



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0039471

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 44 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The centre premises is on ground floor level throughout. Sufficient communal accommodation is available and includes sitting rooms, a dining room and a visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents.

The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 May 2023	09:00hrs to 19:35hrs	Gordon Ellis	Lead
Thursday 4 May 2023	09:00hrs to 19:35hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

The inspectors spoke with four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided within the centre.

The inspectors observed staff and residents interactions and found them to be positive to residents. Inspectors observed a karaoke session being conducted in the main sitting area. There was a formalised activity programme provided 5 days a week.

Residents could move around the centre freely and the inspectors observed a number of residents walking around the centre independently or with the help of staff. There was an internal courtyard available with raised flower beds, however only one resident was observed in this area on the day of inspection. The inspectors observed that the centre was bright and airy throughout. The centre's decor was homely and there was a warm and comfortable atmosphere in the centre.

All residents were accommodated in rooms single or twin rooms some with en-suite or hand wash basins. Families and residents were encouraged to personalise bedrooms with ornaments, pictures and photographs.

The inspectors were met by one of the company directors who represents the provider and is also the person in charge in the designated centre, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspectors on a walk around the centre. In the first instance, the inspectors walked around the newly constructed area of the building. This area comprised of 20 new single bedrooms over two floors. Each floor was divided into two separate units, with no more than five residents in each area. A central lobby, lift and a staircase connected each floor along with separate escape staircases at the end of each corridor. The layout of each unit included a living room, bathroom and toilet facilities. A long corridor connected this new area to the existing centre on the ground floor.

The inspectors also walked around the existing registered area of the designated centre. This area of the centre is single storey throughout. Accommodation is provided for 44 residents in 38 single and three twin bedrooms, some of which have en-suite showers, toilets and wash basin facilities. There are three sitting rooms, a small visitor's room and a dining room available to residents to use.

Zoned floor plans were displayed next to the fire panel. The inspectors noted it was difficult to read some of the room numbers on the floor plans which could cause a delay for staff to locate a room in the event of a detector being activated. .

Over the course of the inspection, significant fire safety risks were identified. The inspectors saw a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up.

The inspectors observed oxygen cylinders located in a store room were unsecured and lying on the floor. These were at risk of being knocked over. In another area, a fire door was propped open by a chair, which interfered with the closing mechanism. This resulted in the potential for fire and smoke to spread in the event of a fire. This was removed on the day by the person in charge. Furthermore, In a hot press, the inspectors observed inappropriate storage of flammable items.

The inspectors observed escape routes and exits to be mostly clear and free of obstruction. However, at a kitchen fire exit, the inspectors observed the storage of staff personal items, a storage locker and a chair which blocked the fire exit. This created an obstruction and could result a delay in the event of a fire evacuation. The chair was removed on the day by the person in charge.

External routes were kept clear and provided escape away from the building. Some routes were noted to require additional emergency lighting coverage and directional signage as it was unclear to the inspectors where the fire assembly points were located. From speaking with some staff, the inspectors found that some staff were not fully knowledgeable on fire safety procedures to be followed in the event of an evacuation and would benefit from additional fire training. This is discussed further in the quality and safety section of this report.

The inspectors saw examples where the provider had implemented positive measures to enhance fire safety in the centre. For example, in residents rooms that were sampled, the inspectors noted fire evacuation plans were on display and indicated the primary escape route. No faults were indicated on the main fire detection alarm panel and nursing staff had attended fire marshal training. The inspectors observed a high standard of maintenance to ensure that most fire doors throughout the centre were effective to perform their function of containing fire and smoke.

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

This was an unannounced risk and fire inspection carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

- follow up on the action taken by the provider to address the non-compliance's in respect of fire safety from the last inspection in May 2022.
- inform a decision in relation to an application to vary conditions of the registration of the current centre.
- review an application submitted by the registered provider to vary condition to register twenty additional beds in a newly constructed two storey extension.

Following an inspection completed by an inspector of social services with particular knowledge and expertise in the area of fire safety in February 2021 significant fire safety concerns were identified. The Chief inspector attached a restrictive conditions to the designated centre's registration to bring the centre into compliance with Regulation 28: Fire Safety. The provider had submitted a final sign off from their competent fire person to confirm that the extensive fire safety improvement works had been completed to the required standard.

The findings of this current inspection were that the provider had taken significant action following two previous inspections in February 2021 and May 2022. However, there were a number of additional fire risks identified on the day of the inspection that impacted on the safety of the residents. While the provider had established management systems in place to monitor the quality and safety of the service, inspectors found that the systems in place to provide adequate governance and management, oversight of the maintenance of the premises and fire safety which was impacting on residents' quality of life and required further action to achieve compliance with the regulations. Inspectors identified non-compliance with Regulation 28: fire precautions, with regard to the arrangements for, means of escape including emergency lights, directional signage, containment, evacuations procedures, fire training and management of fire precautions, all of which are outlined under Regulation 28: fire precautions.

The registered provider of Oakwood Private Nursing Home is Oakwood Private Nursing Home Limited. One of two company directors represents the provider and is also the person in charge in the designated centre. The person in charge is a qualified nurse who is experienced in the role and has a good understanding of their regulatory roles and responsibilities.

There was a defined management structure in place. the person in charge was supported by two clinical nurse managers who worked some of their time as staff nurses on the floor and some of their time in a supernumerary supervisory role.

This inspection found that the staffing resource required further review to ensure that there were enough nurses in the centre at all times to provide safe care for 44 residents. In addition the current resource for maintaining the centre did not ensure that all areas of the centre were well maintained. This is a repeat finding from the previous inspection and is discussed under Regulation 23. Furthermore, from a review of the proposed staffing plan supplied on the day to cater for the increase of 20 additional residents, the inspectors found that the potential staff members outlined in the proposed staffing plan were not employed nor available at the time of the inspection to ensure that there would be sufficient resources in place to

deliver effective care and services. Confirmation will need to be provided to assure inspectors that the proposed staffing resources are in place prior to the admission of 20 additional residents to the centre

There were quality assurance and oversight processes in place however these were not effective in all areas. However, management systems in place at the centre did not identify issues outlined above relating to fire safety. For example, fire exits and means of escape checks were not identifying issues which needed to be addressed. This was a particular concern in relation to the oversight of fire safety in the centre and is discussed under Regulation 28 and in the quality and safety section of the report.

The recently constructed twenty bed extension had a sufficient number of escape routes and exits. External fire exits were enabled to be easily opened in the event of an emergency. A fully addressable fire alarm detection system was in place and was integrated with the rest of the building.

Externally, the inspectors noted it was not clear where the external fire assembly point was located from one final fire exit. The inspectors found there was a lack of emergency lighting and directional signage from this final fire exit and along an external route to ensure a safe passage of escape away from the building to a fire assembly point, particularly at night time hours.

The majority of fire doors were mostly fitted to a good standard. However, from the doors sampled the inspectors noted some deficiencies. For example, a portion of a smoke seal was missing from a bedroom fire door and a gap could be seen between the fire door and the frame which would allow for smoke and fire to easily spread. Furthermore, some of the fire doors when released, closed very quickly and aggressively and one bathroom door and hot press door was difficult to close fully. In addition to this, a review of the ironmongery was required on all newly fitted fire doors as a fire door hinge was found to be fitted with brass screws. This would not meet the required fire rating for fire door ironmongery.

In some areas the inspectors observed containment breaches through fire rated walls and ceilings that required fire stopping. For example, in some residents bedrooms, plumbing pipework was noted to penetrate the wall that divided residents bedrooms. Furthermore, in two hot press cupboards pipework was observed to penetrate through a ceiling. These penetrations required fire sealing to ensure the integrity of the fire rated walls and ceilings.

Inappropriate storage practices were evident in the extension. For example, some areas of the enclosed protected staircases were being used to store various items such as a hoist and electrical televisions. Furthermore a fire detector was found to be covered over by a dust cover, which would impede the detection of a fire in this area.

Staff had not carried out a simulated fire drill to provide assurances that staff were capable of evacuating residents in a vertical evacuation emergency from the first floor, and to become familiar with the new layout and fire procedures, in preparation for being registered as part of the designated centre. In addition to this, the

evacuation procedures for using an evacuation chair in the central protected staircase required a review by the provider as it would require three staff members to navigate the central escape staircase. This was due to the landing and fire door interfering with the evacuation procedure.

The displayed procedures to be followed in the event of a fire such as floor plans and fire action notices were not displayed in this area. This would form part of the procedure to be followed by staff in the event of a fire, and, therefore, could cause confusion and loss of valuable time in the event of a fire emergency.

The new extension was inspected during this inspection in regards to Regulation 17: premises and the inspectors noted improvements were required. The extension was appropriately decorated, modern in appearance and the bedrooms were of the required areas. However, facilities for residents to store personal possessions were not provided as some of the residents bedrooms were not provided with lockable storage. Furthermore, there was a lack of suitable storage provided throughout the areas to facilitate storage for five residents with only one area of storage provided in the residents sitting room for clean linen. This storage unit was not lockable and would not be suitable for day-to-day activities.

Bedrooms were decorated appropriately and provided with pleasant view to the outside. However, a bed light over some residents beds could not be activated without having to leave the bed, some of the beds used to furnish the rooms had signs of wear and tear and needed some attention. There were some aspects of the extension that were not completed. This included hot presses which were found to no be finished as they required flooring and pipework needed to be terminated. The inspectors noted the heating controls for residents bedrooms were not readily available and the day-to-day temperatures could not be monitored.

A small toilet was provided in each unit. The inspectors noted the toilet was small and would not be suitable for residents, whom may have a higher degree of dependency levels and would require more space. As there was no sluicing facilities provided for in the extension, the provider is required to put a procedure in place for the day-to-day decontamination and disinfection. This is due to the extensive travel distance that staff will have to traverse in order to reach the current sluice room located in the existing centre.

A movable clinical sink facility required a risk assessment that included the specific cleaning and disinfection required for the safe operation of the unit.

The inspectors were not assured that the insurance certificate provided cover for the proposed increase of additional residents from 44 to 64 and the renewal date was due in June 2023.

Further improvements that the provider needs to make in relation to day-to-day fire safety in the centre are set out in the next section of this report and are reflected in the opening section.

Regulation 23: Governance and management

The provider failed to meet the requirements of the regulation on governance and management. Oversight of fire safety in the centre were not fully effective and did not adequately support fire safety in the centre.

From the rosters reviewed, the clinical nurse managers worked over seven days and worked a number of shifts as a staff nurse delivering direct care to residents. The Person in charge told inspectors that the hours allocated to staff supervision and clinical management roles changed on a weekly basis. As a result inspectors were not assured that the current management arrangements and processes were effective. This was evidenced by care plans for residents with history of colonisation with a multidrug resistant organism not having sufficient information to guide and direct care.

The provider had not provided sufficient resources to complete fire safety works to ensure residents' safety and bring the designated centre into compliance with Regulation 28: Fire precautions. Furthermore, fire drills had not been completed in the existing centre since July 2022.

In addition, provision of resources required improvement to meet the assessed needs of residents :

- the current night time staffing of one nurse and two carers required review as given the large foot print of the centre and the procedure described to inspectors, the current arrangement would not ensure the safety of residents during an evacuation. This is further described under regulation 28 Fire precautions.
- the allocation of designated activity staff was provided five days 11.30-5.30, this meant that for two days each week, care staff were allocated these duties which reduced the time available for other duties. The provider told the inspectors that she had a plan to increase the hours to cover seven days as occupancy rates increased.
- there was ambiguity as to the number of maintenance hours available on a weekly basis, the rostered hours were 14 hours per week. The provider stated that a second person who worked as household staff also attended to maintenance duties. Given the findings of this inspection this required improvement to ensure that the premises is kept in a good state of repair.

While there were risk management systems in place, further strengthening and improvement was required as evidenced by:

- Audits relating to fire did not identify some of the issues found by inspectors and the inspectors' findings are detailed under regulation 28.
- The risk assessment for a new piece of equipment did not include the specific cleaning and disinfection required for the safe operation of the unit.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, the inspectors was not assured that the provider's fire safety arrangements adequately protected residents from the risk of fire in the centre nor ensured their safe and effective evacuation in the event of a fire.

Fire safety systems and the fire safety aspects of the physical premises were maintained to a good standard in most areas. The oversight of fire safety management systems and the processes to identify, and manage fire safety risks required improvements to ensure the safety of residents living in the centre. The most significant fire safety risks identified and required improvement included the following:

- The provision of adequate emergency lighting and directional signage to external escape routes.
- The arrangement for evacuating all persons in the designated centre and the safe placement of residents in the event of a fire emergency.
- The effectiveness of some areas of the centre to contain, and adequately protect against the risk of fire and smoke to spread in the event of a fire emergency. Details relating to these significant fire safety risks are outlined under Regulation 28: fire precautions.

Storage practices in the centre were found to be impacting on fire safety. For example, oxygen cylinders were unsecured and lying on the floor in a store room. In an external area, oxygen cylinders were not suitably protected by a cage and in a hot press the inspectors observed inappropriate storage of flammable items such as; card board boxes, an electrical fan and pieces of wood. The potential created a fire risk.

While the majority of fire exits and corridors were free from obstacles, giving instant egress in the event of a fire, the inspectors observed a fire exit and means of escape from a kitchen area to be blocked by a chair and the lobby leading to the fire exit was being used to store staff personal items. This area contained a locker. personal belongings and various pairs of shoes, which could potentially create an obstruction in and would delay an evacuation from this area.

From a review of fire training records, all staff were up-to-date and nursing staff had attended fire marshal training. Notwithstanding this, from speaking with some staff, the inspectors noted some staff were not fully knowledgeable on fire safety procedures to be followed in the event of an evacuation. Furthermore, the inspectors were not assured that adequate staffing resources were available during the night time hours to evacuate all persons in the designated centre. While there are three staff members on night duty for 44 residents, the inspectors were not

assured that residents in the rest of the centre would be adequately supervised during an evacuation in another area of the centre.

The personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review. The inspectors reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required.

The premises was clean, fixtures and fittings were mostly found to be in good order and suitable for their intended purpose. However, decoration and painting was needed in some residents bedrooms areas of the centre as it was damaged/missing. The inspectors noted a number of residents chairs, mattress covers and some residents beds had signs of damage and were torn. Furthermore, the inspectors noted the statement of purpose was not accurate as a number of room measurements did not match the room areas indicated on the registered floor plans for the centre.

The layout of the ground floor was fit for purpose to meet the needs of resident in most areas. Notwithstanding this, the layout of two bedrooms which are registered as twin rooms did not meet the needs of the residents. For example, in bedroom six only one resident had access to natural light when the resident closest to the window had their privacy curtain closed.

Regulation 17: Premises

Inspectors observed that there was action required in some area of the centre to come into compliance with Regulation 17: Premises. The layout of areas of the designated centre did not meet the needs of the residents and a number of areas did not confirm to Schedule 6 of the regulations

Inspectors reviewed the statement of purpose and found that it was not accurate as a number of room measurements did not match the room areas indicated on the registered floor plans. This was evidenced in day space one, day space two, a dining room and a sun room.

In twin bedroom 6, the inspectors observed one bed was placed against a wall where the only window was located, access to natural light from this window was only afforded to one resident when the resident closest to the window had their privacy curtain closed. Bedroom 9 is registered as a twin room, on the day of the inspection only one resident was located in this room. This issue would also be applicable to bedroom 9 when it is occupied in the future with two residents.

While adequate numbers of communal toilet facilities were provided to meet residents' needs, there was only one communal shower facility available on corridor number two to meet the needs of 12 residents. The inspectors were not assured

that this facilitated all residents accommodated on this corridor to have a shower in line with their preferences and needs.

Some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

Decoration and painting was needed in some residents bedrooms areas of the centre as it was damaged/missing. This meant that these surfaces could not be effectively cleaned.

A number of residents chairs, mattress covers and some residents beds had signs of damage and were torn.

Some external areas did not provide suitable boundary security as they were not adequately fenced off from a neighboring dwelling. As a result, residents could potentially wander into these areas which were outside the registered designated centre.

Judgment: Not compliant

Regulation 28: Fire precautions

While significant fire safety works had been carried out by the provider, there were a number of additional fire risks identified that demonstrated the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

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

- In a store room, the inspectors observed oxygen cylinders were unsecured and lying on the floor. Warning signage was missing from the outside of the door to alert a person to the storage of oxygen in this area. In addition to this, the inspectors noted oxygen cylinders were located adjacent to an external fire assembly point and were not in a suitable protective cage.
- The inspectors noted a fire blanket located in a smoking area was undersized for its intended use, to douse a cloths fire.
- A fire door was propped open by a chair, which interfered with the closing mechanism. This resulted in the potential for fire and smoke to spread in the event of a fire. This was removed on the day by the person in charge.
- The inspectors were not assured in regard to the level of gas detection in the laundry area, as a gas detector could not be found. This could potentially result in a gas leak going undetected.
- In a hot press, the inspectors observed inappropriate storage of flammable items such as; card board boxes, an electrical fan and pieces of wood.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example, it was not clear where the external fire assembly points were located from two separate final fire exits. Externally, emergency lighting and directional signage was missing along some fire exit routes to direct and illuminate the route of escape in the event of a fire evacuation, particularly at night-time. Furthermore, a fire exit was indicated on the registered evacuation floor plans but it was not a designated fire exit.

The above risks identified could cause confusion and delays in the event of a fire evacuation and requires a review by the provider.

The provider needs to improve the maintenance of the means of escape and fire equipment. For example, in a kitchen, a protected means of escape was being used to store staff personal items and contained a locker, various pairs of shoes which could potentially create an obstruction in the event of a fire evacuation. Furthermore, the fire exit from this area was blocked by a chair. This could cause a delay in the event of a fire evacuation and requires a review by the provider. The chair was removed on the day by the person in charge.

While most of the fire equipment and systems were being maintained, the inspectors were not assured the emergency lighting system was being regularly serviced and maintained by a qualified technician as the quarterly servicing certificates were not available to the inspectors on the day.

Additional fire training is required in order to further support staff to protect residents from the risk of fire. For example, while all staff were up-to-date with fire safety training, from speaking to some staff, the inspectors noted staff were not fully knowledgeable on fire safety procedures to be followed in the event of an evacuation. Furthermore, some staff were not confident in using an evacuation chair when this was demonstrated to the inspectors. This could potentially create a risk to residents in the event of an emergency and a potential delay in evacuating residents in such circumstances.

Arrangements for containment of fire in the event of a fire emergency in the centre required improvement by the provider. For example, numerous attic access hatches and a internal window located between a store room and a residents bedroom/en-suite did not appear to be of the required fire rating to ensure sufficient containment measures for smoke and fire.

An external boiler room and an internal hot press had numerous penetrations through the fire-rated ceilings (ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. Furthermore, a 60 minute fire rated compartment door was missing some fire seals and did not close fully when released by the inspectors. This compromised the containment measures for smoke and fire to spread from this area in the event of a fire.

The provider needs to improve the arrangement for evacuating all persons in the designated centre and the safe placement of residents in the event of a fire emergency. For example, the inspectors were not assured that adequate staffing

resources were available during the night time hours to evacuate all persons in the designated centre. While there are three staff members on night duty for 44 residents, the inspectors were not assured that residents in the rest of the centre would be adequately supervised during an evacuation in another area of the centre. This combined with the sprawling layout of the centre, the resources required to evacuate the largest compartment of eight residents and requirement for a staff member to be available to meet the fire brigade in the event of a fire emergency.

Furthermore, from a review of evacuation drill records, the most recent evacuation drill was carried out in the existing designated centre in July 2022. This was not in line with the fire evacuation policy in place where it stated; a drill was to be carried out every 6 months.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0039471

Date of inspection: 04/05/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The roster has been modified to include scheduled protected hours each week for CNM clinical nurse management role including staff supervision.</p> <p>An additional staff member has been allocated to the night time staffing with immediate effect. This now takes the current night time staffing compliment to 4 staff in total. As soon as Area 5 (2 storey block) is re-registered and occupancy commences, there will be 2 nurses and 2 carers on night duty. Based on an occupancy of 64 residents:</p> <ul style="list-style-type: none"> • I am committed to providing 5 night time staffing in total. • Overall, based on whole time equivalents (WTEs), I will have 9 nurses, 1.7 CNMs, 1.0 (myself) PIC and 27.0 carers. In addition, I will have 1.0 maintenance person on duty with 24/7 emergency cover, 1.0 activities co-ordinator and 0.7 physiotherapist assistant. A 2 week roster for all the staff I am committing to utilise to meet the care needs of 64 residents will be furnished to HIQA. <p>The roster will identify non traditional caring hours spent on engaging with residents and providing personalised activities between the hours of 2pm and 4pm. This will be undertaken by 2 carers and the physio assistant specifically for those residents who don’t wish to engage in group activities or wish to remain in their rooms. I continue to deploy 2 day time nurses and 2 evening nurses every day. Responsibility for ensuring care plans for any resident with a history of colonisation with a multidrug resistant organism not having sufficient information to guide and direct care has been given to my senior CNM and I will be following up on this at clinical nurse meetings.</p> <p>On 23/2/2023 a fire drill was carried out by staff in the newly refurbished area in preparation for it’s opening. As this is not part of the registered designated centre it did</p>	

not fulfill our commitment to conduct 6 monthly fire drills with staff. Our fire instructor has corrected this error and will ensure going forward that our fire drills will only take place in the grounds of the area registered and will be taking place on a 6 monthly basis in line with our fire policy. These fire drills are available to see in the fire resource book at the nurse's station.

The fire audits will be amended to include checks for additional fire risks as identified within this inspection report compliance plan provider's response. Daily checks of means of escape continue to take place as well as weekly fire alarm drills. The cleaning and disinfecting procedure for the newly acquired hand hygiene sinks is documented and all cleaning staff have been made aware.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The architect has reviewed all rooms and an updated floor plan has been submitted to reflect all room sizes including dayroom 1 and 2, the dining room and sun room. The most recent SOP accompanies this document and is dated 12/7/23.

I acknowledge the layout of the rooms 6 and 9 mean that one bed is located by the window and the second bed is away from the window resulting in reduced natural light for the second bed from the window when the privacy curtain is drawn. I am making a commitment that if 2 people are to be sharing in rooms 6 or 9 that they would both be for short-term care only i.e. respite/convalescence. This has been included in the detail of my revised SOP.

While there is one shower room situated on corridor two, residents have access to shower rooms if required in Corridors 1, 2 or 3. The hygiene and showering needs of residents on corridor 2 has been re-examined to identify if there is a difficulty in meeting their showering needs and we are presently meeting resident's needs in this area. However, as with all areas of care we will continue to monitor to ensure we meet resident's needs in line with their will and preference.

Decorating and painting of fixtures and fittings continues on a programme of works in order of priority e.g. risk of infection, fire etc. A maintenance work schedule which includes checking for wear and tear of residents' chairs, mattress covers and beds has been established with built in review dates to ensure items identified as requiring repair or renewal are dealt with in a timely manner.

External areas in question are not accessible to residents as a general circulation area, however, fencing is being provided to an area leading to a garden which is not part of the designated centre.

A checklist schedule for each area of the nursing home has been drawn up to identify areas or items that require repair or replacement and this is being carried out on a priority time-line.

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

Regulation 28: Fire precautions

Not Compliant

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

An oxygen cage has been fitted externally and all oxygen cylinders are now located in this area which has cautionary signage clearly displayed above the storage area.

The fire blanket in question has been replaced with a suitably sized replacement as recommended.

All staff are trained in safe evacuation of residents' procedure in the event of a fire emergency and this training takes place annually. However, since the last inspection the fire training has been modified to include teach back scenarios during our weekly fire alarm drills to further educate and improve knowledge on fire safety procedures to be followed in the event of a fire.

Refresher training in the use of an evacuation chair has taken place for all staff and was completed by 30th June 2023.

Staff have been reminded of the importance of not blocking any exits which could potentially create an obstruction and cause a delay in any evacuation from this area. Each morning all exits are checked to ensure they are clear from obstruction. Staff are reminded of their duty to monitor for any hazards throughout each day.

The fire checks have been modified to include a checklist for any hazard that may be a risk for fire or hinder evacuation in the event of a fire.

The gas sensor (referred to in your report as a gas link box) is a sniffer valve which is located in the laundry and was shown to the Inspectors on the day. This has since been checked by a registered gas installer and is confirmed as being able to detect gas and continues to be in working order.

Fire assembly points now have directional signage where needed and emergency lighting has been fixed to illuminate all routes of escape.

The fire exit in question has been removed from the floor plan as it is not a designated fire exit and was marked as an exit in error.

The emergency lighting continues to be regularly serviced and maintained by a qualified

technician and the quarterly certificates have since been provided to the Inspectors. All fire sealing and the issue identified with the 60 minute fire rated compartment door have been completed.

As already detailed earlier in the compliance plan, an additional staff member has been allocated to the night time staffing with immediate effect. This now takes the night time staffing compliment to 4 staff in total.

The inappropriate storage in a hot press of cardboard boxes, an electrical fan and pieces of wood has been corrected and such areas will be incorporated into our fire safety checks.

On 23/2/2023 a fire drill was carried out by staff in the newly refurbished area in preparation for it's opening. As this is not part of the registered designated centre it did not fulfill our comittment to conduct 6 monthly fire drills with staff. Our fire instructor has corrected this error and will ensure going forward that our fire drills will only take place in the grounds of the area registered and will be taking place on a 6 monthly basis in line with our fire policy. These fire drills are available to see in the fire resource book at the nurse's station.

An internal window located between a store and a bedroom ensuite has been removed and is now a fire rated wall.

3 attic hatches have been replaced with fire rated attic hatches and there are a further 3 to be completed by mid August.

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.	Not Compliant	Orange	22/06/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	22/06/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	22/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	22/06/2023
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	22/06/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	22/06/2023

	including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	22/06/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	22/06/2023
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	22/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/06/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	30/06/2023

	event of fire, of all persons in the designated centre and safe placement of residents.			
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