



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Longford, Longford
Type of inspection:	Announced
Date of inspection:	08 February 2022
Centre ID:	OSV-0000466
Fieldwork ID:	MON-0034006

About the designated centre

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

St Joseph's Care Centre provides 24 hour nursing care for up to 65 residents of all dependency levels, male and female, predominantly over 65 years of age. The centre can provide care to a range of needs of various complexity including dementia care and cognitive impairment, acquired brain injury, palliative and palliative respite care. The centre is single storey and comprises of two buildings containing five units. There are communal rooms and internal gardens available to residents as well as a large chapel. The centre's philosophy and motto is to 'add life to years when you cannot add years to life' and aims to address the physical, emotional, social and spiritual needs of all residents with a holistic approach of empathy and kindness. The centre is located in Longford town within easy reach of nearby shops and restaurants. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Tuesday 8 February 2022	09:15hrs to 18:00hrs	Leanne Crowe	Lead
Wednesday 9 February 2022	10:15hrs to 17:00hrs	Leanne Crowe	Lead
Wednesday 9 February 2022	11:30hrs to 17:00hrs	Ann Wallace	Support
Tuesday 8 February 2022	09:15hrs to 18:00hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

From what residents said and from what inspectors observed, residents were happy with the care and services that they received within the centre. Residents were observed to be content and relaxed in the company of staff. While residents spoken with expressed satisfaction with the service, the inspectors found non-compliances in relation to fire safety and some aspects of the premises. In addition the inspectors found that consultation with the residents about planned changes in the centre needed to improve.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

An opening meeting was held with various members of the management team. After this meeting, the inspectors were guided on a tour of the premises. The designated centre has two single-storey buildings containing a total of six units. The maximum number of residents that can be accommodated in the designated centre is 65. A number of other community health services are provided on the same campus as the designated centre.

Efforts had been made to create a homely environment and many communal areas were observed to be nicely furnished and brightly decorated. Residents' rooms were warm and bright and were personalised with photos, ornaments, memorabilia and other possessions. However, inspectors observed that the seating in the communal sitting room on Padre Pio unit was institutional in style and layout, and therefore did not promote a homely environment with comfortable seating for the residents.

As part of an ongoing plan to upgrade the premises, the registered provider had previously closed Padre Pio in order to carry out necessary fire safety and refurbishment works. This has resulted in a number of residents being relocated from four-bed multi-occupancy bedrooms to single or twin bedrooms in other areas of the building. Now that the works had been completed, these residents were due to return to their original rooms. While several residents spoken with confirmed that they were aware of this plan and were excited to be returning to Padre Pio, a small number of other residents voiced confusion or dissatisfaction with the planned relocation. The registered provider was unable to provide evidence of formal consultation with each resident and/or their representatives. Therefore inspectors were not assured that all residents impacted by these changes were appropriately consulted with, or that residents' choices were being respected in relation to those who did not wish to move back into multi-occupancy rooms.

On both days of the inspection residents were observed to be appropriately dressed and groomed and seemed to be content and relaxed. Residents' privacy and dignity

was promoted by staff. Inspectors observed staff knocking on residents' bedroom doors before entering and greeting the resident by name in a friendly manner before offering them assistance.

Inspectors spent time in communal areas observing interactions and found that staff had a good knowledge of residents' preferences, interests and their life histories. Staff were observed to chat pleasantly with residents about their lives. One-to-one resident activities were observed throughout the inspection such as singing, hand massage and aromatherapy. Groups of residents also participated in music therapy and were observed to enjoy this immensely.

Residents were offered a choice regarding the food they ate and where they wished to eat their meals. For example, residents could choose to eat in their bedrooms or in the dining areas. Residents appeared to enjoy their meals and received sufficient assistance from staff.

Visiting was being facilitated in line with the most current guidelines at the time of the inspection. Visitors were observed meeting with the residents in their bedrooms and confirmed that they were satisfied with the procedures in place regarding visiting. They spoke positively about the care their loved ones received and the level of communication from staff regarding any change in a resident's condition.

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

Capacity and capability

While several aspects of the service had improved since the previous inspection, the management and oversight of the required improvement works was not robust and as a result ongoing non-compliances in relation to fire safety, premises and residents' rights had not been addressed. Additionally, the registered provider, the Health Service Executive (HSE), had breached a condition of the designated centre's registration.

A restrictive condition had been placed on the centre's registration by the Chief Inspector in 2021 which required the registered provider to carry out fire safety works as outlined in the provider's own fire safety risk assessment of 2021. These works were due to be completed by 31 December 2021. At the time of this inspection these works were well advanced and had been signed off by a competent fire consultant, however, the fire safety risks in St Therese's unit had not been addressed and residents were still accommodated in the unit on the days of the inspection. The manager representing the provider entity was aware that the works had not been completed and informed inspectors that this decision had been taken because the unit was due to be permanently closed when the other two units were

registered.

This failure to carry out the required works posed a significant risk to the safety of the residents who had been living in this unit for a number of months and demonstrated a breach of the designated centre's registration. The provider was required to put additional fire safety measures into place and to relocate the residents to alternative units in the designated centre where the required fire safety works had been completed. These actions were completed by the provider in the days immediately following the inspection.

This was a short-notice announced risk inspection which was carried out to inform the provider's application to vary their current conditions of registration following the extensive works that had been recently completed. The registered provider was making significant changes to the layout and configuration of the centre on a phased basis. For this phase, the provider was registering Padre Pio unit and a new unit in the centre, Our Lady's Unit 2. The new unit was intended to be used to isolate residents who, in the event of an outbreak of COVID-19, were confirmed to have contracted the virus.

There was a clearly defined management structure in place, with each person demonstrating an understanding of their roles and responsibilities. There were established systems in place to appropriately monitor and maintain oversight of the service. For example, governance meetings and nursing management meetings took place on a regular basis, as did meetings in relation to falls management, medication safety, infection prevention and control, quality and safety and activities. Minutes of these meetings were available for review. A programme of audits was in place which assessed compliance with key clinical areas as well as other aspects of the service. The service's annual review for 2021 had been drafted.

The inspectors found that there was a sufficient number of appropriately trained staff on duty to meet the needs of the residents. While there were some vacancies at the time of the inspection, work was ongoing to fill some of these roles and further recruitment campaigns were also planned.

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place, and staff were up-to-date with their

training in moving and handling practices, infection prevention and control, fire safety and the prevention, detection and response to abuse. All actions from the previous inspection in relation to training and staff development had been addressed.

Judgment: Compliant

Regulation 23: Governance and management

The governance and oversight of the designated centre was not robust. The registered provider was found to be in breach of a restrictive condition of their current registration as they had failed to complete the scheduled fire safety works or to adequately mitigate the known fire safety risks in one unit where residents were being accommodated. This posed a serious risk to residents' safety.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was an up to date statement of purpose which included the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the centre's policies and procedures were up-to-date and were made available to the inspectors. A number of policies had been updated, addressing the actions from the previous inspection.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents were receiving a good standard of care and service. However, improvements were needed to ensure that residents' choice was appropriately promoted and that residents were adequately protected

from risks in relation to fire safety and infection prevention and control. Residents would also benefit from access to suitable outdoor areas in Our Lady's Units 1 and 2.

The inspectors observed that the residents were comfortable throughout the inspection and that staff respected their privacy and dignity. A programme of activities were provided by the centre's staff and external service providers. Many residents were observed enjoying activities on the days of the inspection, including music therapy, massage, aromatherapy and hand massages. The centre had also held a number of larger group activities in the recent months such as music concerts, garden parties and a Christmas party. Inspectors were assured that appropriate precautions such as social distancing and wearing of masks were taken as the centre started to resume its group activities. Some residents were also facilitated to receive social care from external services, such as a day care centre that was located on the hospital campus. However inspectors also found that access to specialist therapies and activities had not been reinstated for some residents in line with their care plan.

Inspectors found that overall, the design and layout of the premises was suitable for residents. However, there were no suitable outdoor areas accessible from those residents accommodated on Our Lady's Units 1 and 2, which was not in line with regulatory requirements.

There was a variety of communal spaces available in each unit, as well as a large chapel that was accessible to all residents. There were also sufficient sanitary facilities for residents throughout the centre. Residents were accommodated in mostly single or twin bedrooms, but those relocating to Padre Pio unit would be accommodated in four-bedded multi-occupancy rooms. These rooms were found to be large and provided sufficient space for each resident to have store their personal belongings and have a comfortable chair beside their bed. Privacy curtains were in place so that residents could carry out personal activities in private, however the curtains did not provide privacy from sounds and smells in the room. There were plans to install a ceiling hoist system throughout Padre Pio Unit in the near future. This would reduce the need to use portable hoists and would further promote the privacy and dignity of the residents. The inspectors were assured that these works would be discussed with the residents in each room and that they would not be carried out in a manner that would negatively impact on residents.

Residents were encouraged and supported to optimise their independence where possible. A positive approach to restrictive practice was apparent, with staff actively working to reduce the use of restraint in the centre. For example, a falls committee had recently been established and recommendations from these meetings had resulted in two residents ceasing their use of bed rails. There were also plans to incorporate training on the use of restrictive practices in this year's training programme for the centre. The centre's restraint register was comprehensive and evidenced that any use of restraint, such as bed rails or lap belts was informed by the appropriate assessment and subject to regular review.

A number of residents exhibited responsive behaviours (how people with dementia

or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The majority of staff had completed training in the management of responsive behaviours and during the inspection the inspectors observed staff appropriately supporting residents who became agitated or displayed responsive behaviours.

The centre had systems to support infection prevention and control practices. A nursing manager had been appointed as a link practitioner for infection prevention and control, who had completed training in various areas such as antimicrobial stewardship. An infection prevention and control committee had been established and met on a regular basis. A suite of local policies to promote infection prevention and control had been developed since the previous inspection and staff had completed training in hand hygiene and the use of PPE. Whilst the centre was relatively clean throughout, a number of improvements were identified in terms of environmental hygiene.

From a fire safety perspective, the new extension to Our Lady`s Unit 2 was designed and constructed in a manner that afforded residents and staff with alternative escape routes and sufficient exits. Externally the escape routes were adequate and free from obstruction for means of escape in the event of a fire emergency.

On Padre Pio Unit, inspectors noted a designated fire exit from a dining room that lead into an enclosed garden had a gate that was locked. This could potentially result in residents having to re-enter the building in the event of a fire emergency as they would not be able to escape from this area.

The inspectors were unable to establish if the newly-fitted bedroom door closers were fully operational once the fire alarm was activated due to the door closers not having a power supply on the day of inspection.

With the exception of works in St Therese's Unit, confirmation regarding the completion of the above outstanding items was submitted in writing of the Chief Inspector by a competent fire safety consultant following the inspection.

The provider had completed the required fire safety improvement works on all units except St Therese's unit. As discussed above St Therese's Unit was planned to permanently closed by the provider following the inspection, once the other units were successfully registered.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks; these were completed and up-to-date. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill evacuations.

Regulation 11: Visits

Visits from residents' friends and loved ones were facilitated in line with the current guidance from Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 12: Personal possessions

An action from a previous inspection had been addressed. There was now a system in place to facilitate residents to access their money at weekends, should they wish to.

Judgment: Compliant

Regulation 17: Premises

Overall the inspectors found that the design and layout of the premises had improved since the last inspection. However, the following issues were identified:

- Padre Pio Unit was not ready for occupancy on the first day of the inspection. Items of personal storage and furniture were not in place and privacy curtains had not been installed in all rooms.
- A suitable and accessible outdoor space was not available for residents in Our Lady's Unit 2
- While an outdoor space was adjacent to Our Lady's Unit 1, this area was not secure and led out into the car park with passing traffic entering and leaving the car park. In addition the area was not appropriately laid out for residents' use with adequate outside seating and items of interest.
- Tiling in a bathroom in Padre Pio Unit was damaged and missing in parts
- The seating and furniture in Padre Pio's day room was functional and institutional in style and not in keeping with the homely setting featured in other units.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy and risk register was available for review and complied

with the legislative requirements. All actions from the previous inspection had been addressed.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that although there were some good practices in relation to infection control at the centre, the following areas required improvement:

- A number of storage rooms throughout the centre were cluttered, preventing effective cleaning
- A handwash sink in a sluice room was visibly dirty
- Staff were observed walking through the laundry facilities with bags of waste, in order to dispose of them in the waste management area directly outside the laundry. This posed a risk to infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While significant fire safety works had been carried out in the designated centre, improvements were required in relation to the identification and management of fire safety risks.

A large store room contained oxygen cylinders and the cylinders were not adequately secured in place. The room contained various combustible items and the storage arrangements were not in line with the provider's oxygen storage policy. Furthermore staff were relied upon to ensure a window was left open to ensure the room was always ventilated. While action was taken during the inspection to address the above issues identified by the inspectors, a review of storage for all oxygen cylinders within the centre was required by the provider. A room designated for residents whom smoke did not contain a fire blanket. Inspectors did note that one was available outside the room, however it was found to be undersized for its intended use.

Adequate arrangements for reviewing fire precautions were not in place. For example: floor plans in some areas of the centre had not been updated to reflect the current layout. Furthermore, the registered provider had breached a restrictive condition in relation to Regulation 28 Fire Precautions as a resulting of failing to complete fire safety works. This posed a serious risk to residents' safety and had not been sufficiently mitigated against by the registered provider.

Inspectors were not assured that the provider had made adequate arrangements for

maintaining the building fabric. For example; a service duct that spanned between multiple fire rated construction walls had a large crack that was in need of repair to maintain the fire integrity. Inspectors also observed service penetrations at an electrical cabinet thus potentially breaching the fire resistance in that area.

Inspectors were not assured that adequate means of escape, including emergency lighting were provided. For example; a garden gate at the end of an external escape route from a dining room was locked. Inspectors also noted that exit signage above a compartment door was not illuminated. Escape routes should remain easily accessible and adequately illuminated at all times to ensure residents and staff are able to escape quickly in the event of a fire.

Containment measures in place required a review as inspectors observed deficiencies in compartment fire doors and a number of bedroom fire doors which could lead to serious consequences for residents in an emergency. For example; a compartment door did not close when released and an intumescent seal was poorly fitted to a fire door. Inspectors also noted fire doors were missing door closers, had inadequate ironmongery and there was uncertainty in respect of the fire rating of some doors to bedroom areas in St Therese`s Unit.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioner (GP). Residents also had access to a range of allied health care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were measures in place to support residents who exhibited responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The were good systems in place to appropriately safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

While the majority of residents had access to a programme of activities that were in line with their interests and capacities the inspectors noted that not all those residents who had accessed specialist therapies and services prior to COVID-19 had resumed these activities and services in line with their care plans.

Following the completion of the fire safety improvement works, it had been planned to return residents to the unit they had previously been accommodated in. While some residents spoken with on the day of the inspection confirmed that they were looking forward to this move, other residents indicated that they were not aware of the planned relocation and had not agreed to relocate. As a result inspectors were not assured that all residents and/or their representatives were appropriately consulted with during this phase of the planned move and that consent have been sought in relation to each move.

There were not sufficient televisions available for residents in the multi-occupancy rooms in Padre Pio unit to ensure that residents could choose what programmes they wanted to watch.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Joseph's Care Centre OSV-0000466

Inspection ID: MON-0034006

Date of inspection: 09/02/2022

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>Residents of St. Therese's has been relocated to other units within the centre following consultation with residents and their families. 12/02/2022</p> <p>St. Therese's is officially closed as residential unit since 15/02/2022.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A suitable and accessible outdoor space has been identified for OLU2. <p>Expected date of completion: 15/09/2022</p> <ul style="list-style-type: none"> • Accessible outdoor space in OLU1 is due for an upgrade to ensure adequate outdoor seating and items of interest. In the meantime, garden furniture from St. Therese's were transferred to OLU1 outdoor space such as table & chairs (with parasol) and planters. <p>Expected date of completion: 15/09/2022</p>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

- The storage in the centre is currently being reviewed to ensure sufficient storage space to meet the needs of the service.

Expected date of completion: 31/10/2022

- Hand wash sink in Sluice Room has a Schedule of Cleaning in place in order to ensure compliance from with Infection Prevention Control. Date completed: 10/02/22

- Direct access to outside Waste Management Area has been identified to provide an alternative route to external waste management area. Expected date of completion: 31/10/2022

As an interim measure staff have been directed to use alternative route to prevent entry via laundry. The 3 long stay residential units each have access to a separate Waste Management area.

Regulation 28: Fire precautions

Not Compliant

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

- The arrangements for reviewing fire precautions have been reviewed and updated. Porcedures for the identification and management of fire safety risks are outlined in the centre's Fire Safety Policy.

- The storage and location of oxygen cylinders has been reviewed to ensure they are suitably located.

- Floor plans have been updated and are in place throughout the centre to show the designated escape routes in the event of an emergency to reflect the current layout of all areas.

- There is a system of daily, weekly and monthly fire safety checks in place to review both operational and infrastrucutral fire safety precautions.

- A fire safety consultant has completed an assessment of the fabric of the building and fire safety certification has been submitted to HIQA to confirm all works have been addressed in full based on the fire safety risk assessment undertaken by the fire safety consultant. All fire safety concerns identified during the inspection have been addressed.

- Fire detection and alarm systems are checked on a routine basis and all fire fighting and dection equipment is serviced routinely by a contracted fire safety specialist.

- Designated Smoking Room St Therese – Decommission due to Unit Closure.

- Additional External smoking areas have risk assessments in place incorporating use of Fire Retardant aprons/ blanket which are available for residents who wish to smoke. Completed.

- A proposal to 'de-classify as a fire escape route' the external door from the Padre Pio dining room to an enclosed garden has been submitted to an appropriate fire authority and is currently awaiting approval. The PIC and HSE fire safety consultant have submitted additional information as requested by the local Fire Services Officer. In the meantime regular Fire Drills are taking place ensuring that all staff are aware of primary and secondary routes identified for safe fire evacuation.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents who had access to specialist therapies and services prior to COVID 19 are in the process of having such services reintroduced. In line with appropriate risk assessment and public health guidance therapist /PA services will be restored. Residents have had additional onsite therapies during COVID such as individual and group music therapy sessions. <p>Expected date of completion: 30/06/2022</p> <ul style="list-style-type: none"> • Designated Activities staff are now in position in long stay units to support activities provision for all residents. Completed. • Re: Padre Pio Unit. The Management team wish to confirm that any resident wishing to have an individual TV within a multi occupancy room has a TV made available. Headphones are also made available in order to minimize disruption to other residents sharing a room. However consultation has begun in terms of feasibility /installation ceiling suspended TV's at each bed. Additional TVs will be installed in all areas identified as. <p>Expected date of completion: 31/10/2022</p> <ul style="list-style-type: none"> • There are plans being progressed for a new build comprising of 43 single bedrooms. This will result in reduction of multi occupancy rooms and ensure an enhanced physical environment for residents in terms of privacy. Presently all multi occupancy bedrooms have access to ensuite facilities and the installation of overhead hoists in bedroom areas will further support staff in ensuring the privacy and dignity of residents . • The procedures for engaging, consulting and obtaining consent from residents are reviewed on an ongoing basis and include both one to one and group meetings. Consultation and obtaining the views on the quality and safety of care, consent and opinions of residents is tailored to meet their individual needs. Resident surveys are completed and an annual report on the quality and safety of care is developed and available for residents and their next of kin. Resident meetings are documented and phone calls to families are recorded in the communication section of the care plan 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	15/09/2022
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	15/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/10/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022
Regulation 9(2)(b)	The registered	Substantially	Yellow	30/06/2022

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Compliant		
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2022
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	15/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	11/05/2022