



# 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:	14 July 2022
Centre ID:	OSV-0000520
Fieldwork ID:	MON-0034396

## 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 79 residents. Residents are cared for in pre-cast buildings dating from the 1970's which are attached to the old hospital building by link corridors. These buildings comprise of single, twin, triple and four-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 rehabilitation, 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:

67

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 14 July 2022	09:30hrs to 17:50hrs	Helena Budzicz	Lead
Thursday 14 July 2022	09:30hrs to 17:50hrs	Manuela Cristea	Support
Monday 8 August 2022	10:40hrs to 18:40hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St Vincent's hospital, that staff were helpful and caring, and that they felt they were committed to their care. A number of residents were living with cognitive impairment and were unable to fully express their opinions to inspectors; however, these residents appeared to be content and comfortable, appropriately dressed and well-groomed. In addition, inspectors had the opportunity to meet visitors who praised the kindness and dedication of staff working in the centre. Residents spoken with knew how to make a complaint and said they would talk to a nurse if they had a concern.

The designated centre comprised of two buildings. The main building included five residential units: Our Lady's ward (18 beds), Holy Family Unit (18 beds), St Anne's Ward (18 beds) Le Cheile, which was the dementia specific unit providing accommodation to 13 residents and was split into two pods and Activities and Day Care centre. In addition, it also included the main reception, offices, kitchen and laundry facilities. Across the car park, there was St Joseph's Ward, providing accommodation for 15 beds. The provider had enlarged this Ward with the addition of a four-bedded modular unit, which was built to a high and modern standard.

Following the introductory meeting, the person in charge accompanied inspectors for a walkabout of the centre. Residents' bedroom accommodation comprised single, twin and three-bedded multi-occupancy rooms. Flat-screen TVs were wall-mounted in bedrooms, and mobile TV was also available for residents. Privacy screens in shared rooms were effective and ensured residents' privacy. Inspectors observed that the bedrooms were clean and personalised with items for each resident, and for the most part, there were adequate storage facilities for the storage of personal possessions. However, inspectors noted that one wardrobe had limited space for storing clothes in the new modular build in St Joseph's unit. Furthermore, inspectors saw that some of the bedrooms in the centre had shared bathrooms, and the positioning of the locks on the bathrooms' doors compromised residents' rights to privacy.

The inspectors observed residents eating their lunch in the dining room. The food served appeared wholesome and nutritious. Residents spoken with said they enjoyed the food served to them. Residents were seen to be assisted discreetly with their food and drinks where required.

Staff were found to be respectful during their interactions with the residents and acted promptly to attend to residents' care needs. Inspectors met and spoke with numerous staff working in the centre. They told the inspectors that they enjoyed working in St Vincent's hospital and were well supported by the management team.

Overall, the inspectors observed that the centre was very clean. There were sufficient cleaning staff working in the centre, and staff spoken with were knowledgeable and demonstrated an awareness of the cleaning protocols in the

centre. Inspectors observed a number of maintenance issues impacting on the quality and safety of the residents and their lived experience. For example, some of the surfaces and finishes, including wall and door paintwork, were worn and, as such, did not facilitate effective cleaning. The inspectors found that there were issues to be addressed in relation to the premises as outlined under Regulation 17: Premises.

The inspectors saw that there was a comprehensive activities programme in place. There were five staff members dedicated to the role of activity coordinator, and healthcare assistants took on the role in their absence. Residents' views on the running of the centre were sought through residents' meetings and surveys.

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

Overall, this was a provider with good governance and management systems in place to oversee the care that residents living in the centre were receiving and ensure it was of a high standard. However, the management and oversight of the fire safety precautions that were in place in the designated centre were not adequate. The inspectors identified several significant fire safety risks on the day of the inspection that the provider had not identified, as detailed under regulation 28.

The provider had arranged for a fire safety risk assessment of the centre with risks identified and its first draft issued in September 2021. This was an assessment of the infrastructural fire safety risks and the fire safety systems in the centre. The most recent revision was issued in August of this year. There had been no meaningful progress in addressing the risks identified in the assessment, but works were to commence on 13th August of this year, with priority given to the red rated risks.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspectors reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information submitted together with the application to vary the registration conditions of the designated centre. This inspection was carried out over two days, the fire precautions were reviewed on the second day of inspection. The registered provider had made an application to the Chief Inspector of Social Services to increase the occupancy of the centre from 79 to 82. A new four-bedded modular building had been added to St Joseph's Unit.

Inspectors reviewed records in the centre. There was a comprehensive induction record for each new member of staff. Staff informed inspectors that they are

updated of any changes in policies, procedures and guidelines at the daily meetings. While the staff files contained all relevant information as required in Schedule 2 and 4, the nursing assessments displayed in residents' wardrobes in St Anne's unit were not up-to-date and posed a risk for the staff not to use the recommended therapeutic interventions and nursing practice during residents' care delivery.

There were systems in place to review the safety and quality of the services provided for residents. These included clinical audits, quality and safety reviews and reviews of serious incidents and complaints. However, risks identified on the day of the inspection were not included in the quality improvement plans for some of these audits.

The annual review of the quality and safety of care delivered to residents for 2021 was completed in consultation with residents and their families.

Complaints were comprehensively recorded in line with regulatory requirements; they were addressed in a timely manner, and issues were followed up by the person in charge with the complainant to ensure their satisfaction to the outcome of the issue raised.

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

The registered provider had made an application to vary conditions 1 and 3 of their registration. The requirements of the regulations were submitted by the registered provider.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is a registered nurse and worked full-time in the centre. During the inspection, they demonstrated that they had sufficient skills, qualifications and expertise to manage the service.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staff with an appropriate skill-mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. Staffing

was found to be in line with the statement of purpose.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Training records showed that staff had received training, and staff informed inspectors that they were facilitated to attend mandatory training and other training appropriate to their roles. Ongoing training was scheduled to ensure that all staff were up-to-date with their training requirements.
Judgment: Compliant
<b>Regulation 21: Records</b>
Inspectors found that the copies of manual handling assessments and speech and language therapy (SALT) food and fluids review records in residents' wardrobes in St Anne's unit were not updated to reflect the latest residents' needs and to guide the staff to deliver appropriate care.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The oversight of risk management in the centre was not sufficient. The provider did not have adequate oversight of the fire safety precautions that were in place in the designated centre. The inspectors identified several significant fire safety risks on the day of the inspection that the provider had not identified.
Judgment: Not compliant
<b>Regulation 24: Contract for the provision of services</b>
A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided, the fees to be charged and the bedroom number and occupancy. There was a summary of a contract of care written in plain English to make it more accessible and understandable for all



residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspectors viewed a sample of complaints, all of which had been managed in accordance with the centre's policy. Records indicated that complaints were investigated appropriately, and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

### Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard and to meet the needs of the residents. While the provider strived to provide a high-quality, safe service, the management of fire safety in the centre was suboptimal and required review. The provider had a plan in place and had already identified in their own fire safety risk assessment aspects of fire safety that required to be addressed; however, at the time of inspection, the works had not yet started, and therefore the risk had not been yet mitigated. While there was strong evidence in respect of the quality of care, a review of premises and infection prevention and control was also required to ensure the safety of the residents was maximised at all times.

There was good access to general practitioner (GP) services, including out-of-hours services. There was evidence that residents were referred and reviewed as required by health and social care professionals.

The inspectors noted that the residents were provided with good quality nursing care in the centre. A sample of residents' assessments and care plans were reviewed by inspectors and found that a comprehensive assessment of needs was completed on admission to the centre. Care plans were then developed from validated nursing assessments to guide staff on how to support residents with their care.

The centre had five units St Anne's, Le Cheile, Holy Family, Our Lady's and St Joseph's. The provider completed part of their improvement and refurbishment plan in respect of the premises. The centre is planning to increase the occupancy in St Joseph's Ward from 12 beds to 15 by adding a four single-occupancy rooms in the new modular build attached to this unit. One room was assigned as the designated Infection Control and Prevention (IPC) room for the unit. In the Our Lady's unit, the occupancy on one of the two-bedroom occupancy was increased to a three-bedroom

occupancy. Le Cheile unit reduced its occupancy from 14 beds to 13, and one of the single rooms is now allocated as the designated IPC room for the unit. Aspects of premises that did not meet regulatory requirements are listed under Regulation 17: Premises.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents were kept informed and consulted about changes in the operation of the centre through residents' forum meetings and feedback surveys. However, some findings in relation to premises were found to negatively impact the rights of the residents, as further detailed under Regulation 9: Residents' rights.

Notwithstanding the fire safety risk assessment and proposed programme of work to address the identified high risk items, the day-to-day fire prevention, risk identification and maintenance practices were not effective to ensure the safety of residents living in the centre. Deficits identified by an internal audit of fire doors were not actioned; these deficits were observed during the two days of inspection. There was inappropriate storage of oxygen and this had improved by the second day of inspection; smaller oxygen cylinders and appropriate holders had been ordered. Staff had good knowledge of evacuation procedures and were taking part in regular fire drills. The residential areas of the centre was all on one level and had an adequate number of escape routes and exits. In the main, the routes were configured to allow bed evacuation, allowing for a more efficient evacuation.

The fire safety risk assessment focused on the higher risk areas, which comprised the residential accommodation. The chapel which is used by residents was not included. The fire safety risk assessment report made recommendations for alterations to the fire compartment strategy. The existing compartment boundaries were deficient and a programme of work, prioritising the higher risk items was due to commence the week following the inspection.

The centre was fitted with a fire detection and alarm system, emergency lighting and fire fighting equipment, which were being serviced and tested at the appropriate intervals. Some improvements were required with the emergency lighting and fire alarm system as detailed under regulation 28.

While some good practices were observed, there were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under regulation 28.

Furthermore, a review of premises and how they impacted the implementation of appropriate infection prevention and control measures was required, as elaborated under regulations 17 and 27.

## Regulation 11: Visits

Visiting was facilitated in the centre and visitors spoken with spoke positively about

the care their family member received. Visitors were asked to complete a COVID-19 declaration that they have no symptoms and underwent a temperature check before entering the centre.

Judgment: Compliant

### Regulation 17: Premises

The following are required to be addressed in relation to the premises to ensure they meet the requirements of Schedule 6:

- A number of maintenance issues were identified in each of the centre's units, including items of furniture such as armchairs and sofas that were observed to be worn out and torn.
- Some areas of the premises required painting, some walls were observed to be damped, and the doors and frames were visibly chipped and damaged.
- A bath and a shower on Holy Family Ward were not in working order, and a sink was leaking in the corridor in St Anne's unit.
- Broken tiles were seen in the bathroom and missing marmoleum around the toilet. Shower platforms were peeling off, and the shower outlets were not clean.
- Cut-off points were located on each side of the shower areas, and these required an immediate review.
- In general, there was a lack of storage space in the centre for essential equipment.
- Pull cords for blinds throughout were not secured and may present a risk of choking

Judgment: Not compliant

### Regulation 27: Infection control

To maintain effective infection control processes in line with the National Standards of Infection prevention and control in Community Settings, the following issues require attention:

- Grabrails in the showers were observed to be rusted; therefore, effective cleaning could not be assured.
- There was inappropriate storage observed in the store rooms. These rooms were cluttered with numerous items, including cleaning and resident's equipment, thus preventing effective cleaning of these areas. Furthermore, while there were adequate sluicing and bathroom facilities in the centre, inspectors observed that several shower chairs were stored in communal

shower rooms. Wheelchairs and laundry trolleys were also seen in the bathrooms.

- Residents' furniture, including a number of nebuliser machines, was observed to be unclean.
- Inspectors observed that disinfectant wipes were in use to clean the equipment. There was no process in place to identify clean equipment from dirty. The risk of transmission of healthcare-associated infection was increased as a result.
- Clinical hand-wash sinks did not comply with HBN-10 specifications.
- While the sluice room was laid out appropriately to minimise the potential spread of infection, it did not contain appropriate drying racks for cleaned equipment. This posed a risk of cross-contamination of clean and used equipment.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were developed for a number of care areas, including mobility, fall management, nutrition, infections and diabetes care and all activities of daily living. There was generally a good standard of care planning in the centre, and care plans were seen to include person-centred interventions to meet the assessed needs of residents. These were supported by clinical risk assessments using validated nursing tools.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) and consultants in psychiatry of older age and geriatricians attended the centre regularly to support the residents' needs. Residents had access to health and social care professionals such as physiotherapy, occupation therapy, dietitian services and tissue viability expertise.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviours (how people with dementia or other

conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) appeared to receive a good standard of care. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. There was a restraints log in place in the centre. There had been a reduction in the use of restraints, and where restraints were used, an assessment had been completed, and a care plan was in place. For example, the use of chemical restraints use had been reduced.

Judgment: Compliant

### Regulation 8: Protection

There were robust systems in place for the management and protection of residents' finances and in the invoicing for care. The provider held small amounts of valuables and money for day-to-day expenses at the request of some residents. Residents were provided with lockable storage in their bedrooms for their cash and valuables.

Judgment: Compliant

### Regulation 9: Residents' rights

Measures to ensure residents' right to privacy required action as not all privacy locks on the doors of shared bathrooms were in the correct place for residents to use when using these facilities.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Notwithstanding the programme of work to address identified fire risks in the centre, improvements were required by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire, for example;

- electrical rooms were being used for storage and the the management of oxygen cylinders was not effective. This had improved by day two of inspection.
- the medical gas and medical gas pipeline policy was in draft format and was not implemented
- The exit from a conservatory was locked with a key and the key was not available near the exit. This was actioned during day two of inspection.

- Linen stores contained hot water pipes which were in contact with timber shelves and linen

Means of escape were not adequate, for example:

- The alternative escape for two bedrooms had a step at the exit, with bed evacuation being the identified strategy. This was immediately actioned during day two of the inspection.
- adequate emergency lighting was not provided along external escape routes
- the means of escape from the chapel were not adequate. One exit had a step up from the door and the locks required keys to open them.
- Escape signage was not adequate; additional supplementary exit signage was required in some areas. The provider had made progress on this by day two of inspection.
- A roller blind was positioned across an exit causing a potential obstruction.
- the external routes were not all suitable for bed evacuation, which was the escape strategy in place.
- The chapel had a timber ceiling and assurance is required that it is appropriately treated to ensure it does not contribute to the surface spread of fire

Arrangements to maintain the building fabric were not effective, for example:

- notwithstanding the proposals to upgrade or replace fire doors, fire doors were not being maintained to ensure they performed as required. This included smoke seals painted over, gaps around doors and some not fitting correctly within their frame or getting caught on the floor covering. The inspector saw an in house fire door audit which identified deficits in September 2021 and reviewed in March 2022; the provider had not ensured deficits identified were actioned in a timely manner.
- The closing force of some fire doors was excessive and may lead to injury.

Arrangements for maintaining fire equipment was not adequate, for example;

- The annual certificate for the emergency lighting was not issued owing to deficiencies to the system which required action.

Action was required to ensure early warning of, and adequate detection of fire:

- The coverage of detection along some escape corridors was not adequate
- some rooms were not provided with detection, for example a sluice room
- heat detectors were provided in areas that require smoke detection

The arrangements for evacuating residents was not adequate:

- Not all escape routes had been tested for the identified strategy of bed evacuation.

The arrangements for containing fire were not adequate, for example:

- deficiencies were noted to fire doors throughout
- the inspector noted a number of areas where utility services penetrated fire rated walls and ceilings; these required sealing up.
- the enclosure to high risk rooms, such as the electrical rooms, did not provide effective containment of fire.

The procedures to follow in the event of a fire were not adequate:

- The procedure to shut off the piped oxygen supply was not included in the fire procedures displayed.
- Instructional procedures were not displayed beside the emergency shut off points for the oxygen supply. This was actioned during day two of the inspection.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Not compliant



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

Inspection ID: MON-0034396

Date of inspection: 09/08/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• All records of assessments completed by speech and language therapists and manual handling assessments displayed in residents' wardrobes have been updated to reflect residents' current needs. Updated on date of inspection 14/07/22.</li> </ul>	
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>Oversight of risk management is supported by – Local Fire Risk Management audits commenced to support schedule of works relating to addressing identified fire risks. This includes RRP, DSKWW-CH Health and Safety Advisor, DSKWW-CH Fire Prevention Officer and Local Nurse Management Team completing a number of walk arounds of the premises to ensure the developed actions promote service compliance with specific Fire precautions required regulation. This supported by the monthly local QPS meetings onsite – ongoing.</p> <p>Adequate oversight of the fire safety precautions in place - a DSKWW-CH governance and management programme put in place to support a plan to address the identified fire risks – onsite weekly Management Team meetings; weekly multidisciplinary residents review meetings; monthly QPS meetings and monthly clinical nurse managers' meetings - Ongoing</p> <p>Fire safety risks identified by inspector on the day of inspections –a schedule of works supported by a DSKWW-CH management team is put in place to complete the fire risks.</p>	

This schedule of works was devised based on engagement with HSE maintenance and HSE Estates with the support of external contractors to meet Regulation 28, Fire Precautions. Completion of works relating to red and orange priority risks by 31/03/23

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

- Furniture, armchairs and sofas deemed worn or torn were removed from the unit and purchase orders were raised for replacements. Completion by 30/09/22.
- Areas that require painting – schedule of works is in place to complete same. As agreed by maintenance, pending completion of works by other contractors to meet Regulation 28, painting and repair works. Completion by 31/12/22.
- Bath identified as not working in Holy Family Ward has been deemed irreparable by our service contractor. Same will be removed by 31/12/22. All showers checked and are now in working order. Sink in St. Anne’s Ward repaired. Completion by 31/12/22.
- Bathroom in St. Joseph’s Ward identified as having missing/broken tiles and missing marmoleum. Both will be replaced by 31/12/22.
- Shower grids and platforms that were peeling/damaged are being replaced. Same will be completed by 31/12/22. Completion by 31/12/22.
- Audit of shower grids and outlets to be completed and actioned by 30/09/22. Completion by 30/09/22.
- The cut off points located in shower rooms were reviewed. They were reviewed by HSE Electrician on 13/09/22 and the junction boxes were identified as IP66 weatherproof enclosures that may be used again. Completion by 30/09/22.
- Plastic clips sourced and ordered to secure pull cords for blinds throughout the centre. Planned date for completion – Completion by 31/12/22.
- Storage: Equipment that is not required moved to central storage area leaving more space for essential equipment on units. – Completion by 31/12/22.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Grab rails that were observed to be rusty have been identified throughout the center and there is a replacement schedule in place which will be completed by 31/12/22. Completion by 31/12/22.
- All unnecessary equipment has been removed to central storage area allowing effective cleaning of essential equipment. Completion by 31/12/22.
- Nebuliser machines cleaning monitored placed on cleaning schedule checklist and monitored via audit. Completion by 30/09/22.
- Infection Prevention and Control Education booked to ensure all staff are aware of correct cleaning procedures/products to include use of appropriate wipes. An "I Am Clean" system put in place for equipment in all areas to ensure clean equipment can be identified. Completion by 31/10/22
- Clinical hand wash sinks to be audited in conjunction with IPC to identify sinks that do not comply with HBN-10 specifications. - Ongoing
- Drying racks for cleaned equipment in sluice rooms have been sourced and a plan for installation. Completion by 31/12/22.

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

- The position of locks in some shared bathrooms compromised residents' rights to privacy - Outside bolt locks on doors were removed immediately on day of inspection Completion by 14/07/22.
- New fittings ordered with colour coded occupancy fitting. Completion by 31/12/22

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All electrical rooms were emptied on the day of inspection and are no longer used for storage. Completion by 8/08/22.
- Oxygen cylinders: Smaller oxygen cylinders have been sourced and ordered with brackets for storage. Completion by 31/12/22.

- Medical Gas and Medical Gas Pipeline Policy is being finalized in consultation with DSKWW Health and Safety Officer to promote a standard approach across the DSKWW community health area for residential care and will be in place. Completion by 31/12/22.
- Conservatory exit door key placed in appropriate break glass unit on day of inspection 8/08/22. Spare key located at nurses station. There is a written protocol in the Fire Policy to capture this. Completed
- Linen Room: Timber shelves to be removed where in contact with pipes. Completion by 31/10/22.

#### Means of Escape:

- Alternative escape for two bedrooms identified in St. Joseph's Ward. Ski sheets now the identified strategy and were put in place in the appropriate rooms. All external routes reviewed and identified areas addressed as part of the planned scheduled of works Completion on the 8/08/22.
- The fire policy has been amended to include standard operating procedure for St. Joseph's Ward. Fire training to include amendment for centre. Fire drills completed by 30/09/22 for this area to ensure that persons working in the designated centre, in so far as is reasonably practicable, are aware of the procedure to be followed in the event of a fire. Completion on the 30/09/22.
- A schedule of works is in place to ensure that adequate emergency lighting is provided along external escape routes - Completion on the 31/12/22.
- Means of escape from the chapel was deemed not to be adequate. The chapel is now closed use pending a report from our Fire Contractors to resolve the issues. Plans to reconfigure an alternative space to support the resident's rights relating to religion Completion on the 31/12/22
- Escape signage schedule of works for specific corridors and ward areas ongoing Completion on the 31/12/22.
- Roller blinds removed from doors and new blinds sourced which will not cause obstruction to exit – Completion on the 31/12/22.
- The area where external routes were not all suitable for bed evacuations has been actioned. Ski sheets in place as the escape strategy as per amended fire policy. Completion on the 8/08/22

#### Building Fabric:

There are two schedule of works in place to address fire doors. An immediate schedule of works to upgrade/maintain existing doors to include smoke, seals, gaps, ill-fitting doors and excessive closing force of doors are currently being actioned. – Completion on the 31/12/22.

- A second schedule of works to include replacement of exiting fire doors – Completion on the 31/03/23.
- Annual Emergency Lighting report is in Place - Completion on the 8/08/22
- Deficits will be actioned and annual certificate to be issues upon completion. Completion on the 31/12/22

#### Adequate Detection of Fire:

- Schedule of works to upgrade the coverage of detection along corridors and other identified areas ongoing - Completion on the 31/03/23.
- Heat detectors reviewed that are in areas identified by fire advisor that are covered by IS3218-1989 to ensure that adequate detection in place and where deficiencies identified replaced in line with current usage. Completion on the 31/12/22

#### Arrangements for Evacuation:

- Fire drills will be completed to identify strategy of bed evacuation by 30/09/22.

#### Fire Containment:

- Schedule of remedial works for fire doors. Completion on the 31/03/23.
- Areas noted on day of inspection where utility services penetrated fire tested walls and ceilings were addressed on the day by maintenance. Completion on the 8/08/22
- Doors to high risk rooms such as the electrical rooms are on a scheduled phased replacement. Completion on the 31/03/23.

#### Fire Procedures:

- Fire policy amended to include procedure to shut off piped oxygen supply. Same is complete. Completion on the 31/09/22.
- Procedure to shut off piped oxygen supply was amended and displayed on day of inspection. Completion on the 8/08/22



## 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	31/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/08/2022
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	Not Compliant	Orange	31/03/2023



	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
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	31/12/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	16/09/2022

	arrangements for reviewing fire precautions.			
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	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2023
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	30/09/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated	Substantially Compliant	Yellow	14/07/2022

	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	31/12/2022
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	31/12/2022