



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

Issued by the Chief Inspector

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| Name of designated centre: | Costello's Care Centre |
| Name of provider: | Costello's Nursing Home Limited |
| Address of centre: | Ballyleague, Lanesboro, Roscommon |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 September 2021 |
| Centre ID: | OSV-0000333 |
| Fieldwork ID: | MON-0034021 |

About the designated centre

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

Costello's Care Centre is designated centre and is located in Ballyleague, Lanesboro, Co Roscommon. It is registered to accommodate a maximum of 28 residents. Accommodation is provided in a variety of rooms. There are single, single en-suite and six shared/ twin rooms. All rooms are located on the ground floor. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory/ chapel, a hairdresser room and an enclosed garden area that are all readily accessible to residents.

Costello's Care Centre provides care for residents whose needs range from low dependency to maximum dependency nursing care. The centre provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care post-operative care and palliative care is provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 28 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-------------------------------|-------------------------|---------------|---------|
| Wednesday 8 September 2021 | 09:20hrs to 17:10hrs | Gordon Ellis | Lead |
| Wednesday 8 September 2021 | 09:20hrs to 17:10hrs | Michael Dunne | Support |

What residents told us and what inspectors observed

The overall response from residents was that they were content living in the centre and that they felt well cared for. Inspectors noted that there was a relaxed atmosphere with residents seen moving about the centre and following their own routines. Residents who required time and space to communicate their views were supported by staff in a respectful dignified manner taking into account the communication needs of the individual resident. Observations carried out throughout the day indicated that staff knew the residents needs very well, resulting in positive care and welfare outcomes for the residents.

However inspectors found that the management and oversight of key areas such as fire safety, infection prevention and control and maintenance of the premises was not robust which is reflected in the non compliances found on this inspection. In addition the current staff on the roster did not reflect the staffing levels in the designated centre's Statement of Purpose.

On arrival at the centre, inspectors were met by one of the directors who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were completed prior to inspectors accessing the designated centre.

The designated centre was laid out over one floor with resident accommodation provided in a mixture of single and twin rooms along three corridors. A walk through the premises showed that communal areas and a number of resident bed rooms had recently been painted. This improved the quality of the facilities for the residents. Residents' bedrooms provided sufficient space for residents to be able to store and retrieve their personal belongings without hindrance.

Overall, residents spoken with were complimentary about the support provided by the staff team. Several residents told the inspectors that staff were kind and considerate. Staff were observed assisting residents to mobilise safely around the centre so that the residents could access the communal areas of the home and engage in the centres daily activities. Some residents did not wish to attend activities and their views were seen to be respected by staff.

The activity programme on the day of the inspection was led by the nursing team and assisted by health care assistants where possible. A vacancy had arisen for the activity co-ordinators position immediately prior to the inspection and existing staff were keen to ensure that resident's activity needs were met. Inspectors observed 17 residents attend an open topic discussion session in the living room. All residents in attendance were encouraged and supported to engage and it was clear that residents enjoyed the session and the banter with other residents and the staff member coordinating the activity. However, inspectors also observed situations where other staff members did not provide residents with sufficient levels of support

and encouragement to participate fully in activities.

Residents expressed their gratitude to the staff and management of the designated centre for facilitating the roll out of the vaccination programme. Some residents said that they felt much safer now, having been vaccinated and that they were beginning to sense things were getting back to normal with visits taking place again.

Residents were complimentary about the food and the choice available to them. Residents were observed enjoying a meal in the dining room. The dining room was laid out to provide sufficient space for residents to enjoy their meals and adhere to infection prevention and control protocols such as social distancing. There were sufficient staff in attendance to ensure that residents received their meal in a timely manner. Some residents required additional help to eat their meals and inspectors observed staff providing this assistance in a supportive and attentive manner.

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

Capacity and capability

This un-announced inspection was carried out to assess compliance with the Health Act 2007 and to follow up on an inspection carried out on the 25 June 2021 which identified significant non-compliance with Regulation 28 Fire Safety. Following that inspection the registered provider was required to submit an urgent compliance plan indicating how they were going to address these concerns with a focus on the safe and timely evacuation of residents in the event of a fire. Although the provider had addressed the actions to improve fire safety following the inspection in June this inspection found a number of additional fire safety non-compliances and a second urgent compliance plan was issued to the registered provider.

The designated centre was operated by the registered provider Costello's Nursing Home Limited and is located near Lanesboro, Co Roscommon. On the day of the inspection there were 28 residents residing in the designated centre. Inspectors found that there was a clearly defined management structure in place which identified clear lines of accountability and responsibility for the service.

There was a clear commitment on behalf of the registered provider to bring the designated centre into compliance with the care and welfare regulations as was evidenced by the progress already made in meeting the time lines for their compliance plan from the June inspection. However, there were a number of areas where improvements were still required to ensure that a quality and safe service was provided and achieved good outcomes for the residents.

In line with their commitment to improve compliance the provider had completed a number of actions in relation to fire safety. For example an additional member of

staff was sourced to provide extra support at night in the event of a night time evacuation. The provider had also reduced the number of residents in the largest compartment by one and had carried out a full evacuation drill for this compartment. However the oversight processes that were in place for the management of fire safety in the centre had not identified a number of ongoing fire safety risks that inspectors observed on this inspection. These are discussed in more detail under Regulation 28.

While recruitment plans were underway to recruit a full staff team consistent with the designated centres statement of purpose this has not been fully achieved on the day of the inspection. There were three health care assistant vacancies on the day of the inspection. The registered provider indicated they had recruited for two of these positions and had anticipated that these roles would be filled in November 2021. The registered provider confirmed that there were also arrangements in place to recruit to the activity co-ordinator role which had recently become vacant. However the interim arrangements that were in place to manage the current vacancies required frequent changes in staff roles between departments and was not sustainable going forward.

Regulation 15: Staffing

The current level of staff vacancies and the movement of staff between roles did not ensure that the number and skill mix of staff was appropriate having regard to the needs of the residents.

For example the provision of activity support to residents by staff allocated to this role required supervision to ensure that the activity of needs of residents were met. Inspectors found that activity support was inconsistent on the day of the inspection, while some members of the staff team were able to encourage and support residents to engage with their activities, other members of the team did not provide levels of support and engagement to ensure residents were able to participate fully with their activities.

Judgment: Substantially compliant

Regulation 23: Governance and management

The oversight of key areas such as infection prevention and control, fire safety and the maintenance of the premises were not robust.

The provider had not completed a review of the COVID-19 outbreak in the designated centre which had occurred in November 2020. Reference to an evaluation was seen in the minutes of a governance meeting, however, a thorough review had yet to take place to see if any lessons could be learned to improve infection prevention and control processes and the centre's COVID-19 contingency plan.

Oversight arrangements to ensure that adequate fire safety measures were in place were not effective. The fire stopping in a number of areas including store rooms was not robust. In addition the processes in place for the identification and management of fire safety risks in the centre was not robust.

Judgment: Substantially compliant

Quality and safety

Overall inspectors found that residents were supported and encouraged to achieve a good quality of life. There was a clear commitment among staff and management to ensure that resident rights and choices were promoted and respected. There were however a number of immediate improvements needed to ensure residents' safety which included fire safety measures. These improvements were required to bring the designated centre into compliance with Regulation 17 Premises and Regulation 27 Infection Prevention and Control and as reported earlier in this report Regulation 28 Fire Safety.

Systems in place for the assessment, planning, implementation and review of health and social care needs of residents were robust and ensured positive outcomes for the residents.

Although there had been some improvements in fire safety since the previous inspection which included the provision of fire training, additional fire evacuation aids, a full compartment evacuation and an additional staff member for night time duty, at the time of inspection further improvements were required to ensure that residents were adequately protected and to bring the centre into compliance.

Staff who spoke with the inspectors were knowledgeable about what to do if the fire alarm was activated and what the procedures were if they needed to evacuate residents in the event of a fire. Inspectors observed floor plans throughout the centre which displayed where the fire exits were and staff and residents were made aware of same. Fire-fighting equipment was being inspected on a monthly basis. Documentation reviewed on inspection showed that daily maintenance records for ground and external hazards were recorded. Daily fire safety checks for electrical equipment, means of escape, containment and fire extinguishers were documented. Weekly fire door checks were also recorded in the fire documentation with no faults or risks identified, however significant fire risks relating to the containment of a fire,

fire doors and means of escape were identified on the day of inspection.

The centre had a fire safety policy and associated procedures to guide and inform staff in a fire alert or fire situation. Fire training had taken place in July with further fire training for staff in relation to the use of new evacuation chairs and on-site fire training scheduled for August, September and October 2021. Fire drills had been completed for the evacuation of a single room in the centre but only one fire drill evacuation of a full compartment had taken place in July 2021.

A fire safety risk assessment had been carried out by the providers fire consultant in February 2021 which had identified risks in the centre. This risks had been recorded and improvement actions had been implemented to reduce and eliminate the risk. However a number of fire safety risks found on this inspection had not been identified in the provider's own fire safety risk assessment.

The centre was visibly clean and inspectors found that since the last inspection the registered provider had made improvements to the oversight of cleaning in the centre. Cleaning schedules had been updated to reflect daily cleaning of resident bedrooms and were seen to be signed off by appropriate personnel. The person in charge had yet to identify the most suitable locations for the installation of hand hygiene sinks, however, inspectors observed that the clinical hand wash sink in the treatment room and in the utility room had been replaced. Improvements were also seen in relation to the maintenance of alcohol hand sanitizer units since the last inspection.

While there was good adherence seen throughout the day regarding the implementation of effective infection prevention and controls measures, inspectors observed that clean linen was left uncovered on trolleys along the corridor. This created a risk of cross contamination from other items or persons using the corridor.

Although the storage of items such as resident equipment had improved since the last inspection further improvements were still required to bring the centre into compliance with the regulations. The provider had plans to improve storage facilities but these had not been progressed at the time of the inspection.

The provider had started a programme of redecoration to improve the overall facilities of the designated centre and inspectors found that a number of communal areas had benefited from being recently painted. A programme to upgrade the facilities within the centre had not being completed at the time of this inspection although the registered provider did indicate that arrangements were in place to engage a builder to upgrade facilities. A number of additional areas that required upgrade are identified under regulation 27 premises

Regulation 17: Premises

Although there were visible improvements regarding the painting of communal areas and resident rooms not all areas had benefited from the redecoration programme.

There was limited storage located in the designated centre. Although some improvements had been made since the last inspection in June further improvements were still required;

- A commode chair was stored in one of the shower rooms.
- Hoists were being stored beside cross corridor doors and blocked access to the adjacent sluice room.
- Bed mattresses were being stored in a room with used garden machinery.

The maintenance of the following areas required improvement to bring the centre into compliance with the regulation:

- Some fire doors appeared worn and in need of repair and refurbishment.
- A door leading to the bottom of the staircase to the first floor had holes filled with what looked like expandable foam.
- The linen store room door handle was very loose and at risk of falling off completely.
- A number of door handle covers were missing.
- Bedroom 3; door handle had been modified and badly repaired.
- Bedroom 16; door handle was loose and not properly fixed in position.
- A hole was found in the laundry chute door, the side door panel was damaged and falling off due to the force of the door closer device closing against the door frame.
- The cross corridor doors hold open floor devices were sitting proud of the finished floor and were covered with hazard tape to warn staff and residents of a trip hazard.
- Bedroom 10; there were some holes in the bedroom door where door handle had been relocated.
- Bedroom 19; the door had been badly altered using a block of wood which was fixed to the door to hold the door handle in place and the door handle was not working correctly. In addition masking tape had been used to cover a damaged area of the floor covering.
- The kitchen door frame was damaged and in need of remedial works.
- Emergency exit signage in corridor was not illuminated and this had not been identified on the fire safety checks.
- There was a hole in the ceiling outside bedroom 5.
- Electrical cables were exposed and not protected with trunking in the store rooms at the lower level of the centre

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors observed linen being left uncovered in corridors for significant periods of time. This created a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further improvements were required to bring the designated centre into compliance with Regulation 28 and to ensure that all fire safety risks were identified and managed so that residents were adequately protected in the event of a fire emergency;

- Two large store rooms located directly beneath residents bedrooms in the centre were being used to store a range of items such as paint tins, garden machinery and bed mattresses.
- The plaster boarded ceiling of the store room was not adequately sealed with gaps visible between boards which meant that fire and smoke would not be contained.

Inspectors were not assured that adequate means of escape was provided throughout the centre. For example:

- On inspection a car was parked at the end of a fire exit ramp from the dining room. This was a fire risk as it made it difficult for residents and staff to exit the ramp past the vehicle in the event of an evacuation from the day room.
- Inspectors found a lack of emergency lighting and directional signage in some of the corridors which resulted in confusion on what direction to travel to reach a fire exit. For example in corridor 1 inspectors were unable to see the emergency exit lighting to the rear fire door exit due to the ceiling configuration. Towards the opposite end of the corridor 1 (Dayroom) emergency exit lighting had not been fitted to inform residents and staff which direction to turn at the end of the corridor in order to reach the fire exit.
- To the rear external escape staircase, inspectors found a lack of directional signage at the bottom of the staircase. This meant that it was not clear where residents were to go once they had exited the staircase and where the final fire assembly point was located.

Adequate arrangements were not in place for maintaining all fire equipment, means of escape and building fabric. For example:

- Although there were records that all fire doors were checked on a regular basis the inspectors found a number of fire doors were not working effectively. As a matter of good practice, staff should check that fire doors close properly, door fastenings, hold open devices, fire doors are in place were needed and appropriate ironmongery is used etc. Where shortcomings

or faults are identified in the course of these checks, it is important that these are reported by staff for appropriate remedial action and to maintain a means of escape for residents.

- While daily fire safety checks for means of escape and containment were documented, on inspection the kitchen fire door was found to be wedged open. The provider was notified of this and the door wedge was removed.
- A portion of the ceiling on Corridor 3 was lined with timber boarding. Assurances were required that the timber lining had intumescent paint applied as without this precaution the residents would not be able to travel through this escape route safely in the event of a fire due to the spread of flames along the ceiling fittings.

From a review of the fire drill reports, the inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- Regular evacuation drills were being carried out however the records of a full compartment evacuation carried out in July recorded a time of 14 minutes and 47 seconds to evacuate the largest compartment of eight residents. This time did not provide assurances that there was adequate resources to safely evacuate residents from the largest compartment in a timely manner. As a result the provider was issued with an urgent action to repeat this fire drill again with night time resources and with the providers fire consultant's comments on where improvement could be made implemented.
- The provider was also requested to submit a second fire drill for the same compartment using the rear fire exit staircase and evacuation aids once staff had been trained in using the fire safety equipment.
- On inspection it was noted that due to bedroom fire doors not fitted with door closers the provider did not have a clear robust fire procedure in place to adequately manage this risk and to ensure that;
 1. Bedroom fire doors are latched and generally closed at all times and
 2. In the event of a fire in a bedroom the door is closed after the evacuation of an occupant.
 3. Current staff resources are adequate to implement a robust procedure of ensuring bedroom doors are kept closed.

Inspectors were not assured that adequate arrangements were in place for detecting and containing fires. For example:

- Inspectors noted a linen store room had no smoke detector installed.
- The provider could not provide assurances of the fire performance of all access hatches located in the ceilings.
- The provider could not provide assurances of the fire performance of all door sets in the designated centre. Some doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire doors. Some fire doors had inadequate ironmongery, had been modified or damaged and some fire doors had been re purposed.

- Bedroom fire doors did not have self-closing devices which created a risk to residents in the centre in relation to fire containment. From reviewing the Fire Safety Risk Assessment, the daily fire door inspection logs, fire policy, the fire risk register and speaking to staff on duty, inspectors were unable to find evidence that this risk had been identified and was being managed adequately in order to reduce the risk of the spread of fire. The provider was issued with an urgent action to carryout a full fire door assessment with fire door specialist on foot of the findings and submit the report. Since the inspection the provider has engaged a fire door specialist company to survey all the fire doors in the centre and to carryout remedial works based on their findings. The provider has works underway to rectify the fire containment issues with the fire doors.
- The fire stopping to a ceiling in a store room under the largest compartment in the centre was compromised by service penetrations and pipework which had penetrated the ceiling in this area. In addition inspectors noted the plaster boarded ceiling was not adequately sealed with gaps visible between plaster boards, electrical cables were not protected with trunking. The provider was issued with an urgent action to put into place a plan to reduce this risk to the residents. Since the inspection the provider has engaged a fire stopping specialist company to assess the store room and to carryout remedial works based on their findings.

Fire Safety Risk Assessment:

- Inspector acknowledge that risks identified in the previous fire safety risk assessment were dealt with and completed. However it was noted that the previous Fire Safety Risk Assessment failed to identify fire issues found on this inspection. The provider was issued with an urgent action to carryout a full fire safety risk with there competent person to provide further assurances in relation to Regulation 28. Since the inspection the provider has committed to carry out a full fire safety risk assessment with a competent person in November 2021 and will submit this assessment when completed to the Chief Inspector for review.

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 | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |

Compliance Plan for Costello's Care Centre OSV-0000333

Inspection ID: MON-0034021

Date of inspection: 08/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: It was explained to the inspectors on the day of inspection that we are advertising constantly to recruit. It must be acknowledged that there is a national shortage of carers</p> <p>At no time have we been understaffed, nor have we had to rely on staff unfamiliar with our residents.</p> <p>We have at all times had sufficient staff to deliver direct care and all those staff are either qualified carers or registered nurses.</p> <p>We recruited an activity co Ordinator who has received induction, orientation and training and is now in situ.</p> <p>In addition, we have recruited three competent carers who are also now on the roster. However, in response to previous inspection, we have replaced our on call, on site rostered member of clinical staff to respond in the event of fire alarm activation and replace that by placing two extra staff on night duty which has depleted our core day staff significantly.</p> <p>This is why it has been necessary to roster a combination of qualified nurses and carers throughout the day to deliver appropriate levels of care and meet the residents needs We have a contract with a recruitment firm who will provide three carers .Their visa applications have been submitted to the relevant government department over three months ago and date of completion is totally dependent on processing of visas.</p> <p>Indeed, we agree the current difficulty in recruitment and the delays in granting visas is not sustainable for us and the industry as a whole and are glad that the inspectors have highlighted the tremendous challenges we face.</p> <p>Statement of purpose document has been amended regarding staffing related to activities</p> | |

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| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We acknowledge the inspector’s positive comments regarding the resident’s levels of satisfaction.</p> <p>A thorough review of covid 19 outbreak has been undertaken.</p> <p>All areas regarding regulation 28 are substantially completed .The providers nominated fire expert have been in regular contact with the regulator and our fire expert and the provider have provided details of all areas being reviewed and the actions that have been taken.</p> <p>Prior to inspection there were significant fire safety works being undertaken and this has continued at a robust level. The providers continue to outline their commitment to achieving highest levels of safety</p> <p>We have engaged appropriate competent companies to address the schedule of works required .The evidence and supporting documentation of completion has been forwarded to the regulator.</p> <p>During the restrictions we were unable to allow access workmen and competent professionals onto the premises . All maintenance work had to be carried out by our maintenance team and some were temporary fixes that we have now rectified.</p> <p>As mentioned by the inspectors in the report there was a schedule of works in place for painting and redecoration that was on going and inspectors were made aware of the significant number of areas that had been repainted. This schedule continues on an ongoing basis Again it must be noted that painters were not able to enter the premises during the pandemic restrictions and secondly the painting must be done in a manner to minimize the impact on our residents.</p> <p>In the last month we have outsourced the laundry service and this area can now be used as a storage area. Clinical equipment will be stored seperately.</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: As this has already been highlighted under reg 23 our response is repeated. As was mentioned by the inspectors in the report there was a schedule of works in place for painting and redecoration that was on going and inspectors were made aware of the significant number of areas that had been repainted. This schedule continues on an ongoing basis Again it must be noted that painters were not able to enter the premises during the pandemic restrictions and secondly the painting must be done in a manner to minimize the impact on our residents.</p> <p>In the last month we have outsourced the laundry service and this area can now be used as a storage area. There will be a designated area for storage of equipment such as mattresses.</p> <p>We have reduced the number of hoists stored outside sluice room so this area is easily accessible.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: An enclosed linen trolley with has been ordered</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Prior to this inspection the provider had already engaged a fire engineer and a fire training company and had been in contact with a fire door/fire-stopping company and had a significant schedule of work in situ. We had informed HIQA of the works that were going to be completed and the time frame that they were going to be completed in .This inspection took place before the time frame for the completed scheduled works was due to be completed. In the two large storerooms located directly beneath the resident's bedrooms, the paint tins stored in this area were water-based and did not pose a fire risk, nor did the garden machinery as it contained no fuel. However, management within the centre acknowledged there were some mattresses stored in this area pending disposal. These mattresses were removed.</p> <ul style="list-style-type: none"> • Remedial works have been completed on the storeroom ceiling, and management | |

is presently awaiting certification of the work.

- The Chief Inspector's office was notified that this car was parked in an area designated for emergency vehicles; management also confirmed that a vehicle had parked there unlawfully on the inspection day; however, this was an isolated event rather than standard procedure.
- The internal escape routes inside the centre have been reviewed. Management is confident that the provision of escape lights and signs is acceptable and in compliance with the requirements set out within I.S 3217. This building is evacuated by controlled measures (staff evacuation) who are familiar with all escape routes. There are also floor plans on each corridor that indicate the primary and secondary means of escape.
- Two stairs provide an outdoor escape to the back of the building, and staff is frequently trained and participates in fire drills. Signage is not required in this location since any route (left or right) will lead staff and residence to the assembly point.
- Management within the centre has reinforced the importance of staff following up on identifying deficiencies and ensuring these deficiencies have been recorded and successfully closed off. To satisfy the Chief Inspector further management has contracted a company to assess and complete any remedial works on fire doors within the centre. This work is ongoing, and management is committed to completing this project in the shortest time possible, subject to the availability of raw materials and competent contractors.
- The ceiling on Corridor 3 is lined with timber boarding; this ceiling was treated with intumescent paint in 2011; following the inspection, management within the centre applied additional intumescent paint to the ceiling on Corridor 3
- Management within the centre is committed to the safety of residents and staff. As such, we conduct regular fire drills. Where deficiencies are found, management immediately acts upon them. For example, the fire safety consultant deemed the fire drill conducted in July as satisfactory; however, the consultant did identify where improvement could be made. As a result, a second drill was conducted, which substantially reduced the time recorded from the first drill.
- As for the floor plans linked to the fire safety certificate for the centre, cross-corridor fire doors are provided with self-closing devices. In addition, staff within the centre receive annual fire safety training, which advises them in the event of a fire after the evacuation of a resident from that room; the residence bedroom is to be immediately secured by closing the door. Bedroom doors are usually kept closed when the room is not occupied during the day and latched closed at night.
- Management within the centre acknowledges a linen press which measures 6 feet high by 18 inches wide was not fitted with a smoke detector; however, it is fitted with a fire door and has no ignition source within it. The company responsible for maintaining the fire detection and alarm system has been requested to provide detection within this space.
- All-access hatches located in the ceilings are being reviewed and upgraded where necessary in line with the upgrade works being carried out regarding fire doors. This work is ongoing, and management is committed to completing this project in the shortest time possible, subject to the availability of raw materials and competent contractors.
- The storeroom compartment under the largest compartment in the centre has been assessed, and remedial works are complete. Management is currently waiting upon certification from the specialist contractor, which is expected within the next four to five working days due to the availability of the competent person who is assessing the works. The electrical cable was identified as a low voltage cable that posed no electrical risk and

was certified as safe by the centre's electrician. Management informed the Chief Inspector of the electrical contractor's findings.

- Management advised the Chief Inspectors office that a fire risk assessment had been completed early in 2021; however, due to restrictions in place at that time as a result of COVID-19, this inspection was limited in its nature. It was agreed with the chief inspector's office a further fire risk assessment will be carried out in November 2021 to incorporate all of the centre.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|---|-------------------------|-------------|--------------------------|
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 28/02/2022 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/01/2022 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the | Substantially Compliant | Yellow | 31/01/2022 |

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| | 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. | Substantially Compliant | Yellow | 05/11/2021 |
| 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 | 15/11/2021 |
| 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 | 31/01/2022 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, | Not Compliant | Red | 31/01/2022 |

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| | including emergency lighting. | | | |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 31/01/2022 |
| 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. | Not Compliant | Orange | 05/11/2021 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Red | 05/11/2021 |
| Regulation 28(2)(iv) | The registered provider shall make adequate | Not Compliant | Red | 05/11/2021 |

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| | arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | | | |
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