



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

Issued by the Chief Inspector

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0040337

About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 45 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

42

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 March 2023	10:00hrs to 18:45hrs	Niall Whelton	Lead
Wednesday 8 March 2023	10:20hrs to 16:15hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

This was an unannounced one day inspection to assess compliance with the regulations, and to inform the decision for an application to renew the registration of the centre, which included external extensions to two bedrooms to change them from single rooms to twin rooms.

The Chief Inspector issued a notice of proposed decision to renew the registration with a restrictive condition regarding the occupancy of the extended bedrooms 12 and 15. The provider submitted representation appealing the decision and this inspection was on foot of that representation. This inspection also included a focused review of fire precautions in the centre.

Rivervale nursing home is located in a rural setting, on a spacious site, set back from the road. It is within walking distance of Nenagh town which added to the quality of life for residents to have direct access to the local community. The nursing home is within a single storey purpose built building. There was a large vaulted atrium, off which corridors led to bedroom accommodation, resident communal areas and ancillary functional areas such as the kitchen, laundry and staff facilities. There was a variety of communal areas for residents to use.

The inspectors were met by the assistant director of nursing (ADON) and an introductory meeting was held to outline the purpose of the inspection. Following the introductory meeting, the inspectors did a walk through of the centre, commencing at the two rooms which were the subject of the application to vary the registration.

The inspectors reviewed the two recently re-configured twin rooms, which were similar in size and layout. There was an extension added to the external wall of the room, with access through a former window opening. The extensions consisted of walls which were a combination of glazed units and insulated PVC panels, with a lean to metal cladded roof. The extension was narrow and spanned the length of the room. Residents' wardrobes and a chair were placed in the extensions. Each room had two beds within the original footprint of the bedroom. When the privacy curtain was pulled, there was inadequate space within the resident's private area for their locker and a chair. The space was not sufficient to manoeuvre a hoist without encroaching into the space of the other resident. In one room, the privacy curtain terminated over the opening to the extension which meant that they were not afforded privacy from the extended area. One bed in each room was against the radiator, with the other against the wall. This potentially created an obstacle to assisting residents. The location of the beds against the wall was also a contributing factor where inspectors observed an incorrectly applied ski sheet. In this instance the straps of the ski sheet were not secured appropriately, which could potentially result in a delay during evacuation or an injury to a resident.

There were two conservatories opening onto the main atrium, both with access to

outdoor space. The main day room and dining room were close by. The main dayroom was used to store twelve wheelchairs, restricting the available communal space for residents. The inspectors saw that some communal space was not being maximised for use by residents. There was a large room, known as the oak room, to the rear of the centre overlooking the gardens; it did not have suitable furniture and was being used mostly for the storage of hoists. The oratory was not available to residents and was used as a storage space.

There was a pleasant atmosphere throughout the day and the layout meant that all bedroom corridors had access to the central area which had the communal spaces and this was the hub of the home. Residents were up and about and were seen moving freely through the centre, supported by staff who were caring and did not rush residents when assisting them. One resident had walked into the nearby town independently and was supported to do so. Residents were seen using the atrium area and conservatories. The centre had a puppy and a cat and residents were observed to be enjoying this. One resident was keen on gardening and was encouraged to pursue this in the centres outdoor areas.

The designated smoking room was located on a bedroom corridor and there was a notable malodour on that corridor from the smoking room. There was a hole in the door and there was inadequate ventilation to purge the odour from the room. There was no call bell in the smoking room to summon help if required. There was inadequate numbers of suitable ashtrays provided and the stainless steel table was being used in lieu of an ashtray. Residents were observed using other communal spaces to smoke rather than the designated smoking area.

The inspectors observed maintenance issues throughout the centre. The flooring in bedrooms was damaged from moving beds and this was becoming a health and safety risk for potential trip hazards. The flooring had been replaced in a number of rooms and were finished to a high standard, however they were not extended into the en-suites. The ensuite flooring was lifting in some rooms. A number of the mechanical extract ventilation fans in en-suites were not working and were visibly unclean. The inspectors saw a lock to an en-suite door which was broken, impacting privacy for the resident.

The inspectors noted the water from the hot tap was not hot in late morning, this had not been identified by staff. This was brought to the attention of the person in charge (PIC).

A review of infection control practices was required. The inspectors saw staff using out-of-date hand sanitiser. Storage arrangements were not organised and appropriate. This resulted in the inappropriate storage of supplies in the oratory and attached storage area, with boxes on the floor, making it difficult to clean the room.

The layout and size of the laundry room meant that it was difficult to effectively separate clean and dirty laundry. The cleaning regime in this space was not effective as a build up of dust and lint from the dryer was visible.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects the quality and safety of the service being delivered.

Capacity and capability

The overall findings of this inspection were that Rivervale Nursing Home was a good centre. Staff provided a high standard of care to residents in a respectful manner and supported a good quality of life. The inspectors found that action was required in relation to residents' rights, fire safety, premises, infection control and records.

Blockstar Ltd is the registered provider of Rivervale Nursing Home, and the company has three directors. Blockstar is also the provider of three other nursing homes. The management structure comprises a regional manager with oversight of four designated centres and a strategic manager, predominantly responsible for environmental related issues, such as fire safety. From a clinical perspective, care is directed by a person in charge and is supported by an assistant director of nursing and a team of nursing staff, care staff, housekeeping, catering, activities, maintenance and administrative staff. The centre is currently registered to accommodate 43 residents.

Immediate action was required from the provider to address fire safety risks identified during the inspection; these are detailed under regulation 28. The provider was proactive in their response and swiftly addressed the risks.

The day-to-day fire safety management required improvement to capture the risks identified during this inspection.

The provider had arranged for a fire safety risk assessment in 2021. The action plan for this assessment was almost complete, with the outstanding items in progress at the time of inspection. The provider had already completed a further fire safety risk assessment and a new time bound action plan was in place.

A review was required of night time staffing levels. Staffing had reduced from four to three at night. This staffing level had not been tested through fire drills to ensure adequate staff were available to safely evacuate residents.

The provider had submitted an application to renew the registration of the centre, which included external extensions to two bedrooms to change them from single rooms to twin rooms. The space added by the extensions did not provide adequate usable space for residents when configured as twin rooms.

Floor plans that were submitted as part of the application process were reviewed and it was found that they did not fully represent the footprint of the centre. This is discussed in more detail under Registration Regulation 4: Application for registration

or renewal of registration.

The provider was required to review twin rooms elsewhere in the centre, as they too were not configured to provide adequate usable space for the residents living in them.

There were inadequate systems in place to ensure that records for the previous seven years were available in the designated centre.

Registration Regulation 4: Application for registration or renewal of registration

A review of the floor plans submitted in support of the application to renew the registration indicated that they were not a true reflection of the layout of some areas of the centre. The recently constructed extensions to Room 12 and 15 were not shown, the layout of the laundry, prayer area and treatment rooms were not accurate. The boiler room and file store were not included.

Judgment: Substantially compliant

Regulation 15: Staffing

A review was required of night time staffing levels. Staffing had reduced from four to three at night. This staffing level had not been tested through fire drills to ensure adequate staff were available to safely evacuate residents.

Judgment: Substantially compliant

Regulation 21: Records

Records for the previous seven years were not maintained in the centre, with some stored off site. Staff told inspectors that only records dating to 2021 pertaining to current staff and residents were securely and appropriately stored in an office in the designated centre.

A small quantity of resident and staff records were stored in an unregistered shed on the grounds of the designated centre. Records were stored unfiled in multiple boxes with no system in place to identify what records were stored in what boxes. Staff acknowledged that schedule, 2, 3 and 4 records were stored in the same boxes as unrequired documentation. In the absence of an effective system to catalogue the documents stored in this area staff were unable to produce requested records.

Staff advised inspectors that the majority of the schedule 2, 3 and 4 records which a provider is required to retain for a seven year period were stored off site. There was no system in place to catalogue what records were stored where, and staff acknowledged if a resident required information they would not know where to start looking for it.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to provide oversight and effective maintenance of the designated centre were not effective as evidenced by the following;

- the fire safety risks which required immediate action
- the maintenance deficits identified
- the poor management of equipment and the environment which may create a risk of transmitting a health care associated infection
- the inadequate systems of records retention
- a number of twin rooms were not configured to provide adequate usable space for the residents living in them.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Two residents, who had a contract of care to be accommodated in a single room, had a second bed added to their rooms and their rooms reconfigured from single to twin occupancy.

Judgment: Substantially compliant

Quality and safety

Overall, residents were seen to be up and about in the centre and observations of inspectors were that residents were well looked after and staff were kind and patient with residents. Action was required by the provider to come into compliance with the regulations, particularly in relation to residents' rights, fire safety, premises, infection control and records.

There was an adequate number of escape routes and exits. The centre was on a

level site and routes did not include stepped routes. The landings outside final exits were not of a size adequate to enable a free flowing escape; the provider confirmed there were plans in place to increase the size of the landings to improve means of escape.

Further assurance was required regarding the evacuation of one resident. The provider provided those assurance on the day of inspection.

In response to the fire safety risk assessment, fire containment works were in progress. In the attic, additional barriers to fire between the higher risk areas, such as the kitchen and laundry, and the resident areas were being provided. The action plan to the current fire safety risk assessment indicated that the respite wing would be further subdivided to reduce the size of the fire compartment. This would further reduce the risk of fire in this area. To ensure adequate containment of fire, the programme of work to address deficits to fire rated ceilings, will need to be completed. This included the completion of the remaining fire rated attic hatches, providing containment where extract vents penetrate fire resisting ceilings and sealing up service penetrations through fire resisting walls and ceilings.

The inspectors noted many good fire safety practices. The provider had adopted a simple system of colour coded tags outside bedroom doors to alert staff during evacuation of the dependency of the residents in the room and the evacuation aid required. There was work ongoing in the centre to improve containment of fire rated ceilings. There was also work in the attic to separate higher risk areas from the bedroom areas and this was in progress.

There were comprehensive drill reports, which detailed what went wrong during a drill and the learning from the exercise. The drill reports identified gaps in staff knowledge and one to one supplementary training was given to those staff. Staff spoken with were knowledgeable on the fire strategy in place, when the fire alarm activated.

In terms of the premises, the centre is well laid out with communal areas in a central accessible area of the building. Some twin bedrooms required a review and re-configuration to ensure the usable space for residents was maximised and that adequate personal storage was provided. The smoking room was not effectively kept clean and was not adequately ventilated. The inspectors noted issues with mechanical extract vents in ensembles of a number of bedrooms.

The storage arrangements in the centre were not adequate. The room labelled prayer room and general store was used to store PPE, sanitary supplies and laundry trollies with clean laundry.

Regulation 17: Premises

Actions were required by the provider to ensure Compliance with Regulation 17 and

Schedule 6:

- the smoking room was not effectively kept clean and was not adequately ventilated
- there was poor utilisation of some communal spaces. For example, the oak room was not used by residents during the inspection, and was being used to store hoists
- the storage arrangements were inadequate, with storage observed in non-dedicated store rooms. For example the oratory
- some light fittings were not working or missing
- the lock to a door to a bedroom ensuite was broken, impacting the residents privacy
- a number of mechanical extract fans in bathrooms were not working
- the supply of hot water had run out by late morning and this had not been identified by staff
- the trickle vent to a single room was blocked by the new extensions. In the two bedrooms with new extensions, the trickle vents from the bedrooms now ventilated into the extended areas and not to the outside
- a number of twin bedrooms were not configured to provide adequate usable and private space for residents. For example in one room, there was a disused door to an adjoining space, which was restricting the layout of the room. Bedrooms had bulky furniture which further restricted the functional use of the space. The inspectors saw some rooms where inadequate storage for residents belongings was provided, with clothes observed hanging on curtain rails and the sides and doors of wardrobes
- damaged flooring in a number of bedrooms and ensuites required replacement
- ventilation units in the smoking room and several ensuites were either not working or not fit for purpose
- two recently re-configured twin rooms, which were similar in size and layout would not afford two residents 7.4m² of floor space each to include their bed, a chair and their personal storage space. The solution proposed by the provider was not appropriate in that it would require the relocation of each residents chair and personal storage space to another room.

Judgment: Not compliant

Regulation 27: Infection control

Equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- there was out of date hand sanitiser in use in some areas
- poor hand washing practices were observed by the inspectors
- the storage arrangements were not organised and appropriate. This resulted in the inappropriate storage of supplies in the oratory, with boxes on the

floor, making it difficult to clean the room

- extract fans were not working in some rooms and were visibly unclean, resulting in malodour from some rooms
- the drains within ensuites were visibly unclean
- hoist slings were not labelled and were seen to be stored within residents ensuites. While staff were aware of the need to label them, there was no system of labelling in place
- the layout and size of the laundry room meant that it was difficult to effectively separate clean and dirty laundry
- the cleaning regime in the laundry was not effective as a build up of dust and lint from the dryer was visible
- there was no detergent in the bed pan washer. This may impact the effectiveness of decontamination of bed pans and urinals. There was no system to determine how long the bed pan washer had been without detergent
- there were damaged floors to a number of bedrooms; it was difficult to ensure they were effectively cleaned

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding the ongoing work to improve fire precautions in the centre, further actions were identified on this inspection to ensure adequate precautions against the risk of fire and the safety of residents.

The most recent fire safety risk assessment includes a timebound action plan which will be required to be completed to address the fire safety risks identified.

Immediate actions were required on the day of inspection to address the following risks:

- the accumulation of dry lint in and around the laundry dryer created a risk of fire
- the smoking room was not fitted with a call bell to summon help if required
- there was combustible storage on shelves adjacent to an electrical board
- it was identified that insufficient staff were on duty at night time to ensure the safe evacuation of all residents
- there were quantities of liquid hand sanitiser stored in the oratory, creating a risk of contributing to fire growth should one start

Further inadequate precautions against the risk of fire included:

- a non-conformance notice issued for the gas appliances had not been actioned

- some new emergency lighting units were fitted over the older light fitting

The arrangements for providing adequate means of escape including emergency lighting were not effective:

- there was inadequate space on the landings outside some exit doors, to freely move evacuation aids out and away from the building
- there was a gravel area beyond an exit to the side which would slow down evacuation
- the emergency lighting externally didn't provide sufficient coverage to guide safe escape towards the assembly point

Action was required to ensure adequate containment of fire, for example:

- outstanding work to address deficits to fire rated ceilings, will need to be completed
- Fire doors through out were not provided with seals to prevent the spread of smoke

The measures in place to detect fire were not adequate; some rooms were not provided with fire detection, for example, the small store in the oratory/storage area and the lobby to the rear of the kitchen.

The reduced staffing levels at night time had not been tested with a fire drill, to ensure the safe evacuation of residents when staffing levels were lowest. Staff was increased to four from the day of inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

There were a number of twin rooms, which were not configured to ensure the residents had adequate space to have a chair to sit by their bed in privacy or to access their personal belongings. Some did not have sufficient storage space for their belongings.

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 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0040337

Date of inspection: 08/03/2023

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Application for registration or renewal of registration: The floor plans have been amended to include the recently constructed extensions to Room 12 and 15, the current layout of the laundry, prayer area and treatment rooms. The boiler room and file store are now included on the floor plans. Completed 16/6/23</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Night time staffing levels were reviewed on the day of inspection. Staffing levels at night time have been tested through fire drills to ensure that adequate staff are available to safely evacuate residents in the event of a fire. Currently, staffing levels at night time are as follows: 6 staff from 8pm-11pm. 4 staff from 11pm-7am. 7 staff from 7am-8am. Completed 8/3/2023.</p>	
Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
 The center's GDPR policy has been reviewed. In addition, staff have received training on GDPR. Records as required under the regulations are now stored and maintained within the registered footprint of the premises. All records to be kept by the registered provider as prescribed under the timelines set out under Regulation 21 (Records) of S.I. 415 of 2013 as amended are kept within the registered footprint of the premises. Such records are stored securely and appropriately within filing cabinets in the designated storage spaces within the centre. A system has been implemented to catalogue the documents stored in these areas to ensure that staff can retrieve these records easily and efficiently. A system has also been put in place to monitor the information stored on site in accordance with the centre's GDPR policy.

Completed 30/4/2023

Regulation 23: Governance and management	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The governance system in place allows the RPR to have direct oversight over the effective maintenance of the Nursing Home including the following areas:

- The fire safety risks which required immediate action are discussed under Regulation 28 (below).
- The maintenance deficits identified have been actioned and are expected to be fully completed by 30/9/2023.
- The poor management of equipment and the environment which create a risk of transmitting a health care associated infection have been actioned and are expected to be completed by 30/9/2023.
- The records management system has been reviewed and updated (Completed 30/4/2023 as noted in Regulation 21 above).
- A number of twin rooms were identified during the inspection as not providing adequate usable space for the residents living in them. These rooms are scheduled to be refurbished as per the advice of an Interior Designer. Works are expected to be completed by 30/10/2023

Regulation 24: Contract for the provision of services	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 The two residents in question, who had a contract of care to be accommodated in a single room, now occupy a single room. As we had applied to register these rooms as twin rooms, we had added a second bed to the room to review/assess the layout-this bed was not occupied and these additional beds were removed on the day of inspection.
 Completed: 8/3/2023

Regulation 17: Premises	Not Compliant
-------------------------	---------------

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

- The smoking room cleaning schedule has been reviewed and a new ventilation system was installed on 10/3/2023. Completed 10/3/2023.
- The interior designer has reviewed the communal spaces (living room, oak room) and works are in progress to enhance these-due to be completed by 30/8/2023.
- The storage arrangements are under review at present and works to enhance same are due to be completed by 30/8/2023.
- All light fittings have been checked and are now functional-completed 18/3/2023.
- The lock to the bedroom ensuite identified on the day was repaired on the day of inspection. Completed 8/3/2023.
- All mechanical extract fans in bathrooms have been replaced. Completed 30/4/2023.
- The supply of hot water is monitored daily and we have had no reported issues since the day of inspection.
- The trickle vent to the single room which is blocked by the new extension will be rectified and works are expected to be completed by 10/7/2023
- Works are expected to be completed to the trickle vents in the two bedrooms with new extensions by 10/7/2023.
- The twin bedrooms which are not configured to provide adequate usable and private space for residents are under review with the input of an Interior Designer to include enhancement of usable space and improved storage. Works are expected to be completed by 30/11/2023.
- Works are underway to remove the disused door in the bedroom identified in the inspection report and expected to be completed by 10/7/2023.
- Works are underway to replace the damaged flooring in bedrooms and ensuites on a phased basis. This is due to be completed by 31/10/2023.
- Ventilation units in the smoking room and several ensuites were replaced. Completed 30/4/2023.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Out of date hand sanitiser was removed from circulation on the day of inspection. Completed 8/3/2023. • Hand hygiene audits are carried out to improve compliance with effective hand washing practices. Completed 30/3/2023 with ongoing audit. • The storage arrangements are under review at present and works are expected to be completed by 30/8/2023. Excess stored items have been removed from the Oratory-completed 30/4/2023. • Extractor fans in all ensuites have been replaced. All extractor fans are included in the cleaning schedule to ensure that they are kept clean and in working order. Completed 30/4/2023. • The drains within all ensuites were cleaned and are included on the cleaning schedule to ensure that they are maintained to a high standard. Completed 15/3/2023. • Hoist slings have been labelled and are stored in the resident's wardrobe as required. Completed 30/3/2023. • The layout of the laundry room is under review and works are under way to restructure same to ensure that clean and dirty laundry can be separated effectively. Works are expected to be completed by 30/9/2023. • The cleaning regime in the laundry was reviewed on the day of inspection to ensure that the build up of dust and lint from the dryer is managed appropriately. This is checked and signed off by management weekly. Completed 10/3/2023. • The detergent was replaced in the bedpan washer on the day of inspection. There is a log maintained to monitor this. Completed 10/3/2023. • Works are underway to replace the damaged flooring in bedrooms and ensuites on a phased basis. This is due to be completed by 31/10/2023 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The cleaning regime in the laundry was reviewed on the day of inspection to ensure that the buildup of dust and lint from the dryer is managed appropriately. This is checked and signed off by management weekly. Completed 10/3/2023. • The smoking room has been fitted with a call bell. Completed 16/6/23. • The combustible storage on shelves adjacent to the electrical board was removed on the day of inspection. Completed 8/3/2023. Shelving in this area was removed on 10/3/2023 to ensure that items cannot be stored here going forward. • Night time staffing levels were reviewed on the day on inspection. Staffing at night time has been tested through fire drills to ensure adequate staff are available to safely evacuate residents. • The liquid hand sanitiser which was stored in the oratory was removed on the day of inspection. Hand sanitizer is now only stored in the external storage areas. Completed 8/3/2023. 	

- The non-conformance notice issued for the gas appliances has been actioned. Completed 12/3/2023.
- Emergency lighting units which were fitted over the older light fitting have been rectified by the electrician. Completed 10/5/2023.
- Works are scheduled to extend the space on the landings outside some exit doors, to ensure that there is adequate space to evacuate safely including removal of gravel area and replacing this with concrete. These works are expected to be completed by 27/6/23.
- The emergency lighting externally has been reviewed by the electrician and now provides sufficient coverage to guide safe escape towards the assembly point. Completed 6/6/2023.
- Outstanding work to address deficits to fire rated ceilings has been completed on 26/5/2023.
- Fire doors throughout the building were not provided with seals to prevent the spread of smoke. Completed 12/5/2023.
- The RPR is currently reviewing the Fire Protection system in the centre to ensure that the areas not provided with fire detection (linen press and lobby at rear of kitchen) are provided with adequate detection. This is expected to be completed by 30/11/2023.

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

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is a schedule of works underway to refurbish the twin rooms in question to ensure that they are configured to ensure the residents have adequate space. This will ensure that residents have a chair to sit by their bed in privacy and access to sufficient storage space for their personal belongings.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	16/06/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	08/03/2023
Regulation 17(2)	The registered provider shall,	Not Compliant	Orange	31/10/2023

	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.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/04/2023
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.	Not Compliant	Orange	30/04/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Not Compliant	Orange	30/04/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/04/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	08/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	30/11/2023

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	27/06/2023
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	30/11/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2023
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.	Substantially Compliant	Yellow	08/03/2023
Regulation 28(2)(i)	The registered	Not Compliant	Orange	30/11/2023

	provider shall make adequate arrangements for detecting, containing and extinguishing fires.			
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.	Not Compliant	Orange	27/03/2023
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	30/11/2023