



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Royal Hospital Donnybrook
Name of provider:	The Royal Hospital Donnybrook
Address of centre:	Morehampton Road, Donnybrook, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0000478
Fieldwork ID:	MON-0041886

About the designated centre

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

The designated centre is located in The Royal Hospital Donnybrook. The provider is the Royal Hospital Donnybrook and the primary governing body of the hospital is the Board of Management. The Chief Executive Officer(CEO) of the Royal Hospital Donnybrook is the nominated provider representative for the designated centre. The Assistant Director of Nursing for the Royal Hospital Donnybrook is the person in charge of the designated centre. The designated centre provides long-term residential services for 56 residents over the age of 18 years old with high and maximum dependency care needs. The premises is divided into three distinct units; Rowans, Oaks and Cedars. Accommodation is provided in a mix of single, twin and multi-occupancy rooms (of four beds). Oaks and cedars units are identical and each can accommodate up to 22 residents in either single or multi-occupancy rooms. All rooms are en-suite. There is a large dining room and visitors' lounge on each unit. Rowans unit can accommodate 12 residents in eight single and two twin rooms. The unit has two communal lounges and a dining room. There are communal disabled access bathrooms and toilets on each corridor. All residents can access the facilities available throughout the centre including the prayer room, the concert hall, and a range of activities and therapy rooms located across the hospital site. The designated centre is located in South Dublin and is close to local shops and amenities and is accessible by Dublin Bus transport routes. There is a large car park at the front of the building with designated disabled parking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
--	----

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 December 2023	08:15hrs to 17:45hrs	Margo O'Neill	Lead
Tuesday 5 December 2023	08:15hrs to 17:45hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Overall feedback from residents living in The Royal Hospital Donnybrook was positive. Residents were content and pleased with their living experience and said that they felt safe living in the centre. Residents reported positively regarding the staff working in the centre saying that they were 'fantastic' and that they never had to wait for assistance. Residents reported too that improvements had been made to the quality and choice of food on offer to them.

The designated centre is located in Donnybrook in south Dublin and is part of a large, mixed use centre, with areas of the designated centre in different parts of the overall building. There are 56 registered beds located across the three units of the designated centre; the Cedars, Oaks and Rowans Units. Inspectors found the centre was warm and well ventilated and overall maintained to a good standard externally. Inspectors observed that some areas of the centre required maintenance attention internally however. There were damaged walls and ceilings on the Rowans unit and along the stairs to the Cedars and Oaks units. And parts of the Rowans unit such as a shared bathroom and the largest sitting area required reconfiguration and upgrade to ensure the spaces met the needs and requirements of residents living on the unit.

Residents' bedrooms were found to be clean and comfortable. Multi-occupancy bedrooms throughout the Oaks and Cedars units were configured to ensure that residents' right to privacy, dignity and autonomy was respected. All en-suite bathrooms were found to have sufficient space to allow residents to undertake their personal care activities independently or with assistance if required. Some action was required in the Rowan unit however to ensure that all residents' rights to privacy was respected. Inspectors observed that for two bedrooms which had windows that overlooked courtyards and were located adjacent to the main living area, the interior of the rooms were clearly visible from the living room and corridors.

There was sufficient storage space and a secure lockable space available for each resident. Residents reported that they were happy with their bedroom spaces and that their clothes were well looked after.

Meals were served in dining rooms on each unit or in residents' bedrooms depending on residents' preferences. Each unit's dining room had been decorated with brightly coloured Christmas decorations and there was festive music playing to add to the festive spirit. Inspectors observed that there was a relaxed and social atmosphere during mealtimes in dining rooms where residents sat conversing with other residents or with staff. Senior staff such as clinical nurse managers and the catering manager were observed to attend dining rooms to gain feedback on residents' meals and experience and to provide support where required.

Food was prepared and cooked freshly on site daily. Residents were provided with two hot options and one vegetarian option for their main meal, including those that

required a modified diet. Food provided to residents looked and smelt appetising and inspectors were informed of the various alternative options that were now available to residents should they not wish to eat from the three main options available to them on that day.

Residents reported satisfaction to inspectors regarding the food; one resident said that the food had 'improved a lot in recent times'. Another resident said they had seen 'a big difference with the food', 'it's fresh and tasty' and that there was 'good choice' and that there had been 'a big effort made'. Another resident reported that the food was 'very enjoyable'.

There was sufficient numbers of staff available during meal times to assist residents on all units; support provided was unhurried and dignified. Written menus were available on dining room tables and pictorial snack menus were available for residents. Inspectors observed staff offering choices of drinks, snacks and side dishes.

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

Capacity and capability

An established management structure was in place with clear lines of authority and accountability. There were management systems in place to provide oversight of the quality and safety of the service. Inspectors found that systems for the monitoring of fire safety precautions and oversight of the maintenance of the premises were ineffective however, and required strengthening.

Inspectors found that residents living in The Royal Hospital Donnybrook received a good standard of care and residents were supported to live a good life. This inspection was carried out to monitor compliance with the regulations and follow up with actions from the last inspection in July 2023.

Completed applications to remove condition 4 of the registration and to increase the number of registered beds in The Royal Hospital Donnybrook had been received by the Chief Inspector prior to the inspection and were under review. During the inspection there was also an emphasis on Regulation 28: Fire Precautions.

Following the last inspection in July 2023, one restrictive condition was attached to the centre's registration. This required the registered provider to ensure that each resident is offered choice at mealtimes; is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served; ensure that the food provided is wholesome and nutritious and that residents have access to meals, refreshments and snacks at all reasonable times. Inspectors observed during this inspection that significant improvements had been made with respect to the

food provided to residents and that greater oversight was now in place. Regular resident surveys were being completed to provide feedback to management on changes required and areas for improvement. Furthermore inspectors observed that the catering manager and clinical nurse managers spent time in dining rooms to seek residents' feedback during meal times and to oversee the food provided to residents.

While improvements had been made with the management and oversight of food being provided to residents, management systems in place for the oversight of the fire safety precautions and oversight of the maintenance of the premises were inadequate and required strengthening.

An application to vary conditions 1 and 3 had been received by the chief inspector of social services and was under review at the time of inspection. The application detailed a plan to add six additional bedrooms containing 8 beds to the Rowan unit to create a larger 20 bedded unit. These bedrooms and communal spaces were reviewed on inspection and feedback was provided to the registered provider.

The person in charge had returned to the centre in August 2023. Their role was to lead the day to day operations in the centre and they had the necessary qualifications and clinical and management experience to meet the requirements of Regulation 14: Person in charge.

There were approximately 50 active volunteers attending the centre on a regular basis to providing assistance with recreational activities and acting as escorts. Two full time staff coordinated and organised the volunteers. Roles and responsibilities were detailed in writing and all volunteers had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing volunteering in The Royal Hospital Donnybrook. Supervision and support for volunteers was provided by staff working in the centre.

All required notifications were provided to the Chief Inspector within the required time frames as stipulated in schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and appropriate notice regarding absence of the person in charge was submitted to the Chief inspector.

All required policies and procedures as set out in Schedule 5 were available to inspectors and had been updated at intervals not exceeding three years.

There was a complaints policy and procedure in place which defined the time lines within which complaints would be processed and dealt with. A named complaints officer and identified review officer were detailed in the policy and procedure. Inspectors observed that there was written information available for residents regarding advocacy services throughout the centre and in the residents' guide. Records of complaints received were maintained. Records were maintained separate to residents' care records. The registered provider had not yet ensured that the complaint officer and review officer had attended training in the management of complaints.

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

An application to vary condition 1 and 3 of the centre's registration was received by the Chief Inspector. This was to open an additional eight beds in the Rowan Unit and increase the number of registered beds from 56 to 64 registered beds. An application to remove registration condition 4 was also received. These applications were under review.

Judgment: Compliant

Regulation 14: Persons in charge

The person appointed to fill the role of person in charge of the The Royal Hospital Donnybrook met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in the following areas required strengthening. These systems were found to be ineffective to ensure the service provided was safe, appropriate, consistent and effectively monitored:

- Inspectors were not assured that there was adequate oversight of fire safety precautions in the centre. For example; inspectors identified a toilet which contained gas boilers and did not appear to have the requisite fire rating to achieve a protected corridor outside the room. The installation of the boiler, and associated electrical and pump equipment meant that the room was now a place of particular fire risk. Further detail is provided regarding other fire safety concerns identified under Regulation 28, Fire precautions.
- Oversight of the maintenance of the premises was inadequate in areas of the centre. Inspectors found that the Rowans unit had sustained heavy wear and tear and required attention and upgrade.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were appropriate records and valid Garda vetting disclosures in place for volunteers attending the centre. Supervision and support for volunteers was provided by staff working in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified about incidents in the designated centre as set out in Schedule 4 of the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013.

Judgment: Compliant

Regulation 32: Notification of absence

The Chief Inspector received appropriate notice regarding absence of the person in charge as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The nominated complaint and review officers had not yet received suitable training to deal with complaints in accordance with the designated centre's complaints procedures and management of complaints as required by the regulations. Details of when training would be completed was not provided to inspectors.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors were provided with all Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

As detailed under the capacity and capability section of the report a restrictive condition was attached to the centre's registration regarding Regulation 18, Food and Nutrition. Inspectors found improvements had been made by staff to improve the choice, appearance, and quantities of food available to residents. Further action was required to ensure the quality and safety of the service however in other areas as inspectors identified a number of concerns under Regulation 17, Premises and Regulation 28, Fire Precautions.

Inspectors found improvement with regard to the quantity and choice of food on offer in the centre. In June 2023 the food preparation system had changed from the inadequate cook-chill system to freshly cooked food on-site. Food appeared and smelt appetising and there was a choice of three main meals for residents' main meal at lunch time. Residents were still asked to order their meal the day before in order to inform the kitchen regarding the quantities of food required, however inspectors saw and were informed that there was additional portions of each dish available should residents change their mind at the time food was being served. Additional alternative menu items were also now available to residents for hot main meals everyday; these included grilled chicken and baked ham. Furthermore a selection of soups and sandwiches were available all day to residents to enhance resident choice and freedom at which time to eat.

Inspectors observed that meal times were a social and relaxing occasion in the centre with festive or soft music playing to create atmosphere and dining areas had been decorated for the festive season. Senior staff were available in dining rooms for oversight at meal times and sufficient staff were present to support residents in dining rooms and to support residents who chose to have their meals in their rooms. Inspectors observed residents being offered choice with snacks, drinks and meals throughout the day of inspection. There were oversight systems in place to ensure that residents' weights were monitored and all residents had their nutritional and hydration needs assessed. A newly appointed dietitian was available to assess residents' nutritional needs. A team of speech and language therapists were available to assess residents as required. Person-centred care plans were in place to inform staff regarding residents' nutritional needs.

Residents had access to adequate storage and lockable spaces to store personal possessions. There were appropriate arrangements in place to ensure that residents' clothes were laundered and returned to residents.

A resident guide was in place and found to contain all required information as set out under Regulation 20, Information for residents.

Action was required to ensure that residents' rights to privacy was being upheld. Inspectors identified that residents' privacy was impacted due to inadequate privacy

screens on windows in two bedrooms in the Rowan unit. This is detailed under Regulation 9, Residents rights.

The action plan submitted by the provider following the last inspection in July to address issues identified under Regulation 17, Premises was followed up. All but one action had been fully addressed. Inspectors observed there was still inappropriate storage practices identified and required review. Inappropriate storage of an oxygen cylinder alongside combustible materials in a file storage room was rectified on the day of inspection. Further storage of equipment and clinical stock was noted in areas which were not registered as part of the designated centre.

Overall, improvement was required in the upkeep of the facilities and premises. The walls, and ceilings as well as doors, and handrails in the Rowan's unit required maintenance attention. Damaged ceiling tiles, and walls were noted, and wear and tear damage to walls and doors was not being rectified. Inspectors noted that a room labelled as a toilet on the floor plans, had a gas boiler fitted which included the necessary pumps and electrical equipment for the provision of hot water. This arrangement required review as the working boiler was situated over the position of the toilet. These issues are detailed further in regulation 17 Premises.

Inspectors reviewed procedures in place to protect residents in the event of a fire. The centre was equipped with a serviced up-to-date fire detection and alarm system. A review of service records found that the fire detection and alarm system, the emergency lighting, and the fire extinguishers were all serviced up-to-date. However, inspector's noted that emergency lighting directional signage was not present in some areas of the centre.

Fire safety training was up to date for all staff. Staff who spoke with inspectors were familiar with the evacuation procedure throughout the centre. Inspectors found that staff in the centre were practicing fire evacuation drills regularly, however, there was no record of fire drills showing evacuation scenarios had been trialled, or reflected the evacuation of residents from the first floor using the stairs. Inspectors found that Personal Emergency Evacuation Plans (PEEPs) were in place and provided sufficient detail to guide staff on the evacuation methods for each resident during daytime, however, the requirements for evacuation of the residents at night-time were not detailed to assist staff with residents who may have additional requirements for evacuation in the event of a fire while residents were in bed. Some residents at the centre would require additional supports at night time such as hoist assistance to transfer from the bed. This was also contrary to the policy at the centre which required specific instruction for evacuation at night. Staff were knowledgeable on the emergency evacuation methods, and on the procedure for horizontal evacuation, however, inspectors found that there was no signage in place to direct staff, residents or visitors to the external fire assembly point. Evacuation plans were not displayed on the walls of the centre to direct residents, staff and visitors in the event of an emergency. This could cause delays in evacuation considering the nature of the campus, and was contrary to the policy at the centre which required floor plans visible on the wall to detail the escape routes. This could result in confusion among evacuees in the event of a fire.

During the inspection, inspectors were not assured of the effective compartmentation within the centre to protect residents in the event of a fire. Inspectors noted issues with fire doors on escape routes and service penetrations in service risers with insufficient fire stopping of services through compartment floors. This would mean that in the event of a fire, containment of fire and smoke could not be assured. This is detailed under regulation 28 fire precautions.

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Lockable storage was available for each resident. There was appropriate arrangements in place for the laundering of residents' clothing and used linen.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre was appropriate to meet the needs of the residents of that centre and in accordance with the statement of purpose. For example; inspectors observed that storage of some materials relating to the designated centre were in areas which were not registered as part of the designated centre. This required addressing.

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- A shower drain was blocked in the Rowan unit in the communal shower room. This shower area was also proposed to be used for the adjoining newly refurbished area of the designated centre
- Damage was noted to walls in several areas of the centre including along the rowans unit corridor, the main stairs to the Oaks/Cedar unit and tiles had fallen off the walls in a sluice room.
- Ceiling tiles were found to be in poor condition, and damaged in several areas including the communal shower room in the Rowans unit, missing and damaged ceiling tiles along the corridor in the rowans unit, missing ceiling tiles in the Oaks sluice room. Damage was also evident on a ceiling bulkhead at the exit from the sitting room
- An oxygen cylinder was stored in a file storage room. This was removed on the day of Inspection.
- There was inappropriate storage practices observed, for example; mobility aids and hoists were stored in a shower room in the Rowans unit.

- The largest living space in the Rowans unit was in need of reconfiguration and renovation. At the time of the inspection the space contained items of furniture with low seats that would not support residents with impaired mobility to sit to stand. Many items of equipment were observed to be inappropriately stored in this area and generally the space was not an inviting or relaxing space to spend time in.

Judgment: Not compliant

Regulation 18: Food and nutrition

Each resident had access to a supply of fresh drinking water at all times and was offered choice at mealtimes. Residents received adequate quantities of food and drink which was properly and safely prepared, cooked and served. Meals and snacks were provided at reasonable times throughout the day. Residents had access to specialist dietetic and speech and language therapists for assessment of their needs as required and individual care plans were in place.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained all required information.

Judgment: Compliant

Regulation 28: Fire precautions

Good records of servicing to fire safety equipment was found on this inspection, however, improvement was required in some areas.

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

- Inappropriate storage and excessive amounts of combustible materials were found in storage rooms alongside flammable items for example; store room 12 in the Oaks unit.
- An oxygen cylinder was located in a file storage room. This was removed on the day of inspection to an appropriate location, however, staff in the area were not aware that the cylinder was in that room.

- There was no fire blanket in place in the dining areas. There were cooking items such as toasters and microwaves in these areas.

The registered provider did not make adequate arrangements for containing fires. Inspectors could not be assured of effective compartmentation within the building, for example:

- The fire doors at the centre required an assessment review. A number of cross corridor doors throughout the centre had gaps around the perimeter of the door. These doors were the dividing line between compartments, and they would be ineffective at containing fire and smoke in the event of a fire. No stamps were visible on the doors to indicate their fire rating. Some other fire doors were missing smoke seals, and were damaged. The door to the cedars storage room, and the Oaks sluice room had vents in the doors. This meant that they would not contain fires, and this could impact on the escape routes from the residents bedroom areas in the event of a fire in these rooms.
- Extensive service penetrations were found in the floor of the cedars electrical service riser. These service penetrations were not adequately fire sealed as they passed through the floor. This would result in a lack of containment within the room in the event of an emergency.
- The room which contained the toilet and the gas boiler did not appear to have the requisite fire rating to achieve a protected corridor outside this room. The installation of the boiler, and associated electrical and pump equipment meant that this room was now a place of particular fire risk.
- Doors throughout the Rowans Unit had panels above them. Inspectors were informed that there was glazing above the doors which had been removed, and the panel inserted which appeared to be timber. Inspectors could not be assured of the fire rating of these panels, and consequently, the effective containment of fires may be compromised in these rooms as a result of these panels.

Improvements were required on the part of the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, were aware of the procedure to be followed in the case of a fire. For example:

- There were no layout plans posted on the walls in the centre, which indicated the route to safety in the event of a fire. There were plans at the fire alarm panel which identified the numbering of the rooms relative to the read-out on the alarm panel, but these plans were not sufficient to direct residents, staff and visitors to safety in the event of a fire. This was also contrary to the policy at the centre which indicated that this information would be available. Considering the size of the building, and the mixed use nature of the facility, the lack of clear guidance could cause delays in evacuation in the event of a fire.
- Fire drills were being conducted at the centre but were not reflective of the need for vertical evacuation of residents on the first floor. Records did not show that staff were practicing vertical evacuation down the stairs using the

various available evacuation aids as necessary, for example, the evacuation mats

- While fire drills were being conducted at the centre, the detail recorded on the fire drill record, did not provide assurance that various scenarios were being trialled. For example, fire drill records did not indicate the evacuation route used for the drill. Drills were being conducted in the Rowans unit, but no record of drills in the Oaks unit was available.

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

- Directional emergency lighting was not in place above doors in some areas of the Rowans Unit. Some of the directional signage had been removed, and not replaced.
- There was no emergency lighting above the automatic sliding door externally. This door was indicated as an exit route, however, the mechanism for opening this door was not linked to the fire alarm. This meant that inspectors could not be assured that this door would open in the event of a fire and a loss of power to the door.

Judgment: Not compliant

Regulation 9: Residents' rights

Action is required to ensure that a resident may undertake personal activities in private. Inspectors identified that residents' privacy was impacted due to inadequate privacy screens on windows in two bedrooms in the Rowans unit. Inspectors could visibly see into two different bedroom windows from corridors and a sitting room.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Royal Hospital Donnybrook OSV-0000478

Inspection ID: MON-0041886

Date of inspection: 05/12/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Inspectors were not assured that there was adequate oversight of fire safety precautions in the centre. For example; inspectors identified a toilet which contained gas boilers and did not appear to have the requisite fire rating to achieve a protected corridor outside the room. The installation of the boiler and associated electrical and pump equipment meant that the room was now a place of particular fire risk. Further detail is provided regarding other fire safety concerns identified under Regulation 28, Fire precautions. • Oversight of the maintenance of the premises was inadequate in areas of the centre. Inspectors found that the Rowans unit had sustained heavy wear and tear and required attention and upgrade. <p>Actions:</p> <ul style="list-style-type: none"> • The toilet was removed, and it is now solely a boiler room. Completed- 8/12/2023. • The requisite fire sealing in this room was undertaken and certified by Master fire. 16/2/2024 • A new fire-rated door to achieve a protected corridor outside the room has been ordered. Completion date: 16/02/2024. • Maintenance work needed in the centre is actioned as detailed in Regulation 17. A touch-up on the areas affected by wear and tear and paint work has been scheduled. Completion date: 29/04/2024. • An internal initiative to strengthen governance and oversight systems has been introduced: An Internal Review Group (IRG), comprising the Operations Manager, Health and Safety manager and PIC, will conduct regular internal audits to ensure the service is safe and effectively monitored. Started in February 2024 as an ongoing initiative. • A request has been made to our fire consultancy services, FCC-Fire Cert to add a quarterly inspection to review any maintenance projects that could have conceivably 	

impacted fire safety, and to inspect a randomly selected area of the hospital for general fire safety compliance, with written reports to be provided for relevant committees. This will be an on-going commitment. Completion Date for contract for new arrangement: 29/03/2024

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Observations:

- The nominated complaint and review officers had not yet received suitable training to deal with complaints in accordance with the designated Centre's complaints procedures and management of complaints as required by the regulations.

Actions:

- The nominated Complaint Officer received suitable training. Completed:15/01/2024
- The nominated Complaint Review Officer due to complete his office term, therefore when the position is filled we will ensure this training is included in the induction program. Completion Date: 01/05/24

Regulation 17: Premises

Not Compliant

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

Observations:

- A shower drain was blocked in the Rowan unit in the communal shower room. This shower area was also proposed to be used for the adjoining newly refurbished area of the designated Centre.
- Damage was noted to walls in several areas of the Centre including along the rowans unit corridor, the main stairs to the Oaks/Cedar unit and tiles had fallen off the walls in a sluice room.
- Ceiling tiles were found to be in poor condition, and damaged in several areas including the communal shower room in the Rowans unit, missing and damaged ceiling tiles along the corridor in the rowans unit, missing ceiling tiles in the Oaks sluice room. Damage was also evident on a ceiling bulkhead at the exit from the sitting room
- An oxygen cylinder was stored in a file storage room. This was removed on the day of Inspection.
- There was inappropriate storage practices observed, for example; mobility aids and hoists were stored in a shower room in the Rowans unit.

- The largest living space in the Rowans unit was in need of reconfiguration and renovation. At the time of the inspection the space contained items of furniture with low seats that would not support residents with impaired mobility to sit to stand. Many items of equipment were observed to be inappropriately stored in this area and generally the space was not an inviting or relaxing space to spend time in.

Actions:

- In Rowans ward, shower drain blockage was noted on the inspection day and that was fixed on the day. Completed- 5/12/2023.
- In Rowans ward, wear and tear damage on the walls of the corridor was noted. Maintenance Touch up and painting is requested. Completion date:29/04/2024
- In Rowans Ward, the wall tiles on the sluice room needs to be fixed. Completion date:16/2/2024
- Damage on the walls of the main stairs to the Oaks/Cedar unit to be fixed. Completion Date: 29/3/2024.
- Damaged ceiling tiles were replaced in several areas including the communal shower room in the Rowans unit, along the corridor in the rowans unit and in in the Oaks sluice room. Completed: 12/02/2014
- In Rowans ward, damage was evident on a ceiling bulkhead at the exit from the sitting room. Completed: 27/01/2024
- Oxygen cylinder was removed and stored in the appropriate room. Completion date: 5/12/2023.
- Appropriate storing area is assigned to store mobility aids and hoists in Rowans Ward. Completion date: 9/02/2024
- Reconfiguration of the largest living space in the Rowans unit is done and renovation works and painting is due soon. Completion date: 29/04/2024.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

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

Observations:

- Inappropriate storage and excessive amounts of combustible materials were found in storage rooms alongside flammable items for example; store room 12 in the Oaks unit.
- An oxygen cylinder was located in a file storage room. This was removed on the day of inspection to an appropriate location, however, staff in the area were not aware that the cylinder was in that room.
- There was no fire blanket in place in the dining areas. There were cooking items such as toasters and microwaves in these areas.
- The fire doors at the Centre required an assessment review. A number of cross corridor doors throughout the Centre had gaps around the perimeter of the door. These doors were the dividing line between compartments, and they would be ineffective at containing fire and smoke in the event of a fire. No stamps were visible on the doors to indicate their fire rating. Some other fire doors were missing smoke seals, and were damaged. The door to the cedars storage room, and the Oaks sluice room had vents in the doors. This meant that they would not contain fires, and this could impact on the

escape routes from the resident's bedroom areas in the event of a fire in these rooms.

- Extensive service penetrations were found in the floor of the cedars electrical service riser. These service penetrations were not adequately fire sealed as they passed through the floor. This would result in a lack of containment within the room in the event of an emergency.
- The room which contained the toilet and the gas boiler did not appear to have the requisite fire rating to achieve a protected corridor outside this room. The installation of the boiler, and associated electrical and pump equipment meant that this room was now a place of particular fire risk.
- Doors throughout the Rowans Unit had panels above them. Inspectors were informed that there was glazing above the doors which had been removed, and the panel inserted which appeared to be timber. Inspectors could not be assured of the fire rating of these panels, and consequently, the effective containment of fires may be compromised in these rooms as a result of these panels.
- There were no layout plans posted on the walls in the Centre, which indicated the route to safety in the event of a fire. There were plans at the fire alarm panel which identified the numbering of the rooms relative to the read-out on the alarm panel, but these plans were not sufficient to direct residents, staff and visitors to safety in the event of a fire. This was also contrary to the policy at the Centre which indicated that this information would be available. Considering the size of the building, and the mixed use nature of the facility, the lack of clear guidance could cause delays in evacuation in the event of a fire.
- Fire drills were being conducted at the Centre but were not reflective of the need for vertical evacuation of residents on the first floor. Records did not show that staff were practicing vertical evacuation down the stairs using the various available evacuation aids as necessary, for example, the evacuation mats
- While fire drills were being conducted at the Centre, the detail recorded on the fire drill record, did not provide assurance that various scenarios were being trialed. For example, fire drill records did not indicate the evacuation route used for the drill. Drills were being conducted in the Rowans unit, but no record of drills in the Oaks unit was available.
- Directional emergency lighting was not in place above doors in some areas of the Rowans Unit. Some of the directional signage had been removed, and not replaced.
- There was no emergency lighting above the automatic sliding door externally. This door was indicated as an exit route, however, the mechanism for opening this door was not linked to the fire alarm. This meant that inspectors could not be assured that this door would open in the event of a fire and a loss of power to the door.

Actions:

- A new fire resistant cabinet is ordered for each unit to store all Flammable items.
Completion Date: 29/02/2024
- Oxygen cylinder was removed and stored in the appropriate room. Completion date: 5/12/2024. Staff are updated regarding the need of appropriately storing the gas cylinders.
- Fire blankets are in place in the dining areas of the 3 wards. Completion Date: 27/01/2024
- An assessment review conducted on the fire doors at the centre. A total of 6 Fire doors are for replacement. Completion date: 29/03/2024.
- In Cedars, the service penetrations on the floors are adequately sealed. Completed- 22/12/2023

- The toilet facility was removed and the room is exclusively used as a boiler room. Awaiting to install a fire rated door to protect the corridor outside. Completion date: 23/02/2024.
- In Rowans, a few doors had panels above which seems not fire rated. Hence it is for replacement. Completion date: 29/03/2024.
- New layout plans which clearly shows the fire routes are requested from Masterfire and to post it on the walls of the Centre. Completion date: 23/02/2024
- To include vertical evacuation in the drill. Completion Date: 29/03/2024
- Fire Drill Record Template needs to be updated with various scenarios trailed and evacuation route used for the drill. Completion Date: 29/03/2024
- Directional emergency signage and lighting are in place in all areas of Rowans ward- Completed- 27/01/2024
- In Oaks ward, external automatic sliding door (fire exit) is now linked with fire alarm and a new emergency lighting is attached above this door. Completed-27/01/2024

Regulation 9: Residents' rights

Substantially Compliant

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

• Action is required to ensure that a resident may undertake personal activities in private. Inspectors identified that residents' privacy was impacted due to inadequate privacy screens on windows in two bedrooms in the Rowans unit. Inspectors could visibly see into two different bedroom windows from corridors and a sitting room.

Actions:

• The two bedroom no. 19 and 25 did not have adequate privacy screen on windows. Mirror films are now attached to the windows to ensure privacy. Completed- 27/01/2024.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	29/04/2024
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	29/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	29/04/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	29/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	27/01/2024
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	29/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	29/03/2024

	containing and extinguishing fires.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	01/05/2024
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.	Substantially Compliant	Yellow	27/01/2024