management structure with clear lines of authority and accountability for the service. There was a system in place for the monitoring of the quality and safety of the service. Nonetheless, the inspector found that improvements were required, particularly in relation to non-implementation of the compliance plan submitted by the provider following the last inspection, which was conducted in March 2022..

This was an unannounced risk inspection carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The registered provider is Tipperary Healthcare Limited, a company comprising two directors, which own and operate this and one other nursing home. One of the directors is the General Manager and the other director is the person in charge of the other nursing home. They both form part of the management team for this centre. The person in charge has been in post since August 2020 and is supported by an assistant director of nursing, senior staff nurses and a team of of nursing staff, care staff, housekeeping staff, and catering staff. The person in charge met with the management team weekly, usually on a Friday, and governance and management meetings identified that all aspects of the service were discussed and actions taken as required. The provider had submitted a notification within the required time frame of the planned absence of the person in charge. However,

Ithere was not adequate contingency arrangements in place for the planned absence of the person in charge. The person proposed to take charge of the centre during the absence of the person in charge did not have the required managerial experience, as specified in the regulations.

There were management systems in place to monitor the service. The inspector reviewed a schedule of audits, which included audits of clinical and environmental aspects of the service. This review found that where deficiencies had been identified, this had led to quality improvements in the service. Nonetheless, the audits reviewed did not identify areas of risk identified on this inspection, particularly in relation to fire safety. Even though deficits in fire safety had been identified at the last inspection, conducted in March 2022 and a commitment was given to address those deficits, this had not been done. Based on the findings of the inspection in relation to fire safety, an urgent compliance plan was issued to the provider on the day following the inspection to address the identified deficits as a matter of urgency. A satisfactory response was received in response to the urgent compliance plan.

The inspector observed that the number and skill mix of staff available on this inspection was sufficient to meet the assessed health and social care needs of residents living in the centre. There was a system in place to record and monitor staff training. Not all staff, however, had attended training in mandatory areas and some staff were overdue attendance in topics such as manual and people handling and responsive behaviour. This is set out in more detail under Regulation 16 of this report. While most staff had attended the theory element of fire safety training, all staff were overdue attendance at the practical element of fire safety. This is discussed in more detail under Regulation 28 of this report.

The registered provider had ensured that there were effective record and file management systems in place in the centre for records listed under Schedule 3 and 4 of the regulations. However, records listed under Schedule 2 of the regulations were not kept in the designated centre as required by the regulations. A sample of these records were provided to the inspection and all contained the required information, including Garda vetting disclosures.

There was a complaints policy in place in the centre. The complaints procedure was displayed in a prominent position. Residents who spoke with the inspector described how they would go about making a complaint. A review of the complaints log identified that adequate records were maintained of the investigation process and the satisfaction or otherwise of the complainant.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required management and nursing experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the care needs of residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector indicated deficits in mandatory training for staff, in the areas of responsive behaviour, safeguarding residents from abuse and manual handling.

Judgment: Substantially compliant

Regulation 21: Records

The records listed under Schedule 2 of the regulations are not kept on site as required by the regulations.

Judgment: Not compliant

Regulation 23: Governance and management

Adequate management systems were not in place to ensure that the service provided was safe and consistently and effectively monitored. Issues identified for improvement at the last inspection were had not been adequately addressed on this inspection. There was inadequate oversight of fire safety management in the centre. Additionally, commitments given in the compliance plan response following the previous inspection were not implemented, particularly in relation to fire safety.

Judgment: Not compliant

Regulation 32: Notification of absence

The provider had submitted a notification within the required time frame of the planned absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log was reviewed. There was one complaint recorded since the last inspection. The record indicated that the complaint was adequately investigated and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

While areas for improvement were identified in respect of the quality and safety of the service received by residents, overall, residents were supported by staff to have a good quality of life. Residents were able to choose how they spent their day and had access to good quality healthcare and to social activities throughout the week. This inspection found that improvements were required in relation to fire safety, infection control and the premises.

Staff were familiar with the residents' needs and residents received good standards of nursing care and support. The inspector reviewed a sample of resident records. Residents had comprehensive assessments conducted on admission and at regular intervals thereafter. A review of care plans assured the inspector that care plans were person-centred and demonstrated that evidence-based care was being provided to residents.

Residents' health and well-being was promoted by regular reviews by general practitioners (GP) services that visited the centre regularly and as required. Residents also had timely access allied health services, such as occupational therapy, speech and language therapy, dietetics, and tissue viability nursing, when requested by residents or as required. A physical therapist was scheduled to

commence visiting the centre on a regular basis in the weeks following this inspection. Residents were supported to attend out-patient appointments as scheduled.

Residents enjoyed a daily programme of activities, which was led by dedicated activity staff. Staff were observed to engage with residents in a supportive manner and staff were observed to knock on residents' doors and announce their presence before entering resident's private space. There were facilities for residents to engage in recreational and occupational opportunities, and to exercise their civil, political and religious rights. Residents had access to radio, television and newspapers.

The inspector found that adequate measures were not in place to ensure residents were protected from risk of fire. There were arrangements in place for the preventive maintenance of the fire alarm and fire extinguishers. There interval between the maintenance of emergency lighting, however, extended beyond the recommended quarterly schedule. It was also found that issues identified for action on the last inspection in relation to fire safety had not been addressed. Action was required in relation to evacuation signage, emergency evacuation aids and staff knowledge of horizontal evacuation procedures. As a result of the findings on the inspection an urgent compliance plan was issued on the day following the inspection. A satisfactory response was received from the provider. This is discussed in more detail under Regulation 28 of this report.

There was an up to date infection prevention and control policy that provided guidance to staff regarding the standards of practice required to ensure that residents were adequately protected from infection. There was good practice identified in relation to infection control, including the monitoring of multi-drug resistant organisms (MDROs) and adequate cleaning practices. This inspection identified some further actions were required to ensure the designated centre was compliant with Regulation 27, Infection control.

Although the premises were found to be clean, there were some areas for improvement to ensure that the premises conformed to the matters set out in schedule 6 of the regulations. Areas for improvement included access to storage and general maintenance. These are outlined under Regulation 17: Premises.

There were measures in place to ensure residents were safeguarded from abuse. The provider had a policy on Safeguarding of Vulnerable Adults. Training records showed that most, but not all, staff were trained in relation to the detection and prevention of and responses to abuse. Staff spoken with were knowledgeable on how to respond to various types of abuse that could take place and residents spoken with reported to feel safe within the centre.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. Residents were seen to have good access to the local community, such as attending mass in the church across the road or trips downtown to the local shops. There was a programme of activities available to residents and there was a good level of

participation by residents. Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed.

Regulation 11: Visits

The centre's current visiting arrangements were appropriate, and placed no unnecessary restrictions on residents.

Judgment: Compliant

Regulation 17: Premises

Actions required in relation to the premises to ensure it conforms to the requirements of the regulations included:

- areas of the premises, in particular on the ground floor, were in need of painting as there was scuffed paintwork on walls and doors
- due to limited storage space, equipment such as wheelchairs and hoists were stored communal sitting rooms
- there was a couch in the upstairs sitting room covered with a blanket. The upholstery was significantly worn and did not support a homely environment
- the upstairs sitting room would benefit from the addition of wall paintings and items of furniture that would contribute to homely feel to the environment

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure full compliance with infection control. Issues found on the day of the inspection included:

- there was inadequate storage for residents' personal hygiene items. For example, in shared bedrooms both residents personal hygiene items such as toothpaste and creams were stored on the side of the wash hand basin. In one bedroom, both residents' toothpaste and toothbrushes were store in the one container.
- sangenic bins did not have lids
- a urinal was seen to be sitting on top of a sangenic bin

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant action was required to ensure residents were adequately protected from the risk of fire. For example:

- staff have not received the practical component of fire safety training from a person competent to do so
- there was inadequate detail in fire drills to provide assurances that staff could evacuate residents in a timely manner in the event of a fire, both during the day and at night
- there was not evidence that all residents can be evacuated from each fire compartment in a timely manner and that the evacuation needs of residents in each compartment is kept under review
- in addition to horizontal evacuation, there was not assurance that adequate evacuation aids are available to support the vertical evacuation of residents in the event of a fire and that staff are competent to use these aids
- fire evacuation maps did not accurately reflect fire safety compartments in the centre
- evacuation aids, such as ski sheets, were not always in place when personal emergency evacuation plans (PEEPs) identified that these were required to evacuate residents
- some PEEPs contained the incorrect bed number for residents
- fire Evacuation Maps were not oriented in a manner so as to easily identify the direction of travel to the nearest place of relative safety
- fire Evacuation Maps contained multiple "you are here" markers making it difficult to identify where you were in the centre in relation to the nearest place of relative safety
- a fire evacuation route was obstructed with a table and chairs
- some fire doors were held open by means other than automatic door closure devices, such as a chair and waste bin
- there was a gap in the maintenance schedule of emergency lighting indicating that the interval extended beyond the recommended quarterly schedule.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four

months or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents had timely referral and access to care of the older person services such psychiatry of later life. Services such as speech and language therapy and dietetics. Due to the absence of the physiotherapist, the provider had employed the services of a physical therapist and they were due to visit the centre in the week after this inspection. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was informed that there were not any residents living in the centre with significant responsive behaviours. Staff were facilitated to attend training in this area, however, not all staff had attended this training.

Approximately 65% of residents in the centre had bed rails in place. A sample of residents' records indicated that each resident had a risk assessment conducted prior to the use of bed rails and safety checks while they were in place, however, this represents a very high incidence of bed rail usage.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All except one member of staff had attended training to safeguard residents from abuse. Residents had access to the services of an independent advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice and privacy were respected in the centre and this was confirmed through the observations of the inspector and discussions with residents. Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities.

Residents' meetings were held regularly, which provided opportunities for residents to express their opinion on various aspects of care and life in the centre. The inspector saw evidence to indicate that there was good communication with relatives and residents about all aspects of care.

Information was available on how to access the services of an advocate should one be required.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Cottage Nursing Home OSV-0004587

Inspection ID: MON-0038290

Date of inspection: 15/02/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff that were not up to date have now received the relevant trainings. Staff training updates have now become a constant at management weekly meetings.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The issues of staff files not being available immediately on site have been rectified by uploading them onto a secure cloud drive which is accessible to the PIC or any other designated employee upon request from senior management. We are aware of the difficulty in ensuring the confidentiality of staff files in such a small location with limited office space and therefore we are happier with the hard copy file located offsite with secure online access.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

It is obvious that the governance was lacking in regard to following up on actions generated from previous visits and consultations. To ensure that this does not happen in the future we have allocated time in our weekly management meetings for an review of previously generated actions and service delivery plan. This will make sure all actions are delivered and not forgotten.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The dayroom has been fully decorated with new pictures on the wall and the old couch removed. A continuous painting program has been implemented to ensure that the premises is constantly well presented. Staff have been instructed not to store unused equipment such as hoists in the resident's day rooms. When the equipment is not in use they are to be stored in the equipment storage area or an area not interfering with residents daily activities or cause interference with fire evacuation routes.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: In shared room residents have been issued personal named toiletry containers to ensure their belongings are for their use only. Additional shelves have been added to allow for the space for these containers. New sangenic bins have been purchased with lids. Staff have been advised on the correct procedure and protocols when dealing with continence products.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following an emergency meeting of the Tipperary healthcare management team held on 17th including PIC Orla Coughlan, Paddy Fitzgerald and Sinead Carberry the following

was decided.
There was an obvious shortcoming in the procedures around the organization and implementation of fire drills and the documentation of fire checks. In order to improve on this we have promoted a new fire warden and allocated additional time for him to carry out his new responsibilities. He is currently a part-time employee in the maintenance department. He has previous experience as a fire warden in an earlier employment. It was decided that he would receive the appropriate training and he would then be allocated dedicated time to carry out his new responsibilities. They would be as follows.
• Fire drills appropriate to the building. With emphasis on evacuations during multiple situations such as nighttime and with a varying degree of person types.
• Fire checks. The new fire Marshall shall have the responsibility to document weekly, monthly and quarterly fire checks such as emergency lighting, escape routes etc. These checks will be audited by the PIC on a weekly basis.
• Compartmental control. The warden shall ensure that all compartmental separations such as fire doors are in working order and satisfy building regulations. These shall be part of the weekly checks.
• Fire signage. The fire warden will ensure that the proper fire signage, including location maps are up to date and located in the proper areas of the building. If any of the are missing, he will report to the PIC.
• Evacuation aids. The fire warden will ensure that all evacuation aids such as ski sheets and PEEPS, are in place and correctly reflect the current resident of the home.
• A daily escape route check will be allocated to a member/members of staff which will be checked weekly by the fire warden to ensure complicity.

Paddy Fitzgerald and the PIC will carry out an audit of all evacuation and zonal maps and ensure that new maps reflect an accurate reflection of the compartments and zones in place. We are confident that there is proper compartmental division in the building as per our last fire certificate allowing 1 hour division between compartments. Currently there are instances of more than one compartment within a zone. Thes are the zones as per the fire alarm system. New maps will be put up with each 1-hour fire compartment outlined to aid horizontal evacuation. This will be done in consultation with an external fire consultant.

Fire Training. We have already secured the services of a fire safety training company to act as a professional external fire safety trainer to all of the staff on 14th & 15th March 2023. All staff will be required to attend one of the days. The fire safety training company will also carry out the fire warden training on site which will be attended by the new fire warden and the Fire officer (PIC)

Vertical evacuation. In order to comply with the requirements for vertical evacuation Fire evacuation chairs will be positioned at the top of both stairs. This evacuation will also form part of the fire training.

We are aware of our shortcomings in this area but by implementing these changes we hope to have a more robust system that will ensure compliance of fire safety going forward.

These changes will be implemented with immediate effect.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Any staff that has not completed the "handling challenging behaviour" course will be instructed to do so within 4 weeks.
We have reviewed the culture of bed rail use and are trialing other options. To date we have reduced the bedrail use by 4 residents and will continue to monitor.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/03/2023
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	01/03/2023

	systems are in place to ensure that the service provided is safe, appropriate, 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	01/03/2023
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	Red	20/02/2023
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	Not Compliant	Red	20/02/2023

	procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	20/02/2023
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	Red	20/02/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the	Not Compliant	Red	20/02/2023

	event of fire are displayed in a prominent place in the designated centre.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	20/04/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/03/2023