



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

## Issued by the Chief Inspector

Name of designated centre:	St Vincent's Hospital
Name of provider:	Health Service Executive
Address of centre:	Woodstock Street, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0000520
Fieldwork ID:	MON-0040554

## About the designated centre

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

St Vincent's Hospital is located on the fringe of the busy town of Athy and was originally built in 1844. The original building (which is a listed/protected structure) is no longer used for resident care activities but accommodates the nursing management, hospital administration and clerical teams. It also includes the day care unit, allied health care, primary care teams and the staff/visitors restaurant and hospital chapel. The centre is spread over a large campus and can accommodate up to 82 residents. Residents are cared for in pre-cast buildings dating from the 1970s, which are attached to the old hospital building by link corridors. These buildings comprise of single and twin, and triple-bedded rooms, some of which have en-suite facilities. All accommodation is on the ground floor level, with direct access from each unit to the original hospital building and to the grounds. The gardens are spacious and well maintained, with seating for residents and their visitors. Other areas include day rooms, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry and ample parking space provided for residents and visitors. According to St. Vincent's Hospital's statement of purpose, the centre aims to provide a warm, welcoming, safe, respectful and caring environment for all residents entrusted to their care. The centre's primary objective is to provide a comprehensive multi-disciplinary service that will effectively address and meet the identified needs of all residents living there. It provides respite and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age.

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

Number of residents on the date of inspection:	73
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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 20 July 2023	09:55hrs to 19:30hrs	Helena Budzicz	Lead
Thursday 20 July 2023	09:55hrs to 19:30hrs	Manuela Cristea	Support
Thursday 20 July 2023	09:55hrs to 19:30hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

Overall, there was a pleasant atmosphere in the centre, and residents were relaxed and comfortable in their surroundings. Inspectors were informed that staff working in the centre organised a multicultural day on the day of inspection, and inspectors saw that staff were wearing their national clothes from their countries and were seen singing national and other familiar songs and positively engaging with residents. Residents were singing along and enjoying the happy laughter and banter with other residents and staff on the day of the inspection. Residents reported that they felt very happy and enjoyed the programme. They complimented the staff working in the centre and said that the staff were committed to their care. Although the care and welfare of the residents were adequate, further improvement was required to ensure full compliance with the regulations, specifically in the areas of fire safety and governance and management, which will be discussed further in the report.

Residents who were not able to attend the programme prepared by staff were seen to enjoy the activities in the units, with plenty of friendly conversation and playing games, with good-humoured fun happening between residents and staff. The inspectors also observed staff carrying out one-to-one activities with residents who chose to stay in the bedrooms throughout the day.

Residents had access to local and national newspapers, televisions and radios in their bedrooms and the communal areas. Residents' meetings were held regularly, which provided opportunities for residents to express their opinion on various aspects of care and life in the centre. Information about advocacy services was available in each unit for residents.

The inspectors observed the lunchtime meal and saw that it was a calm and pleasant experience for residents. Residents were sitting in the dining room or their bedrooms and were seen chatting together and enjoying their meals. Inspectors saw that meals were served hot, and residents' meals appeared appetising and wholesome. Modified diets were also available, and these were well-presented. There were sufficient staff available to assist residents with their nutritional needs. However, inspectors observed some staff members standing beside the residents while helping them with their meals, and such practices did not uphold the residents' dignity to receive assistance in a discreet and supportive manner. Another area for improvement identified was in respect of ensuring residents' choices as to how they would like their food to be served were upheld at all times. For example, in some units, although a choice of white and gravy sauce was available, the inspectors observed that staff poured the sauce directly onto the plate to be served to the resident without asking whether the residents wished to have it or the type of sauce they liked.

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

affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The inspectors found that St Vincent's Hospital was a well-managed centre where residents were supported and enabled to live a good quality of life. This was an unannounced risk inspection carried out by inspectors of social services and the specialist estates and fire safety inspector to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in July 2022 and to follow up on the application to vary Condition 4 of the centre's registration submitted by the provider seeking an extension date to complete fire safety works.

The findings of this inspection were that the provider had taken a number of actions to address the issues found on the previous inspection. Although inspectors acknowledged that the provider was progressing with a compliance plan to improve the quality and maintenance of the premises and fire safety, some of the actions outlined in the last compliance plan were still outstanding. The provider had failed to comply with Condition 4 of the registration in respect of ensuring all the red and orange rated risks in the provider's own fire safety risk assessment would be completed by 31st March 2023. Although the restrictive condition attached to the centre's certificate of registration clearly identified the actions required, inspectors were informed on the day of inspection that funding had only been approved to address the red-rated fire risks and that, at the time of inspection there were no confirmed funds to address the orange rated risks. The provider is now required to direct significant focus and resources towards improving the centre's fire safety as outlined under Regulation 28: Fire precautions in this report.

The registered provider of St Vincent's Hospital is the Health Service Executive (HSE). There is a clearly defined management structure in place, and both staff and residents were familiar with staff roles and their responsibilities. The person in charge worked full-time in the centre and was supported by the assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities coordinators, housekeeping, laundry, catering, administration and maintenance staff.

Inspectors observed that there were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. There was an ongoing schedule of training in the centre, and management had good oversight of staff members' training needs according to their roles and responsibilities.

There was a schedule of clinical and non-clinical audits in place in the centre to

monitor the quality and safety of care and services provided to residents. Audits were objective and identified improvements. Notwithstanding the arrangements in place to oversee the care and welfare of the residents, failings to progress the actions required as per the provider's compliance plan and registration conditions are further addressed under Regulation 23: Governance and management.

An annual review of the quality and safety of care delivered to residents has been completed for 2022. Inspectors saw evidence that this review had been prepared based on the feedback received from residents and their families.

### Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken appropriate training according to their roles and responsibilities. The inspectors were informed by the management team that staff appraisals were planned to commence in September 2023.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents available, which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place were not effective to ensure that the registered provider complied with their registration conditions.

Commitments given to the Chief Inspector following the inspection of August 2022 were not met, and an application to vary Condition 4 on the centre's registration was received with a delay of more than three months. The provider's application to vary this condition was vague and inadequate and provided no assurance that the provider had an appropriate and timely plan to address outstanding issues, all of which were described as being subject to funding and contractor availability. Furthermore, there had been no funds allocated to achieve the requirements of this restrictive condition in terms of addressing the orange-rated fire risks as identified in the provider's fires safety risk assessment dating as far back as September 2021 and updated in August 2022 and at the time of inspection there was no confirmed plan in place to address these risks, despite this condition having expired on 31st of March 2023.

Inspectors identified that oversight and commitment to allocate resources to bring the centre into compliance with Regulation 28: Fire precautions were not adequate.

Management systems were in place to provide oversight of the quality and safety of the service; however, fire safety systems required full review and an immediate action plan was issued to the provider on the day of inspection as further detailed under Regulation 28: Fire precautions.

Judgment: Not compliant

### Regulation 30: Volunteers

There were no volunteers involved on a voluntary basis in the designated centre.

Judgment: Compliant

### Regulation 32: Notification of absence

The registered provider was aware of the statutory requirements stated in the regulation that they should inform the Office of the Chief Inspector of Social Services in writing in the event of the proposed absence of the person in charge from the centre.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspectors were assured on the day of the inspection that the provider was



aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the centre. The centre had arrangements in place for the person who would deputise in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Overall, residents in St Vincent's Hospital were provided with good standards of nursing and health care in line with their assessed needs. There was a person-centred approach to care, and residents' well-being and independence were promoted. However, improvements were required in the documentation relating to residents' transfer letters, premises, residents' rights and fire safety precautions.

Overall, the designated centre was well laid out on the ground floor level to meet the needs of residents. Although the provider had made improvements to the lived environment for residents in the centre since the last inspection, the inspectors observed that some actions from the last compliance plan were not completed as discussed under relevant regulations in this report.

Upon return from the hospital, a discharge letter and relevant documentation were received and filed in the resident's individual record. However, the copies of the documentation completed for the temporary discharge of a resident to the hospital were not available on the day of the inspection.

Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. However, some actions were required to ensure that all residents' rights to privacy and dignity were respected and to eliminate task-orientated practices and that residents could avail of choices at all times where required, as discussed under Regulation 9: Residents' rights.

The central area of the centre, off which the individual units were accessed, did not have resident bedroom accommodation. Nonetheless, they were part of the registered centre and had inherent fire safety risks. These areas were not within the scope of the fire safety risk assessment and were not considered within the programme of fire safety works.

Owing to inadequate means of escape and fire safety risks, the chapel area was not available for resident use. There was no plan in place to address the fire safety deficits in the chapel and therefore return the chapel to residents' use in the immediate future.

Since the previous inspection, new fire compartments have been installed in each unit. Upgrades had been carried out to fire doors, and external pathways had been laid to enhance the external escape routes. High-risk rooms with electrical panels

were appropriately kept free of storage.

### Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

### Regulation 13: End of life

Residents' end-of-life care needs, wishes and preferences were assessed and reviewed as part of the overall care plan review process at intervals not exceeding four months. End-of-life care plans were developed following a holistic assessment of the resident's physical, emotional, social, psychological and spiritual care needs. Detailed palliative care plans were also in place when the resident was approaching their last days.

Judgment: Compliant

### Regulation 17: Premises

There were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- While some renovation of the premises was completed, some floors and walls remained damaged. The floor covering in the bathroom was lifting in some

areas, and this is an outstanding issue from the previous inspection.

- The drainage in some of the shower corners was not adequate.
- The storage in the centre required review. Inspectors observed incorrect storage practices for clean linen on the day of the inspection. For example, the clean laundry bags were stored against the dirty linen in the sluice room.
- The water supply to a sink in a sluice room was a dribble and not adequate to support effective hand hygiene.
- The outdoor furniture in some units was observed to be damaged and required some refurbishment or upgrade.
- The external fabric of the building was in poor condition in some areas. For example, the timber fascia and soffit were degraded.
- The door closer to a secure store did not close the door against the latch; this meant that a medicines trolley and records might not be safe and secure.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Inspectors observed that there was an adequate number of staff available to assist residents with their nutritional needs at meal times.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide contained all the relevant information specified in the regulation, such as a summary of services and facilities and the procedure for making complaints.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Copies of transfer letters for occasions when residents were temporarily transferred to the hospital were not available on the day of the inspection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Under this regulation, the provider was required to address an immediate risk that was identified on the day of inspection. The valve on two oxygen cylinders was open, which meant that the flow of oxygen was on, creating a risk to residents. The manner in which the provider responded to the risk on the day of the inspection did provide assurance that the risk was adequately addressed.

Notwithstanding the work completed since the previous inspection to address the immediate red-rated fire safety risks, there were outstanding orange-rated fire safety risks in the centre, with no time-bound plan for when they would be addressed.

Improvements were required by the provider to ensure adequate precautions against the risk of fire:

- The arrangements for residents who smoke were not adequate. There was no call bell to summon help, nor was there appropriate safety equipment provided.
- The arrangements for the storage of oxygen were not adequate. Oxygen cylinders were being stored in open cabinets on escape corridors.
- There were some gaps in the records for the in-house fire safety checks.
- The inspection of the electrical installation was not yet carried out.
- The closing force on some fire doors was excessive and may cause injury.

Action was required to ensure adequate means of escape:

- Some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure a safe escape to the assembly points.
- The external gates were not easy to open; some were catching on the ground.

The arrangements for maintaining fire safety equipment were not adequate:

- The swing-free automatic door closer device was loose on a bedroom door.
- Some fire doors did not close when the fire alarm was activated.
- While the emergency lighting system was being serviced at the appropriate intervals, the annual certificate, which verified that the system was free from fault was not available; instead, a report highlighting deficits was issued to the provider, and these had not been actioned.

The measures in place to contain fire were not adequate:

- Notwithstanding the work already completed to improve fire doors in the centre, deficits with fire doors were still impacting the containment of the fire.

The fire doors in the newer section of the St. Josephs's unit had gaps where locking devices interrupted the heat and smoke seals, creating excessive pathways for the spread of fire and smoke.

- The outstanding passive fire safety containment measures identified in the provider's own fire safety risk assessment were not yet complete.
- Fire risk rooms in the activities and day care unit did not have adequate fire containment.
- Doors to high-risk areas were not effective fire doors in the ancillary central area of the centre.

The measures in place to safely evacuate residents and the drill practices in the centre required action:

- While simulated compartment drills were practised, it was determined during the inspection that they did not reflect the new fire compartment boundaries. Staff members were knowledgeable about the evacuation strategy; however, they were not furnished with up-to-date information regarding the new fire compartment boundaries.

The drawings displayed to support the evacuation strategy reflected incorrect boundaries for horizontal evacuation. There were inconsistent and varying types of evacuation drawings displayed, which would lead to confusion if relied on to inform the evacuation strategy.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacy service on-site, and the pharmacists participated in regular reviews of the residents' medications. Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked appropriately and correctly.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's privacy and dignity rights and a right to a choice were negatively impacted by the following:

- Inspectors observed that some bedrooms' doors were missing the privacy screens.
- The curtains in the twin-occupancy bedrooms in St Josephs's unit were not large enough to provide privacy for the residents.

- Inspectors observed that not all residents were avail of choices during dinner time; for example, in a few instances, staff members did not offer choices of sauces to residents but poured them onto the meal without asking.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Vincent's Hospital OSV-0000520

Inspection ID: MON-0040554

Date of inspection: 20/07/2023

## 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> <ul style="list-style-type: none"> <li>• Review of the current governance and management systems to generate an action plan to ensure that the registered provider complies with their registration conditions relating – Completion by 31/12/23</li> <li>• On the day of inspection 20th July 2023 orange rated fire works risks were competed in St. Joseph’s unit - Completed</li> <li>• Funding has been secured to address the orange rated fire risk in Our Lady’s Ward with a timebound plan. Completion by 31/12/23</li> <li>• Funding application for the remaining units (Holy Family, St. Annes and Le Cheile units) has been submitted for consideration under the HSE’s Major Capital Plan. The outcome of same is expected at end of September 2023. As an interim solution the Registered Provider plans to progress the works through the annual Minor Capital submission process pending the outcome of Major Capital funding allocation process. This has been the funding channel utilised by the Registered Provider to complete fireworks in the previous 12 months - Phase one fireworks in 2022 and St. Joseph’s fireworks in 2023</li> </ul> <p>Action plan issued to the Provider on the day of inspection relating to Regulation 28: Fire Precaution was review by management and a project plan developed by management to delivery on same. See further details on compliance outlined for regulation 28 below. Completion date by 30/09/24</p> <p>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.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Audit of the premises with a particular focus on floors and walls with the intention of having these repairs. Completed by 30/09/24</li> <li>• Clean laundry bags are now stored with the clean linen in the designated clean linen room. Completed</li> <li>• Water supply to the handwashing sink in SJW sluice has been enhanced with valve replacement to sink and water flow output strong. Complete</li> <li>• Outdoor furniture has been audited and damaged furniture has been either marked for refurbishment or discarded as appropriate. New low maintenance ecofriendly furniture has been ordered to replace discarded items. Items to be refurbished will be completed by 31/03/2023.</li> <li>• Maintenance have commenced a schedule of work for external fabric of the building giving attention to the external façade of the building. Completed by 31/11/2023</li> <li>• Maintenance to review and address door closer issue in St. Anne’s unit. Completed by 31/11/2023</li> </ul>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> <li>• Communication given to all nursing staff that when transferring a resident to another facility a copy of the transfer form must be filed in the residents care record. Communication process is via team meetings and safety pause</li> <li>• Transfer policy and procedure to be updated to include this. Completion date by 30/12/2023</li> </ul>	
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"> <li>• Call bells installed on all units in the designated smoking area. Portable call bell also available on the unit for resident to bring with them if required. Fire aprons available and offered to resident who smoke. Fire blanket to be installed in all designated smoking areas. Signage to indicate where the nearest fire extinguishers are located, and it identify area as designated smoking area to be installed. Metal ashtrays currently being sourced and installed. Policy, procedure and supporting documents to risk assess and safely manage residents who smoke to be updated. Completion date 31/12/2023</li> </ul>	

- Oxygen cylinders are currently located to the duty room on each unit. Completion date 31/12/2023
- Local management review of in house fire safety checks folder on each unit to ensure standardize practice across the centre. Once completed this will be supported with clear communication on all staff roles and responsibility around fire safety checks and recording of same. Fire policy and procedure to be updated to reflect same. Completion date by 31/12/2023.
- Review and enhance the level of training to reduce existing evacuation times – Completion date by 31/12/2023
- Additional fire training session to be provided for staff which captures revised compartment boundary lines in support of reducing evacuation times - Completion date by 31/12/2023.
- HSE Fire Officer to complete additional site surveys and fire evacuation notices are currently being updated and improved to incorporate: revised compartment boundary lines, exit routes, fire protection equipment, fire alarm manual call points and all relevant text - Completion date by 31/12/2023.
- External contractor to review and scope out works required to enable the emergency lighting system to be certifiable on an annual basis – Completion date by 30/09/24
- Audit of all fire doors has been completed and escalated to maintenance and masterfire. Adjustments are currently underway to correct same. Communication to all staff via team meetings regarding the importance of reporting any issues with fire and secure doors. Completed by 30/09/2023
- Upgrade work of lighting on external escape routes to be scoped and implemented Completion by 31/03/23
- External gates have been reviewed and modifications made to ensure ease of opening if required. Completed by 30/09/2023
- The swing free automatic door closer device loose on a bedroom door. Completed the day of inspection
- External contract completed remediation works on fire doors to ensure subject doors close fully further in receipt of signal fire detection alarm. Completed
- Letter from external contractor confirming fire doors installed in the new pod in SJW meet the fire safety regulations as required. Completed
- The outstanding passive fire safety containment measures identified in the provider's own fire safety risk assessment will be completed in the next phase of works. Targeted for completion 31/12/24
- In consultant with the HSE fire Officer increase the frequency of fire safety inspections

through the centre with consideration of activities, day care and ancillary central area to reduce fire risk. Ongoing

- All compartment doors now have a sign on them to indicate that they are compartment doors. Completed
- The newly configured compartment boundaries have been incorporated into the revised fire evacuation plans which will be displayed in each compartment. Completed by 31/09/2023

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"><li>• Review and action plan to be generated to address any deficit on all bedroom door screens and blinds checking. Once completed the supplier will be asked to replace missing screens. Completion date by 31/12/2023</li><li>• Review of curtains in the twin occupancy room in SJW and safety pause with all household staff to reiterate the importance of making sure the curtains are the correct fit when replacing them. On the agenda for clinical staff to report immediately any issues with curtains and privacy screens that may compromise the resident's safety and privacy. Ongoing</li><li>• Choice of gravy/sauce for residents discussed at unit meetings, awareness campaign action across the unit to remind all staff to offer choice in all areas and highlighting this example as an area for improvement in practice. Plan also to include this issue in nutrition audit. Completion by 31/12/2023</li></ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/09/2024

	consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/12/2023
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	30/09/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant	Orange	31/03/2024

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2023
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	31/12/2023
Regulation 28(3)	The person in charge shall	Substantially Compliant	Yellow	31/12/2024

	ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.			
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	31/12/2023
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	08/09/2023