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:	Aras Gaoth Dobhair
Name of provider:	Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 November 2024
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0043363

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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
Tuesday 5 November 2024	09:30hrs to 17:30hrs	Gordon Ellis	Lead
Tuesday 5 November 2024	09:30hrs to 17:30hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

Overall inspectors found that residents had their needs met and were satisfied with the care and services provided for them. The lived environment had improved for residents following significant fire safety and refurbishment works which were nearing completion at the time of the inspection.

The inspectors spoke with residents and staff, and reviewed a number of fire documents including a fire safety register, maintenance records, staff training, fire policies and procedures.

The provider was in the process of completing fire safety improvement works, as a result, some sections of this centre were closed off and inaccessible to residents and visitors.

During the walk around, the inspectors noted that considerable progress had been made on the fire safety improvement works. New fire doors, cross corridor fire doors and fire rated ceiling access hatches had been fitted. The inspectors found that some of the fire doors when tested did not close fully due to mechanical ventilation measures that prevented the fire doors from closing when released.

In the oratory, a previously non-fire rated ceiling had been removed and a new fire rated ceiling was now in place. A bi-fold wall and door had been removed and in its place a fire rated wall and fire doors. The inspectors observed a wedge had been used to maintain these doors in the open position. This had compromised the containment of fire and smoke from this area.

In the kitchen, a new suppression system had recently been fitted. However, staff had not been trained on the operation of the system. Improvements to directional emergency lighting and directional signage had been carried out since the previous inspections. However, signage was lacking in one area and was incorrect in another area.

Day-to-day arrangements in regards to precautions against fire had improved since the previous inspections. Notwithstanding this, the inspectors observed the inappropriate storage of flammable and combustible items in an electrical switch room. Furthermore, the inspectors noted a fire blanket was undersized for its intended function to douse a cloths fire and needed to be replaced with the appropriate sized blanket. This was a repeated finding. These and other fire safety risks are outlined in detail in the quality and safety section of the report and under regulation 28.

The main fire alarm panel was located at the reception area and was noted to be free of faults. Floor plans were located adjacent to the fire alarm panel. However, the floor plans had not been updated to indicate the new compartment boundaries

or the areas under refurbishment works that were closed off at the time of the inspection.

The inspectors observed staff speaking with residents in a positive and friendly manner, which respected resident's dignity and independence. The staff appeared to know the residents and families well. Residents who spoke with the inspectors said that they felt safe in this centre.

The inspectors observed that an activity programme was available for residents and residents participating in various social care programmes. The inspectors also observed several residents gathered together in a day room and engaged in meaningful conversations during the morning hours of the inspection. Additionally, some residents were seen attending Mass in the morning.

The centre had a relaxing ambiance with many areas bright and spacious for the residents to enjoy. However, the inspectors observed that the individual floor space available to residents in multiple occupancy rooms was below the minimum floor space requirement. The bed spaces of these rooms did not allow a resident to have a comfortable chair beside their bed and a bedside locker. The inspectors noted emergency call facilities had not been provided for several residents at their beds.

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

Capacity and capability

The inspectors found that the provider was open to feedback and had demonstrated a commitment to making improvements that benefited the safety and well being of the residents.

The provider of the centre is Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta, which is a voluntary board consisting of six members. The provider employs a person in charge who works full-time in the designated centre, and they report to the provider's representative and the board. The person in charge has the required management experience and qualifications for the role. There is a clear management structure in place with agreed reporting lines. The clinical nurse manager supports the person in charge and deputises in her absence.

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the previous inspection findings. The provider had completed a fire safety risk assessment in the centre in May 2023 and had identified 20 red-rated risks and 22 amber-rated risks. The red risks were required to be addressed within three to six months, whereas the amber-rated risks were required to be addressed within six to twelve months**.** Due to the

totality of the extensive fire safety risks and to ensure the safety of residents in the centre, the Chief Inspector had imposed a restrictive condition on the provider's registration certificate, requiring the provider to complete the fire safety works in the centre by May 2024.

The provider had made good progress in addressing the significant fire safety works in the centre and was committed to completing all fire safety works in order to bring the centre into full compliance. The provider had notified the office of the Chief Inspector that the red-rated risks had been completed; however, there were substantial delays in the completion of the amber-rated risks.The inspectors found that the fire safety works to address the amber-rated risks were nearing completion; however, they were not completed in accordance with the centre's restrictive condition. As such, the provider was in breach of their conditions of registration.

In addition to the above, the oversight of fire safety management systems and the processes to identify, and manage fire safety risks were not effective and did not ensure the safety of residents living in the centre. Significant fire safety risks identified on the day resulted in an immediate action being issued to the provider to ensure the safety of residents. These findings are outlined in detail in the quality and safety section of the report and under Regulation 28: Fire Precautions.

Inspectors also found that the oversight of care planning required improvement to ensure that residents who sustained pressure sores or wounds had up to date care plans in place based on their assessed care needs and skin integrity risk so that these records provided clear information for staff to guide care interventions.

The inspectors reviewed a sample of contracts and found that the residents had a contract in place; however, a number of contracts did not meet the requirements of the regulations, which is further discussed under Regulation 24: Contract for the provision of services.

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013, which is further discussed under Regulation 17: Premises and Regulation 9: Residents rights.

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the assessed needs of the 29 residents living in the centre and the size and layout of the centre. There was a minimum of one registered nurse available at all times in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training records indicated that all staff were up-to-date with mandatory training and this training was updated as required.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management and oversight arrangements had failed to ensure the completion of fire safety works to bring the centre into compliance with Regulation 28: Fire precautions. As a result, the provider was in breach of a restrictive condition and had not provided the required resources to complete all required fire safety works within the specified date set by the Chief Inspector.

The management systems in place required improvements to ensure a safe, effective and consistent service was provided to the residents in this centre. For example:

- The provider had not recognised some of the fire risks found on the inspection. An immediate action was issued on the day and additional fire precautions were required to ensure that residents were protected from the risk of fire as detailed under Regulation 28.
- The provider's management systems had failed to identify and address the issues with residents' care planning, which was identified during this inspection. As a result, the inspectors were not assured that these systems were effective in ensuring quality improvement.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts and found that the terms relating to the bedroom to be provided to the resident was incorrect. The inspectors found that

this resident was provided with a bedroom, which was inconsistent with the terms outlined in their contract.

Additionally, the inspectors found that the contracts of two residents did not include the nursing home fees.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided to the centre was good. While the improvements that had been achieved during previous inspections had been sustained, more focus and effort were needed to improve the care planning of residents who had pressure ulcers and wounds.

Overall this inspection found significant progress had been made by the provider to address the fire risks in the centre since the previous inspection. Notwithstanding this, more progress was required. The number of repeated and additional fire safety risks identified on this current inspection raised concerns about fire safety management in this centre. This was further compounded by poor oversight of fire safety in relation to the storage of flammable and combustible items which led to inspectors issuing an immediate action on the day of the inspection. Appropriate effort and resources were now required by the provider to bring the centre into compliance with Regulation 28: Fire Precautions.

The inspectors reviewed a sample of care plans and found that each resident had care plans in place and that residents' care plans were generally detailed. Residents had a comprehensive assessment carried out following their admission to the designated centre. A range of validated assessment tools were used to inform comprehensive assessments. However, improvement were required to ensure that the residents who were at risk of developing pressure ulcers had a comprehensive assessment of their needs and an appropriate care plan in place to guide staff in providing the most appropriate care.

The majority of the residents had timely access to medical assessments and treatment by their general practitioners, and access to a range of allied healthcare professionals, such as dietitians and speech and language therapists, was organised when needed. However, the inspectors found that appropriate referrals had not been made when one resident's wound had deteriorated.

Residents' meetings were held regularly in the centre, and the residents were consulted to participate in the organisation of the centre.

Residents had easy access to televisions, newspapers, and radios to stay informed in the centre.

The centre had a number of communal areas that were accessible to residents. Residents were accommodated in a mix of single, twin and four-bedded rooms. Some of these residents' bedrooms were well laid out and personalised, and residents had access to secure space to store their belongings. However, the layout of four bedded rooms in this centre did not ensure that the privacy of and dignity of residents was upheld when carrying out personal care activities. Additionally residents in these rooms did not have enough storage space to store their personal belongings.

Regulation 12: Personal possessions

The inspectors observed that there was insufficient shelving space available for residents in all the four-bedded rooms to store their personal belongings. As a result, the residents' personal belongings, such as photo albums, were found to be stored on top of the over-bed lamps.

Judgment: Substantially compliant

Regulation 17: Premises

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The inspectors found that the individual floor space available to residents in four four-bedded rooms was below the minimum floor space requirement of 7.4 square meters. Additionally, the bed spaces of these rooms did not allow each resident to have a comfortable chair beside the bed and a bedside locker.
- Emergency call bells had not been provided for several residents' who were in bed. As a result these residents could not call staff when they needed assistance..

Judgment: Not compliant

Regulation 28: Fire precautions

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire.

- In an oratory, fire doors were found to be wedged open, which is a repeated finding. This created a risk for fire and smoke to spread unhindered as the

closing mechanism to ensure fire doors close in the event of the fire alarm activating had been interfered with.
- The inspectors observed flammable and combustible items such as decorations, electrical equipment and fuel in an electrical switch room. The room was being used as an unregistered storage room which presented a potential fire hazard particularly as a fire in this electrical room would be accelerated by the presence of these items. This was brought to the attention of staff on the day and an immediate action was issued to remove these items from the area.
- In a designated smoking area, the inspectors noted a fire blanket was undersized for its intended function to douse a clothes fire and needed to be replaced with the appropriate sized blanket. This was a repeated finding.
- Records for staff to check fire doors was not available to the inspectors and as such the inspectors could not confirm if the required fire door checks were being conducted on a reliable and consistent basis.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

- Directional escape signage indicated an escape route through a dining room, however, a final fire exit was not found located in this room. Furthermore, directional signage was lacking at the end of an escape corridor to clearly indicate a final fire exit. Both situations presentation potential confusion and delay in the event of a fire emergency and required a review.

Arrangements for the maintenance of fire equipment, the means of escape and the building fabric required improvement. For example:

- In a store room, the inspectors observed an attic access hatch had been left open. Staff had confirmed the hatch was always left open and was in constant use by workmen. The practice of leaving the hatch open created a risk for fire and smoke to travel unhindered.
- Several fire doors to some offices along a protected corridor were not fitted with fire seals or door closing mechanism. A bathroom that appeared to have been repurposed and was now in use as a linen store, was fitted with a fire door that had minor damage and georgian glass. Both of these elements compromised the integrity of the fire door and its effectiveness to perform in the event of a fire. The same fire door issues were found at a nearby cleaning room and a sluice room.
- Some newly fitted fire doors failed to close fully when released. These were found in a staff dining room and in a kitchen, where mechanical ventilation measures prevented the fire doors from closing when released.
- The inspectors noted some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain level of fire resistance), and these required appropriate fire sealing measures. These areas were identified in a reception and in a store room above an electrical unit.

The provider had failed to adequately review fire precautions throughout the centre. For example

- The inspectors noted repeated findings from the providers own fire safety risk assessment dated May 2023 had not been resolved which included amber rated risk. This formed part of commitments outlined in a restrictive condition on the provider's registration. As such, the provider was in breach as not all fire safety works had been completed by the 05 May 2024. Furthermore, some fire risks identified from a previous inspection carried out in September 2023 were identified again on this current inspection.

The registered provider did not ensure by means of fire safety management and fire drills at suitable intervals, that the persons working in the designated centre and, in so far is reasonably practical, residents are aware of the procedures to be followed in the case of fire. For example:

- From an assessment of a sample of residents' personal emergency evacuation plans (PEEPs), the inspectors noted they were not consistent and details varied between residents. The inspectors were informed a standardised and detailed template was being phased in.
- Staff had not been given training or made familiar with the changes to the layout, compartment boundaries or the evacuation procedures as a consequence of the fire safety works that had been completed in the centre. Fire drills were not available to demonstrate if the fire procedures were fit for purpose or if any additional staff, training or equipment needs or modifications were required to the fire procedure or the evacuation strategy for the centre. The provider was required to implement training for staff, fire drills and to update the fire policy, and fire procedures following the fire safety works.
- Furthermore, as part of the fire safety works, a new suppression system had recently been fitted to the kitchen. However, staff when asked confirmed that they had not been trained on the operation of the suppression system or the procedures to be followed if the system was ever activated in the event of a fire. In addition to this, staff expressed that they wanted to attend more fire training and fire drills in order to be familiar with the changes to the centre as a consequence of the new fire safety works.

The displayed procedures to be followed in the event of a fire required a review by the provider. For example:

- The inspectors noted evacuation plans were observed to be displayed at the fire panel and along some corridors. However, as a result of the on-going fire safety works, the floor plans were not an accurate reflection of the current layout of the centre, the location of compartment boundaries or the areas under construction. This created a risk of creating confusion and delays for staff and residents in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

An appropriate system of reviewing residents' care plans was not in place in the centre to support the residents in meeting their care needs. For example:

- Two residents who were at high risk of developing pressure ulcers did not have an appropriate care plan in place to guide staff to provide the most appropriate care to prevent pressure ulcers from developing.
- In addition, another resident who had developed a pressure ulcer did not have an up-to-date care plan to guide staff in providing the most appropriate care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors reviewed the wound assessment records of a resident with a pressure ulcer and found that the provider's wound management procedures were ineffective in delivering appropriate and effective wound care for this resident in line with the evidence-based best practice recommendations. Additionally, this resident had not been referred to a GP and specialist wound care nurse in a timely manner to seek advice regarding the most appropriate plan of care. As a result, the inspectors was not assured that timely actions were taken to support this resident's needs in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider's systems in place to uphold residents' right to privacy and dignity were ineffective. For example, the four bedded rooms in this centre had wall-mounted privacy screens or bed dividers installed in each bed space of these rooms. This meant that the residents had to seek staff assistance to unfold these curtains and enclose their bed space to carry out personal activities in private. However, the inspectors were also not assured that these privacy screens, when unfolded, could fully enclose the bed space of residents to ensure their privacy needs.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Gaoth Dobhair OSV-0000311

Inspection ID: MON-0043363

Date of inspection: 05/11/2024

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Fire mitigation works are now complete All red and amber fire safety risks have been addressed and completed. [21/02/2025] Regular staff meetings with all departments have been implemented fortnightly. Communication between nurses and HCA's have been improved with daily meetings
Completed and ongoing
Fire safety procedures are in place as follows:
1. Fire policy has been updated to reflect changes in the layout and fabric of the building.
2. Fire safety procedures and checks are updated to ensure strategies to maximise safety of all personnel in the centre.
3. Every employee has received Fire safety training comprising:
• Fundamentals of Fire
• Risk minimization,
• Flammable materials including gases.
• Safe (horizontal) evacuation procedures
• Safe use of Fire extinguishers
• Fire doors, Fire exits and Evacuation routes.
• Evacuation equipment (Fire blankets, ski sheets)
• Emergency services and other important contact details
• Personal emergency evacuation procedures for each resident are located at reception.
• Roles of individual persons in event of fire
• Updated Floor plans reflecting the current layout of the centre are appropriately displayed throughout the centre
Completed 01/03/2025 and ongoing.
All Registered nurses have updated their training in respect of
• Assessing needs
• Planning and Implementation of care
• Review/ reassessment

Every resident's care plan has been updated and has been reviewed by CNM.
CNM has implemented an Audit system to ensure that all care is delivered, evaluated, and documented in line with residents' needs and An Bord Altranais Code of Professional conduct.
Completed and ongoing
Fortnightly meetings with staff to disseminate information, discuss issues regarding care and welfare of residents, safety, matters arising. Those meetings are attended by Person in charge and CNM.
Minutes available on site
Residents/ relative forum meets every 2 months Person in charge will address matters arising in a timely manner.
Minutes are available on site.
Key Performance Indicators are monitored fortnightly by Person in charge to monitor safe and effective care delivery.
KPIs available on site
All Fire equipment (Fire extinguishers, Fire Doors, Ski sheets, Fire exits, Smoke detectors, Fire panel) are tested in line with regulatory requirements.
Records available on-site
All Fire doors are fully operational in line with Regulatory requirement.
All Fire doors in resident areas are fitted with self-closers.
Doors in linen store, sluice room and cleaners' stores have been replaced by Fire doors.
Completed on 21/02/2025.
Ansul Fire suppression system in kitchen
• Maintenance and staff training will be complete on 29/03/2025.
All areas noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings have been repaired and appropriately sealed to prevent fire penetration.
Completed on 21/02/2025

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts of care have been updated and given to residents and their families for signing. The fees have been included on each contract and any extra costs which may not be covered by the Fair Deal, or the medical card have been added.

Completed on 21/12/2024.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

All personal belongings have been removed from the overhead lighting. Residents' personal property is safely displayed in each resident's personal space
Completed on 01/03/2025.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Call bells have been replaced in areas where residents previously had difficulty accessing.
Completed on 05/11/2024.

A review of the four 4-bedded rooms has been commenced. We have already concluded that Room 12 in Nursing Unit cannot be mitigated to continue use as a 4-bedded room. It will be reduced to 3-beds with immediate effect.
A review of the other three rooms has been conducted (March 2025)
Aras Gaoth Dobhair with the HSE will determine a plan to reduce the occupancy from x 4 to three beds.
Proposed date for completion by end Sept. 2025

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 28: Fire precautions	Not Compliant

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

All Fire doors have been fitted and are now free swing. All flammable and combustible items were removed on the day of inspection and regular weekly inspections of the electrical room are carried out to ensure that no inappropriate items are stored in this area The fire blanket in the designated smoking area has been changed to appropriate size. Fire door checks are being recorded in line with Regulatory requirement.

Records available on site
All directional signage has been updated reflecting the layout of the building following remedial fire work.
All Personal Emergency Evacuation Plans have been updated and are available at the reception adjacent to Fire Alarm Panel
All staff have received in house fire evacuation training and are up to date with the new layout and changes that have been made to compartments within the building.
Completed 01/03/2025 and ongoing.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All nursing staff and clinical nurse manager have completed online wound assessment. Tissue viability and wound management training. All staff nurses and clinical nurse manager have had refresher training on pressure ulcer prevention, nutrition and hydration and skin assessment. All care plans have been audited and updated as per resident's needs. Residents care plans are Audited by CNM to ensure residents needs are consistently met
Completed and ongoing

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

All nurses and clinical nurse manager have undertaken online training and refresher course for wound care and pressure ulcer prevention. They have daily SKIN BUNDLE inspections for each resident and refer to appropriate services as or when it is required in a timely manner and document same. All residents weight and MUST scores are monitored weekly/monthly as required. CNM conducts monthly audit of residents Care plans to ensure care needs are met Key Performance Indicators are monitored weekly and Person in charge has oversight of KPIs.
Completed and ongoing

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

All privacy screens in the multi occupancy rooms are being replaced in line with regulations. This forms part of the review of 4 bedrooms as follows:
• A review of the four 4-bedded rooms has been commenced. We have already concluded that Room 12 in Nursing Unit cannot be mitigated to continue use as a 4-bedded room. It will be reduced to 3-beds with immediate effect.
• A review of the other three rooms has been conducted (March 2025)
• Aras Gaoth Dobhair with the HSE will determine a plan to reduce the occupancy from x 4 to three beds.
Proposed date for completion by end Sept. 2025

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	29/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	21/02/2025
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant		21/02/2025

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant		21/02/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/12/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	31/12/2024

	concerned and include details of the fees, if any, to be charged for such services.			
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	21/02/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/02/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	21/02/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	21/02/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	31/01/2025

	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.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	21/02/2025
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.	Substantially Compliant	Yellow	31/01/2025

Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	21/02/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/11/2024

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/11/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	01/04/2025