



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | St. Attracta's Residence                         |
| Name of provider:          | St. Attracta's Nursing Home<br>Unlimited Company |
| Address of centre:         | Hagfield, Charlestown,<br>Mayo                   |
| Type of inspection:        | Unannounced                                      |
| Date of inspection:        | 04 February 2025                                 |
| Centre ID:                 | OSV-0000386                                      |
| Fieldwork ID:              | MON-0041562                                      |

## About the designated centre

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

St. Attracta's Residence is a purpose-built nursing home that can accommodate up to 70 residents of low to maximum dependency. The centre provides care to residents over the age of 18 who have care needs related to aging or dementia. Care is provided on a long and short term basis and residents who require periods of palliative care are accommodated. Residents are accommodated in single and twin rooms.

The communal facilities include a large bright reception area, bright spacious dining rooms with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, a Chapel, a hairdressing salon as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 69 |
|--|----|

## 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 4 February 2025 | 09:30hrs to 17:30hrs | Celine Neary | Lead    |
| Tuesday 4 February 2025 | 09:30hrs to 17:30hrs | Gordon Ellis | Support |

## What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life, and that they received a high standard of person-centred care from staff. There was a welcoming and homely atmosphere in the centre. Residents spoke positively about their day-to-day life in, including their bedroom accommodation, the provision of meaningful and engaging activities and the quality of the food. Residents were content living in this centre appeared to be relaxed and comfortable in the presence of staff. Residents who spoke with inspectors said that 'it was a nice place to live'.

This was an unannounced inspection and on arrival to the centre, the inspectors were greeted by a member of staff who then brought them to meet the person in charge and general manager. Following an introductory meeting, the inspectors and person in charge completed a walk around the centre. Many residents were observed in communal rooms, engaging in activities or chatting with one another. Staff were busy attending to residents' requests for assistance, and call bells were answered in a timely manner. Inspectors observed that interactions by staff, with residents, were seen to be friendly and respectful.

This one-storey centre is situated in the countryside in County Mayo. It is within close proximity to local towns and Knock airport. The centre was well laid out for the benefit of the residents who lived there. The centre was clean and warm throughout and had several communal and quiet seating area's for residents and visitors to enjoy. Corridors were wide and had grab rails along the walls for residents to mobilise safely. Communal areas were spacious and well lit. Residents had unrestricted access to their garden area's which were well maintained and safe for residents to mobilise or sit and enjoy.

The centre has single and twin bedrooms, and all bedrooms have en-suite facilities with either a toilet and wash hand basin or a toilet, shower and wash hand basin. There were enough communal toilets and bathrooms. Most bedrooms were well laid out with individual wardrobes and drawer space for each resident and a bedside locker with lockable space. The provider had improved the layout of a number of twin bedrooms since the last inspection, however some residents access to window light was impacted when privacy screens were drawn. The layout of some twin bedrooms did not always support residents' needs in terms of privacy and dignity.

The provider was in the process of building an extension onto this premises which would include more communal spaces and 15 single en-suite bedrooms. Some residents living in the shared twin rooms as discussed, were moving into the new single en-suite bedrooms, when completed. These works were being completed to a high standard, were spacious and were designed in consultation with their competent fire safety person. Residents were informed about these building works taking place. There was minimal disruption evident, as the extension is located to the rear of the premises with its own entrance. The provider had also consulted and

engaged with the Chief Inspectors office regarding these planned developments and works were well underway when inspectors visited the centre.

Inspectors observed families and friends of residents attending the centre throughout the day of the inspection. Visiting was seen to be facilitated in a safe manner, in line with the national guidelines. Residents and their relatives confirmed that there were no restrictions on visiting and told inspectors that they were facilitated to receive visitors in the privacy of their bedrooms or one of the visiting areas.

A programme of activities was available to residents, which was provided by an activity co-ordinator. Notice boards showing the activity schedule for each day were displayed and included bingo, live music, arts and crafts and mass. Activities being held in communal areas on the day of the inspection included aromatherapy, hand massage, arts and crafts, exercise classes and mass. The activity co-ordinator also carried out activities with residents on a one-to-one basis, depending on their preferences. Residents were observed enjoying these activities throughout the day of the inspection. Staff encouraged residents to engage with the activities in line with their own capacities and capabilities. Residents spoke positively about the activities available, commending games of bingo, seasonal parties and weekly live music as particularly enjoyable.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of care and services provided for the residents. The findings are set out under each regulation.

## Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. On this inspection, the inspectors were assured that the provider was consistently delivering appropriate care to residents. This was evidenced by speaking with many residents and relatives, during the day and observing staff practices.

This was a well-governed centre. The inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

Inspectors followed up on the actions taken by the provider to address the non-compliance in governance and management and fire precautions found on the last inspection in January 2024. The provider had submitted an application to remove a restrictive condition which had been attached by the Chief Inspector to ensure

regulatory compliance. This condition related to fire safety issues identified in the centre.

This inspection found that the provider had addressed all red and orange rated fire safety risks set out in the Fire Safety Risk Assessment, and in doing so, had ensured that residents were protected from the risk of fire. For example, fire compartments had been reviewed and reduced in size, new fire safety doors had been installed, fire safety checks were consistently carried out and documented, and emergency lighting was in full working order.

The provider of the designated centre is St. Attracta's Nursing Home Unlimited Company. There is an established organisational structure, with clear lines of authority and accountability identified. A general manager oversees the day-to-day running of the centre. The person in charge, is supported by a team of three clinical nurse managers to provide nursing guidance and supervision to the nurse and care teams. Staff spoken with told inspectors that they were well supported by the management team.

Management systems provided good oversight of the quality and safety of all aspects of the service and key clinical and performance indicators were identified and trended to ensure ongoing improvements for residents, and care provided. Audits completed in 2024 were effective at identifying risks and gaps in the service and there were records to evidence that actions plans and follow up reviews were completed, to ensure ongoing quality improvement. An annual review of the quality and safety of care delivered to residents had been completed. It had been prepared in consultation with residents and their families.

Training records demonstrated that staff were appropriately trained to perform their roles. There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed mandatory training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse.

All the requested documents were available for review and found to be for the most part, compliant with legislative requirements.

The centre had a complaints policy that detailed the procedure in relation to making a complaint and set out the time line for complaints to be responded to, as well as the key personnel involved in the management of complaints. The complaints log was well maintained according to the requirements of the regulation. However, the complaints policy in place did not incorporate the legislative changes to Regulation 34 which came into effect in March 2023. The provider has since amended this policy to comply with this regulation.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to remove a restrictive condition attached to their registration. In addition to the application, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. The required registration fee had been paid.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and completed all necessary training appropriate to their role. Staff were appropriately supervised according to their roles and responsibilities. Staff had completed additional training on a human rights based approach to care, which included the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the significant improvements made by the provider, inspectors identified that some fire safety risks still remained. However, the provider addressed these on the day and following the inspection.

Inspectors were not assured that residents in twin rooms were afforded privacy and dignity.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure



There was an accessible policy and procedure in place for dealing with complaints received by the provider however this policy and procedure had not been updated to incorporate amendments made to this regulation by recent statutory legislation. The provider submitted an updated policy post inspection which met the requirements of the regulations.

The inspector reviewed the complaints log and confirmed that there was a low level of complaints. Any complaints made had been appropriately managed in line with the centres complaints procedures.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed, with the exception of the complaints policy, had been updated within the past three years.

Judgment: Substantially compliant

### Quality and safety

Overall, this was a good service that delivered high-quality care to the residents. The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

The ethos of this service promoted the rights for each resident and was supported by a person-centred approach based on the FREDA principles, which was evident through-out the day of inspection. Residents rights were for the most part at the centre of the care delivered.

There were adequate facilities available to deliver activities to residents. These facilities included a number of large open plan living rooms, an oratory and a large dining room. Residents were seen having adequate opportunities to participate in meaningful activities throughout the day of inspection.

Overall, the premises was clean and clutter free. Residents were accommodated in a mix of single and twin bedded rooms. The inspectors identified that some improvements were required to achieve compliance with Regulations 17: premises. While the dimensions of the 17 twin bedrooms met the minimum requirements of the regulations, the layout of some of these bedrooms did not meet residents' needs in terms of privacy and dignity. This is outlined in detail under Regulation 17: Premises and Regulation 9: Residents Rights.

Prior to this inspection, the provider had applied for the removal of a condition of registration which outlined that; By 31 December 2024 the registered provider shall have addressed all red rated fire safety risks set out in the Fire Safety Risk Assessment and in so doing ensure that residents are protected from the risk of fire. By the same date the registered provider will have returned a time bound action plan to address all orange rated fire safety risks identified in the same Fire Safety Risk Assessment, to the satisfaction of the office of the Chief Inspector no later than the same date.

It is acknowledged the provider had completed a significant quantity of fire safety works in order to fulfil the commitments of the restrictive condition and to bring the centre into full compliance with regulation 28: Fire Precautions. The inspectors found the provider had completed the vast majority of the required fire safety works, except for two items that subsequently after the inspection, the provider submitted assurances that these risks had been addressed.

Overall, fire safety systems and the fire safety aspects of the physical premises had significantly improved and were being maintained to a good standard. In regards to the providers' compliance plan and the commitments made after the previous inspection in January 2024, these had mostly been fulfilled and some had been addressed on the day of the inspection.

Notwithstanding this, a small number of repeated fire risks were identified on this current inspection and the registered provider was required to make improvements in order to meet the regulatory requirements on fire precautions in the centre. These are detailed further under Regulation 28: Fire Precautions.

Residents were complimentary about the food provided and the inspector observed a lunchtime dining experience and was assured that residents were afforded choice and support, if required at mealtimes. Many residents attended the dining room and enjoyed the social experience of dining together. Extra portions were offered and if a resident did not like what was on offer an alternative was offered.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and health care professionals, such as dietitians, were consulted if required.

The inspectors found that the health and social care needs of the residents were met to a high standard. Care plans for residents with complex needs were detailed and person-centred. Residents had good access to doctors and allied health professionals.

Residents told the inspector that they felt safe and comfortable in the centre. A policy was in place to ensure that residents were safeguarded against abuse. Staff spoken to were knowledgeable about how to respond to suspicions, allegations or incidents of abuse.

## Regulation 17: Premises

The majority of the premises was in a good state of repair. However, some areas were in need of repair and maintenance:

- The inspector noted holes around service penetrations needed sealing up. This was addressed on the day by the provider.
- The walls in a number of rooms were badly scuffed and needed repair and redecorating.
- A small number of doors had signs of damage and required repair.

The registered provider having regard to the needs of the residents had mostly provided premises which conformed to the matters set out in Schedule 6.

On previous inspections, it had been identified that 17 shared bedroom accommodation did not conform to Schedule 6. The provider was progressing well with the construction of an extension to the nursing home, which the provider had committed to would ultimately be used to convert 10 out of the 17 existing shared bedrooms into single occupancy bedrooms. While this was welcomed, it would not address the persistent layout issues of the remaining shared bedrooms.

The positioning of some beds in these rooms resulted in the room's window being located within the bed space of one of the beds. This meant that if the curtains were drawn around this bed, in order to provide privacy to the resident, this would limit natural daylight for the other resident accommodated in the room. This was a repeated finding from previous inspections carried out in July 2022 and January 2024.

In addition to this, the inspectors identified a shared bedroom that when curtains were drawn around a particular residents bed, in order to provide privacy to that resident, it would result in limited access to the other residents wardrobe space.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. They were offered a choice at mealtimes and were provided with adequate quantities of

wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

### Regulation 27: Infection control

The centre was visibly clean and the inspector observed good infection prevention and control practices in use by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had completed a significant amount of fire safety works to the centre and was working towards bringing the centre into compliance. Notwithstanding this, the registered provider was required to carry out improvements in the following areas:

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

The inspectors observed a treatment room was being used to temporarily store a mixture of large, medium and small oxygen cylinders. The cylinders, were not secured from falling over, were not stored in line with the providers own policy and presented a fire risk. One out of the two access doors into this room did not have a warning sign to indicate the storage of oxygen in this room. This was brought to the attention of the provider who arranged for the cylinders to be removed on the day.

Designated fire assembly points at the rear of the designated centre required a review. The inspectors noted one assembly location was in an area obstructed by parked vehicles and the ground was uneven for residents (some of which would require the use of evacuation aids). In a separate assembly point, the area designated appeared to be undersized to accommodate residents to gather post an evacuation.

The provider needed to improve the maintenance of the building fabric. There were minor adjustments and maintenance required to some fire doors and some ceiling areas to ensure adequate containment of fire and smoke in the event of a fire emergency. For example:

- In a store room, the inspector noted the integrity of a fire door had been compromised with the fitting of a ventilation grill. This door formed part of the fire safety works identified in the providers fire safety risk assessment

and was recommended for a full fire door assembly replacement. Subsequently after the inspection, the provider submitted assurances that this risk had been addressed.

- The inspectors were not assured adequate fire stopping was present around a series of utility pipes that penetrated a ceiling in a store room. The integrity of another ceiling to a store room located in the sun flower suite was comprised as the inspectors observed a hole that required fire stopping.

Subsequently after the inspection, the provider submitted assurances that these risks had been addressed.

A fire door fitted to a store room was absent of the required cold smoke and intumescent fire seals in order to contain fire and smoke. Cold smoke seals to some cross-corridor fire doors had been compromised by being painted over. A door closing mechanism to a Sluice room did not engage when activated by the inspectors and the closing action speed of a separate door closer required attention due to it being slow.

Some minor holes to a fire door into Unit 2 required attention and small number of fire door hinges were fitted with non-fire rated screws.

Arrangements for containment of fire in the event of a fire emergency in the centre required improvement by the provider. For example:

A final exit at the end of the Horan suite was connected to the phase 1 extension being constructed by the provider. The inspectors noted the door that separated the designated centre from the construction works was an external grade type door. As such, the inspectors were not assured there was adequate compartmentation provided between these two buildings. This was a repeated finding from the January 2024 inspection.

While the provider was keeping this route of escape clear, the widening of this fire exit was part of the fire safety works identified in the providers fire safety risk assessment once the proposed phase 1 extension connected into the end of the Horan suite.

The provider informed the inspectors this item was a priority and would be completed in the coming days. Subsequently after the inspection, the provider submitted assurances that this risk had been addressed.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre required improvement by the provider. For example:

While fire evacuation drills were taking place, a simulated evacuation drill of the largest compartment of 11 residents based on the lowest staffing levels was not available on the day. Subsequently to this inspection, an evacuation drill for this compartment was submitted. From a review of this drill and the drills on the day of the inspection indicated an extended evacuation time. This implied a deficit in the evacuation strategy. This was reflected in the provider drill observations, which

outlined more frequent drills were required to improve drill times and staff familiarity. This was a repeated finding from the January 2024 inspection.

As such, improvements to the evacuation strategy and the implementation of the drill observations were required in order to ensure the evacuation of all residents from the largest compartment in a safe and timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Assessment and care planning were found to be of a high standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents assessed needs.
- Care plans were reviewed at 4 monthly intervals, or as and when required.
- Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance. Residents had unrestricted access in their home.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to safeguard residents from abuse. An up-to-date safeguarding policy was available and informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and

managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse and to ensure they were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and the reporting structures in place in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that residents residing in a number of twin occupancy rooms did not have the ability to exercise choice in their daily routines due to the current layout of these rooms. Residents who shared twin rooms could not undertake personal activities in private, due to the existing layout of these rooms. The location of the beds and the bed screen curtains, in some twin bedrooms, did not allow for ease of access by staff to both sides of the beds, to carry out care and transfer procedures, without negatively impacting on residents' privacy and dignity, and disturbing the resident in the other bed in these rooms. Furthermore, the location of the inside bed against the wall with the window in it, in a number of twin bedrooms meant that when the screen curtains were closed around the bed closest to the window, and the other residents access to the window and natural light or ventilation, in their bedroom was reduced.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development  | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 34: Complaints procedure  | Substantially compliant |
| Regulation 4: Written policies and procedures  | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 18: Food and nutrition  | Compliant               |
| Regulation 27: Infection control   | Compliant               |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 5: Individual assessment and care plan  | Compliant               |
| Regulation 7: Managing behaviour that is challenging   | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights  | Substantially compliant |



# Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0041562

Date of inspection: 04/02/2025

## 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 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A more detailed response is provided in relation to the fire risks identified as outstanding in this report under Regulation 28.</p> <p>St. Attracta's currently has 17 twin bedrooms. The current extension to the nursing home encompasses 15 new single en suite bedrooms; 10 of these will be utilized to convert 10 of the current shared rooms into single bedrooms. The remaining seven twin bedrooms all meet current space requirements. Following inspection, we commit to a further review of the layout of these remaining bedrooms to optimize their layout considering resident preferences and abilities. This will be completed by the 30th of April 2025.</p> |                         |
| Regulation 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The updated Complaints policy was submitted to the inspector on 10th February 2025. This updated policy changed the wording from Person to Officer and included reference to the revised legislative changes.</p>   |                         |

|   |                         |
|---|-------------------------|
| Regulation 4: Written policies and procedures   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>As per Regulation 34 this was completed on and submitted on 10th February 2025.</p>   |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>St. Attracta's currently has 17 twin bedrooms. The current extension to the nursing home encompasses 15 new single en suite bedrooms; 10 of these new rooms will be utilized to convert 10 of the current shared rooms into single bedrooms. The remaining seven twin bedrooms all meet current space requirements. This report refers to natural daylight issues in the remaining seven shared bedrooms. Six of these seven bedrooms have one window in the room and giving both residents' beds direct access to this daylight at the same time is not possible. Following inspection, we commit to a further review of the layout of these remaining bedrooms to optimize their layout considering resident preferences and abilities. This will be completed by the 30th of April 2025.</p> <p>The report refers to holes around service penetrations. On the day of inspection, a gap was identified in one set of pipes in a storeroom which had not been sealed – this was sealed immediately on 4th February and this was confirmed via email six days later including photo evidence on 10th February 2025.</p> <p>The house employs full-time maintenance staff. The scale of the house and the volume of equipment (hoists, wheelchairs, large support chairs, commodes) in use does lead to scuff marks and damage to doors and walls. This is a continual area of work and focus for the team. It is not possible to assign a completion date to this issue as it changes daily.</p> |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>St. Attracta's Residence has spent significant time and money (in excess of €200, 000 in 2024) on fire safety improvements. We continue to work to ensure the building, our staff, our policies and governance meet the expectations of the regulator.</p> <p>Storm Eowyn hit Ireland on 24th January 2025. Mains power was not restored to the</p>   |                         |

nursing home until 27th January and homes on all sides of the nursing home continued to be without power until 7th February 2025. Additional oxygen was brought into the nursing home during this period as an emergency backup. This was contrary to our normal policy for storage of oxygen but was considered appropriate under the extreme circumstances.

The fire assembly points will all be reviewed in line with the opening of the new extension. This will be completed by 30th April 2025.

The door referred to in the storeroom was replaced the day after the HIQA inspection and photographic evidence submitted on 10th February 2025. The gaps relating to pipes was also addressed on the day of inspection and evidence submitted to HIQA on 10th February.

Thirty-three new fire doors were installed in 2024 to replace older doors. Since inspection a review was carried out of smoke seals and the issue of some older seals being painted over on some cross corridor doors has been remedied. Door closers and their speed of closure are ongoing weekly tasks as they require continual maintenance. The screws referred to have been replaced.

The fire door at the exit connecting the new and old building was replaced in the days following inspection and evidence submitted to HIQA on 10th February.

The required fire drill was completed on 7th February and submitted to HIQA on 10th February. The drill was completed on the largest fire compartment and the inspector notes that improvements are required. The resident capacity of this largest compartment will be halved with the opening of the new extension; this was one of the key drivers behind this considerable investment in fifteen new single bedrooms. We will continue to work with the team on completing fire drills and learning on each occasion how to improve our evacuation times.

|                                 |                         |
|---------------------------------|-------------------------|
| Regulation 9: Residents' rights | Substantially Compliant |
|---------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 9: Residents' rights: St. Attracta's currently has 17 twin bedrooms. The current extension to the nursing home encompasses 15 new single en suite bedrooms; 10 of these new rooms will be utilized to convert 10 of the current shared rooms into single bedrooms. The remaining seven twin bedrooms all meet current space requirements. This report refers to natural daylight issues in the remaining seven shared bedrooms. Six of these seven bedrooms have one window in the room and giving both residents' beds direct access to this daylight at the same time is not possible. Following inspection, we commit to a further review of the layout of these remaining bedrooms to optimize their layout considering resident preferences and abilities. This will be completed by the 30th of April 2025

## 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 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      | 30/04/2025               |
| 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      | 30/04/2025               |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall  | Substantially Compliant | Yellow      | 30/04/2025               |

|                        |   |                         |        |            |
|------------------------|---|-------------------------|--------|------------|
|                        | provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.   |                         |        |            |
| 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.   | Substantially Compliant | Yellow | 30/04/2025 |
| Regulation 28(2)(i)    | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow | 30/04/2025 |
| 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 | 30/04/2025 |
| Regulation 34(2)(d)    | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Substantially Compliant | Yellow | 19/03/2025 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
| Regulation 34(2)(e) | The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.   | Substantially Compliant | Yellow | 19/03/2025 |
| Regulation 34(2)(f) | The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.  | Substantially Compliant | Yellow | 19/03/2025 |
| Regulation 04(3)    | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 19/03/2025 |
| 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.  | Substantially Compliant | Yellow | 30/04/2025 |

