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:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Coast Road, Blainroe, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	16 January 2025
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0045849

About the designated centre

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

Firstcare Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 72 residents. Residential accommodation is across the four floors which are accessed by a lift and stairs. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 38 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 January 2025	08:30hrs to 17:15hrs	Lisa Walsh	Lead
Thursday 16 January 2025	08:30hrs to 17:15hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Inspectors greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Firstcare Blainroe Lodge. Inspectors also spent time in the communal areas observing resident and staff engagement. The overall feedback from residents was that they were happy living there. There was a friendly and welcoming atmosphere in the centre, staff and resident interactions were observed to be kind, and it was evident that residents felt able to talk to staff if they had any concerns. Residents spoken with were complimentary of the staff, with one resident saying staff were "brilliant" and that it was a "perfect" place to live in.

Following an opening meeting, the person in charge accompanied inspectors on a tour of the centre. The centre is set out over four floors and divided into four different units; the lower ground floor, referred to as Bayside, the ground floor, referred to as Brittas and Seafield, the first floor, referred to as Silverstrand and the second floor referred to as Bayview.

The centre can accommodate up to 72 residents and on the day of inspection there were 53 residents residing in the centre and 19 vacancies. Inspectors also observed that there were no residents accommodated in Bayside; the findings of this inspection were that measures in place to accommodate the evacuation of residents from this area would be inadequate. The majority of residents resided on Brittas, Seafield and Silverstrand and only two residents were accommodated on Bayview. There were twin rooms available in the centre, however, no twin room had more than one resident at the time of the inspection. Inspectors noted that the arrangement of the personal space within the twin rooms required review to ensure that each residents personal space would be accommodated privately if the rooms were to have two residents occupying the room.

Overall, the centre was nicely decorated. There were four lounge/dining areas in the centre, three of these were located on the ground floor and one was on the first floor. The corridors were pleasantly designed to give a homely atmosphere and communal rooms had comfortable furnishings. Other communal space consisted of a sensory (snoozelan) room which was decorated with lights, a disco ball and was an enjoyable space for residents to use. There was also a hair salon available for residents which was opened once a week and a bar at the entrance to one of the day rooms which had a display of poetry written by residents on the wall.

The reception area on the ground floor opened out onto a secure garden which had plenty of tables and seating for residents. The paths were clear from debris and the garden area was well-maintained with shrubs and garden features. While the centre was warm and homely, improvement was required to ensure that maintenance issues were being actioned and that appropriate storage practices were used.

Residents were observed to be receiving visitors with no restrictions throughout the

day. It was evident that visitors were welcome and visitors spoke of the rapport that they had with staff. Some visits were observed to take place in residents' bedrooms and some visitors took residents out of the centre for outings. Visitors also reported being happy with the care residents were receiving, with one visitor saying that "staff were very good to the residents"'. A small number of visitors reported an issue with the telephones after the provider changed to a new service.

On the day of inspection, residents were neatly dressed and observed to be up and about in the various areas of the centre. Some residents were gathered together in the day rooms on the ground floor. Activities took place in the bay lounge on the ground floor which opened out onto the dunes lounge and could accommodate a large group of residents. In the morning, residents were doing some colouring activities while listening to music. In the afternoon, a musician played for the residents who were toe tapping and singing along. Other residents had chosen to stay in their rooms or walk around their units at their leisure. Throughout the day of inspection some residents were observed to be in the dining/lounge area in Seafield on the ground floor for prolonged periods of time without meaningful activities. They were also observed to have no staff interaction or supervision for periods of time.

Lunchtime at 12.30pm was observed to be a sociable and relaxed experience, with residents eating in the dining room or their bedrooms, aligned with their preferences. The menu was displayed on dining room tables, with a choice of meals offered. Residents spoken with in the dining rooms were complementary of the food. For some residents who were eating in their bedrooms, food was left on their tray table while they were sleeping and went cold.

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

Capacity and capability

There were established management structures in place in the centre, with key roles clearly identified within the management team to oversee the operation of the centre. While there were some good practices identified, inspectors found that some improvements were required to ensure all aspects of the service met resident's needs, and were in line with the regulations. This included ensuring there was sufficient training and supervision of staff at all times to meet resident's needs, and ensuring meaningful activities for the number and interests of the residents living in the centre. Some improvement was also required in respect of fire safety, premises and infection control.

This was an unannounced risk inspection to monitor compliance with the regulations, follow up on the compliance plan from the previous inspection in September 2024, with a focus on fire safety and premises. The inspection was

carried out over one day with two inspectors. Firstcare Blainroe Lodge Limited is the registered provider for Firstcare Blainroe Lodge and is involved in the operation of a number of designated centres in Ireland.

There were clearly defined management structures in place that identified lines of authority and accountability, specified roles and detailed responsibilities. Inspectors observed that the provider was continuing to work towards achieving compliance from the previous inspection; however, some actions detailed in the registered providers compliance plan were not completed and further action was required. The person in charge facilitated this inspection and was observed to be well-known to the residents. They are responsible for the centre's day-to-day operations and reported to the regional manager. The regional manager in turn reports to the chief operating officer. The person in charge worked full time in the centre and was supported in their management of the centre by two clinical nurse managers. The assistant director of nursing post remained vacant on the day of inspection. Inspectors were informed, by the registered provider, that interviews had been completed and that this position had been offered. The person in charge was also supported by a team of staff nurses, health care assistants, catering and domestic staff.

Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including weekly online meetings with the regional manager and the registered provider, monthly clinical governance meetings with the person in charge, the regional manager and other heads of departments and staff meetings.

The registered provider had audit and monitoring systems in place to oversee the service. However, the audit system was not fully effective and sufficiently robust as it had failed to identify key areas for improvement in areas such as staff training and staff development, fire precautions and infection control.

Staff had access to appropriate mandatory training and all staff had up-to-date safeguarding and fire safety training completed. In addition to the mandatory training, the previous inspection and notifications submitted to the Chief Inspector in relation to alleged omission of attention to the care needs of residents had identified additional areas of training that was required following observations of staff practice. However, the majority of staff were yet to complete these and some areas of training were also not scheduled. In general, the registered provider had allocated sufficient resources to ensure effective delivery of care; however, a review was required to ensure that the allocation of these resources was meeting the needs of residents and that staff were appropriately supervised.

Regulation 16: Training and staff development

In the previous inspection it was identified that further training and supervision were required, these were similar repeat findings on this inspection. This was evidenced by:

- Continued submissions of notifications to the Chief Inspector in relation to alleged omission of attention to the care needs of residents, this had been identified on the previous inspection. However, the number of notifications submitted had reduced.
- Following on from the previous inspection where it was identified that enhanced staff supervision was required to ensure residents needs were met, a similar incident was observed by the inspectors. For example, inspectors observed that four residents were in a sitting room in one unit and were left alone for prolonged periods of time with no staff available to attend to their needs.
- In the compliance plan from the previous inspection, the provider had identified that further training was also required in Leadership and Supervision for clinical nurse managers and nursing staff, which was due to be completed by 31 December 2024. However, no staff had yet completed this training.
- Followings incidents that had occurred in the centre, which were notified to the Chief Inspector, the person in charge had identified that additional training was required in managing responsive behaviour. This was due to be completed by 15 December 2024, however, only some staff had completed this on the day of inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents living in the centre, which included all the required information specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had assurance systems in place, these were not robust enough to be assured of the quality and safety of the service. For example:

- While the provider had made significant progress in addressing known fire safety issues at the centre, this inspection found that further work was required to protect residents from the risk of fire. This is detailed in Regulation 28: Fire precautions.
- Current arrangements for the auditing and oversight of infection control processes did not adequately identify areas that did not comply with the requirements of the regulations. This is detailed in Regulation 27: Infection

control.

- There were similar repeat findings from the last inspection in relation to Regulation 16: Training and staff development.
- Inspectors found that some of the actions identified from the previous inspections' compliance plan had not been addressed.
- A review of the schedule of activities was required to ensure that all residents across the centre had opportunities to participate.
- Improvements were required by the provider to ensure that the systems in place for the oversight of premises were appropriate. This is detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to inspectors and to staff for review. They had all been updated to reflect the practices and procedures in the centre at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

While the inspectors observed kind and compassionate staff treating the residents with dignity and respect, as described above, the management systems in place to ensure the service was safe and appropriate impacted on the quality of care being delivered to residents. The impact of this is described under the relevant regulations below, including fire precautions, premises, infection control and residents' rights.

An up to date safeguarding policy was in place to guide staff in the event of a concern of abuse arising. Inspectors found that safeguarding training was provided to staff in person and all staff had completed this training. An updated policy had been implemented in the centre for the security of residents' accounts and personal property which enhanced the management and oversight of residents' accounts. The systems required, to return monies to the estates of deceased residents, was also reviewed and improvements were found since the last inspection.

In general, residents' choices and preferences were seen to be respected. Inspectors saw that staff engaged with residents in a respectful and dignified way. Monthly residents meetings took place and residents were given the opportunity to feedback on the centre in a residents survey. Residents also had access to newspapers, radio, television and internet services. However, inspectors observed

throughout the inspection that phone coverage and internet signal within this centre was poor. While there was an activity schedule in place, there continued to be challenges in the adequate provision of activities to all residents, due to the layout of the centre, as previously identified on the last inspection.

There were arrangements for residents to receive visitors in public and private areas comfortably. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke of enjoying visits from loved ones. Visitors spoken with by inspectors were complimentary of staff, management, and the care delivered.

Inspectors reviewed the premises of Blainroe Lodge on this inspection. It was clear from the outset, that while there were rooms available on the lower ground floor, that management of the centre, had retained that floor clear of resident occupancy as it would require residents with high levels of mobility. The nature of this floor also meant that there was less natural light entering the floor, and the views from the windows were not as expansive as they were on the upper floors.

Inspectors noted an oratory on the ground floor, which was registered as a communal space for residents, was locked. On speaking with staff, inspectors were informed that the oratory was not used very often, and was always locked when not in use.

While the centre was warm and homely, improvement was required to ensure that maintenance issues were being actioned. There was evidence of damage to radiator covers, and some bathroom fittings such as a toilet seat and a mirror required replacement. There were twin rooms available in the centre, however, no twin room had more than one resident at the time of the inspection. Inspectors noted that the arrangement of the personal space within the twin rooms required review to ensure that each residents personal space would be accommodated privately if the rooms were muti-occupancy. Storage at the centre required review. There was evidence of inappropriate storage, and some storage spaces which were overfilled with materials contrary to the storage policy at the centre. These issues are discussed further under Regulation 17: Premises.

While the centre was generally clean on the day of inspection, a number of areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), and this will be discussed under Regulation 27.

The arrangements at the centre to protect residents from the risk of fire were reviewed during this inspection. While the lower ground floor did not have any residents living there at the time, it became clear that measures in place to accommodate the evacuation of residents from this area would be inadequate. The escape routes from this level all required upwards movement over stairs, as the elevator would not be usable in the event of a fire. There was an internal staircase that would bring residents to the ground floor within the building. This staircase had changes in direction known as half landings, which would provide some respite in the event of a fire event, as the evacuation aid available was a stairs evacuation chair. This chair was usable as a means of pulling a sitting resident up the stairs,

however, the effort required to complete this task would be significant. The remaining escape routes, which were external stairs would prove extremely difficult for staff to use with an evacuation chair. These considerations were not reflected in staff training, however, when this was brought to the attention of management, it was clear that this arrangement was part of the reason why the provider had not placed residents on the lower ground floor. One of the escape stairs from the second floor also required review, as the door opened directly over the top step. There was no landing space inside the door, and the stairs appeared uneven to walk on.

There was evidence of smoking activity taking place on a decking area outside the activities room. This was not a designated smoking area, and did not have appropriate fire fighting, or fire safety measures in place. Inspectors were informed that there were no residents smoking, however, somebody was using this area for smoking as there were a large number of cigarette butts in one area. This would increase the risk of fire. The laundry and kitchen was located on the lower ground floor. Natural gas was used as a fuel in the laundry and kitchen. There was a lack of gas detection measures in place and because this area was not occupied, it was not active for long periods for example at night. This would mean that a gas leak could go undetected in the area resulting in a risk of fire. The measures in place to contain fire smoke and fumes also required improvement. While a lot of work had been completed to seal up service penetrations in compartment lines, a review of all fire doors was required to ensure that they did not compromise the integrity of the compartment lines, which were relied upon for progressive horizontal evacuation within the centre. These and other fire safety issues are detailed under regulation 28: Fire Precautions.

Regulation 11: Visits

Inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had made arrangements for a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

Overall, improvement was required by the provider to ensure that the premises were appropriate to the number and needs of the residents of the designated centre and in accordance with the statement of purpose prepared under Regulation 3. For example:

- An oratory for the use of residents, was not available to residents as it was locked and was not used regularly. This was a registered communal space that should be available to residents at all times.
- An on-site generator for the use of the centre was not included on the floor plans.

Improvements were required of the registered provider to ensure that, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Storage practice required review at the centre as some storage space was overfilled with a range of items and equipment. Storage cabinets were also installed in two assisted shower rooms. Equipment for the use of residents such as wheelchairs and hoists were noted along corridor spaces.
- Areas of the centre required maintenance attention including radiator covers which were damaged, and there was some walls which had damaged paintwork.
- A family room on the first floor was an internal room accessed from the corridor. There was no ventilation present in the room, and the light was not working.
- Some of the twin rooms available in the centre did not provide sufficient space within each residents private space for personal belongings including a chair, access to a wardrobe and access to the en-suite bathroom.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and information regarding independent advocacy services.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed residents' records and saw that, in general, where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

Judgment: Compliant

Regulation 27: Infection control

A number of areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018). This was evidenced by:

- Two storage cupboards in assisted shower rooms had a mixture of clinical equipment used by residents, including slings, pressure cushions, bed wedges and other non-clinical items like residents' shoes, hair brushes and a footspa contained in them. Staff were unclear if the equipment was clean or dirty, and there was no identifiable mechanism to determine this. Clean linen and towels were also stored in one of these cupboards in the assisted shower room.
- In some sluice rooms dirty clinical equipment was observed to be placed on trays for clean equipment, which posed a risk of cross-contamination.
- Some wheelchairs and hoists were labelled as clean, however, they were visibly dirty.
- In the linen storage room, some pillows were badly worn and could not be cleaned properly, bed clothes were improperly stored on a bottom shelf and touching the floor.
- Some residents food trays were heavily rusted which would impact the ability to clean these sufficiently. Inspectors observed that the provider had purchased new food trays to replace these, however they were in storage.
- Inspectors found shared toiletry products. Sharing toiletries presents a risk of cross-contamination.
- Some boxes were stored on the floor, which would impact effective cleaning practices.
- The laundry arrangements in place were not in line with best practice and there was no clear segregation of a clean and dirty area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, it was noted that the provider had made significant progress in addressing known fire safety issues at the centre, including improvements to the containment measures. However, this inspection found that further work was required to protect residents from the risk of fire.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment, for example:

- Storage practice was presenting a risk of fire to residents at the centre. Flammable and combustible items were stored alongside each other in storage spaces. Some of these storage cupboards were placed in the protected escape corridors, and were not fire rated cupboards. An electrical panel room and communications room on the lower ground floor was being used to store electrical items, paint products, and maintenance materials. This room opened directly onto an escape route.
- There were no measures in place to alert staff if a gas leak occurred on the lower ground floor, where the kitchen and laundry both used gas as a fuel. A gas leak can result in a fire if it is not detected and the gas shut off procedure applied.
- There was evidence of smoking activity taking place on the decking outside the activities room. There were no fire safety measures in place to mitigate the risk of smoking in this area such as fire blankets, fire extinguishers or call bells.

The registered provider did not provide adequate means of escape including emergency lighting, for example:

- Escape from the lower ground floor was facilitated by stairs to the ground level. The means of using these stairs for residents that may have mobility difficulties was through the use of a stairs chair. The secondary means of escape using the external stairs would not readily accommodate upwards movement in the event of an evacuation. Furthermore, some of the exit doors from the lower ground floor were very narrow. This would present difficulties to evacuation from this level before approaching the stairs to access the assembly point. It was noted that there were no residents living on this level on the day of inspection, however, there were rooms available.
- One of the escape corridors on the lower ground floor opened into a larger space which was used as part of the laundry. This area was not separated from the escape route, which resulted in the clean laundry including ironing, being within the escape corridor. This also resulted in the main laundry room itself being an inner room, which is of particular concern in the event of a fire, as the only escape route would be through the outer laundry.
- External pathways from the various fire exits, did not link up to provide a usable route to the assembly point. Some of the pathways ended at a grassed or gravel area. This would present difficulties to resident evacuation to the assembly point in the event of a fire.
- An escape stairs from the second floor was not provided with a disabled refuge space. The door from the corridor opened directly over the top steps. There was no landing space available. The stairs themselves varied in height and were not even. This could present considerable difficulties in the event of an evacuation from the second floor.
- There was a lock fitted to a cross corridor door near the activities room. This could impact on safe evacuation in the event of a fire.

Improvement was required of the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable and residents, are aware of the

procedure to be followed in the case of a fire. For example:

- While extensive fire drills were being undertaken at the centre in line with the fire drill policy, the drills and fire safety training did not fully reflect particular risks specific to the building including:
    - The use of a stairs chair on the external stairs which were escape routes from the lower ground floor. The training in the use of the stairs chair was completed on the internal stairs only. The external stairs were constructed differently, which would present difficulty in the event of an evacuation.
    - The procedure for evacuating to the assembly point, and in particular, the evacuation plans posted on the walls of the centre required review. There were seven points marked on the plans which appeared to be assembly external points. However, the assembly point available outside the building was in one location, and was not a place at a location of relative safety away from the building.

The registered provider did not make adequate arrangements for containing fires. For example:

- Fire doors at the centre required review. A sample of cross corridor doors and bedroom doors reviewed by inspectors noted large gapping around the perimeter, non fire-rated ironmongery such as hinges and handles, non fire-rated glazing on some compartment doors, and doors which did not always form a seal when closed. Inspectors could not be assured that some full compartment doors had a fire rating appropriate to their location. This would impact on the effective use of progressive horizontal evacuation, which was the preferred method of evacuating residents in the event of a fire.
- While inspectors noted significant work had been completed on compartment line containment such as service penetration seals through compartment walls, a communications room on the ground floor was noted to have holes in ceilings and walls where services passed through. This would impact on the containment of fire smoke and fumes in the event of a fire within this room.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had assurances in place to safeguard residents and protect them from abuse. Staff had access to safeguarding training with all staff having completed in-person safeguarding training. Records reviewed had the required Garda (police) vetting disclosures in place for staff prior to commencing employment in the centre.

The registered provider was a pension agent and had implemented improved polices and systems, following the previous inspection, for the management of residents'

finances and deceased residents accounts.

Judgment: Compliant

Regulation 9: Residents' rights

While staff interactions were observed to be kind and respectful towards residents, inspectors observed lengthy periods of time where some residents were observed sitting in some communal areas without meaningful activation and at times with limited staff interaction.

The registered provider had recently changed to a new phone provider and it was observed that the phone and data coverage in the centre was weak or non-existent in some places. Some residents and visitors also raised this as an issue which impacted their ability to communicate with each other at times.

Judgment: Substantially 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 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Firstcare Blainroe Lodge OSV-0000016

Inspection ID: MON-0045849

Date of inspection: 16/01/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: An Assistant Director of Nursing commenced working fulltime in the centre on the 25th February 2025 to support governance and supervision in the centre – complete Assistant Director of Nursing, Clinical Nurse Mangers and Staff Nurses have now completed further training in Leadership and Supervision and their ongoing development will be overseen by the Director of Nursing and Regional Director – complete All staff will have received refresher training in Responsive Behaviour training by 15th April 2025. Further toolbox talks are now available to regularly support and enhance staff knowledge. Allocations have been reviewed and nurse on duty holds responsibility to ensure appropriate supervision is in place in sitting rooms and other communal areas in their allocated areas. This is monitored during DON/ADON daily walks of the centre – complete and ongoing	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An Assistant Director of Nursing commenced working fulltime in the centre on the 25th February 2025 to support the governance and supervision in the centre – complete	

The activity schedule has been reviewed with resident feedback incorporated to ensure all resident preferences, interests and abilities are catered for- complete
Monthly outings have also been scheduled. The weekly schedule is available in print for residents and staff to view - complete

The centre is currently supported by a group activity lead who is providing support to staff in the home with auditing, activity programmes and event planning- complete and ongoing

From 1st March 2025, the Director of Nursing and Assistant Director of Nursing will oversee the provision of activities as per planned schedule on a daily basis, and will check attendance in line with resident preference.

The centre's compliance plan is available on an action tracker platform, where progress of actions is monitored by the Regional Director and the COO to ensure actions are escalated and addressed in a timely manner – complete and ongoing

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The oratory has been reviewed and is available for resident use. Appropriate signage is now in place to invite residents to use in line with their personal preference and at a time of their choosing – complete

Floor plans and Statement of Purpose have been revised to include the generator – complete

Storage areas have been reviewed and appropriate storage areas have been identified. These areas will be appropriately labelled by 30th April 2025. The clinical management team will review these areas during their day walkaround to ensure staff continue to store items in the designated areas.

A replacement radiator cover has been ordered and will be installed by 30th March 2025

A monthly proactive maintenance schedule is now in place which includes painting. This was commenced in March 2025 – complete and ongoing

The family room light was rectified on the day of inspection- complete

Ventilation of the family room has been reviewed and a passive ventilation system will be installed by 30th March 2025.

All twin room layouts have been reviewed and alternative furniture has been ordered to ensure there is sufficient space, access and privacy for each resident. This will be completed by 31st May 2025

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Storage cabinets in the assisted shower rooms have been removed- complete

Storage areas have been reviewed and appropriate storage areas have been identified. These areas will be appropriately labelled by 30th April 2025. The clinical management team will review these areas during their day walkaround to ensure staff continue to store items in the designated areas.

The storage of linen has been reviewed by the housekeeping supervisor and any items with excessive wear or that could not be effectively cleaned were discarded and appropriate replacements are available. From 1st April 2025, a system will be introduced to ensure that linen is reviewed quarterly to ensure that it is reviewed and replenished in a timely manner – complete

An audit of overbed tables has been completed and replacements have been provided. A further number of replacements have been ordered and will be delivered by 31st May 2025

The audit schedule and content of audits has been reviewed for 2025. A revised environmental and IPC audit is now in place to identify any issues such as inappropriate storage, cleanliness or need for replacement equipment. Audit results and action plans will be discussed and monitored for implementation at monthly governance meetings – commenced and ongoing

A full review of the laundry service and facilities will be completed by 30th April 2025. The option to outsource some of the laundry service to facilitate the reorganization of the area, both inside and outside the laundry room will be considered. This will be completed by 30th June 2025.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Storage on the corridor will be treated with fire retardant paint. This will be completed by 31st March 2025.

All items have been removed from the electrical and communications room – complete

An appropriate storage room has been identified for maintenance equipment and items and this will facilitate removal of all inappropriate storage by 30th March 2025- complete

A gas detection device will be fitted in the basement to alert staff to a gas leak. This will be completed by 30th April 2025.

There is an external smoking area identified for resident use that is serviced by firefighting equipment and call bell. Clear signage will be displayed in all alternative areas to direct residents, visitors and staff that smoking is not permitted in these areas. Signage has been ordered and will be displayed by 30th April 2025.

A structural review and option appraisal of the exit door to the stairwell in the basement will be completed by 30th April 2025.

The external stairwell has been cleaned and reviewed to ensure that it is suitable for emergency evacuation in the event of an emergency- complete

Staff continue to receive fire training and drill practice on upward evacuation to ensure that they are fully aware of the procedure to be followed in the event of an emergency.

A full review of the laundry service and facilities will be completed by 30th April 2025. The option to outsource some of the laundry service to facilitate the reorganization of the area, both inside and outside the laundry room will be considered. This will be completed by 30th June 2025.

External assembly points have been reviewed and 2 locations have been identified that are easily accessed from all identified fire exits. External paths identified as escape routes have been reviewed and will be rectified to allow easy evacuation for residents. This will be completed by 30th June 2025

The escape stairs from second floor has been reviewed. Works to improve illumination and the surface of the steps will be completed by 30th June 2025.

The lock on cross corridor doors has been removed – complete

From 1st March 2025, a schedule of announced and unannounced fire drills will be completed monthly. These will also include use of the evacuation chair on the external stairwell – commenced and ongoing

A full audit of compartment doors will be completed by 30th April 2025. The results of this audit will be reviewed and a schedule of works will be planned to rectify any issue and completed by 30th September 2025.

Works to seal the penetrations in the ground floor communication room will be completed by 30th March 2025.

A fire risk assessment had already been scheduled and will be completed by 31st March 2025.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Allocations have been reviewed and nurse on duty holds responsibility to ensure appropriate supervision is in place in sitting rooms and other communal areas in their allocated areas. This is monitored during DON/ADON daily walks of the centre – complete and ongoing

The group activity lead has provided resources and activity programmes that can be facilitated for small group activities or for residents who prefer one to one activities- complete.

A series of staff meetings have been scheduled with nurses, health care assistants and the activity team in February and March 2025 to discuss and clarify their role in activity provision. This will be fully completed by 31st March 2025.

From 1st March 2025, the Director of Nursing and Assistant Director of Nursing will oversee the provision of activities as per planned schedule on a daily basis, and will check attendance in line with resident preference.

There is wifi access available to residents and visitors. Details on how to connect to the wifi is now displayed in key areas and detailed in the resident guide– complete.

From 1st April 2025, we will continue to monitor and review resident and visitor satisfaction with wifi and phone coverage (through surveys and resident council meetings) and will review and consider options for improving signal- ongoing.

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	15/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/03/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	31/05/2025

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	15/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2025
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	30/06/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Not Compliant	Orange	30/06/2025

	including emergency lighting.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(3)(c)(iii)	A registered provider shall, in	Substantially Compliant	Yellow	31/03/2025

	so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to telephone facilities, which may be accessed privately.			