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:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0041038

About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. Howth Hill Lodge is registered for 48 beds and provides 24 hour nursing care. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of 48 single rooms. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

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 1 August 2023	08:30hrs to 18:30hrs	Karen McMahon	Lead
Tuesday 1 August 2023	08:30hrs to 18:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

From what inspectors observed and from what the residents told them, residents were happy residing in the centre and received a good standard of care. The overall feedback was that the premises were nice and that the staff were friendly.

On the day of the inspection the inspectors were met by the assistant director of nursing who guided them through the sign-in procedure. The inspectors and assistant director of nursing were then joined by the person in charge and a brief introductory meeting took place. After the meeting the person in charge accompanied the inspectors on a walk around the premises.

Many residents were observed up and mobilising around the centre. Assistance with mobilising was observed being provided to those who required it. Residents were well-presented and neatly-dressed.

Each resident had their own bedroom. The bedrooms were spacious and comfortable. Many residents had personalised their rooms with personal possessions and photographs. Some bedrooms, particularly on the lower floor, had doors which exited out on to the garden spaces.

The centre had a large communal sitting room and a large communal dining room. There was also a smaller sitting room for residents and their family and friends to use. Outside the centre was a safe enclosed garden space for residents, located on the ground floor. However, on the day of inspection this was observed to be in need of general maintenance to make it a pleasant and comfortable space for residents. Flower beds looked unkempt and some outside furniture needed repair. There were also rubbish bins being stored in this area, which was not visually pleasant for those using the space.

An indoor smoking area was available to residents and residents were seen availing of this room throughout the day. The room was bright and well-ventilated.Overall, the premises were clean and tidy but some areas were in need of cosmetic repair. For example many areas along the corridor wall had numerous dirty marks and areas where the paint had chipped off. A drop-down handrail in one bathroom was rusty and had come loose from its' fitting in the wall and posed a risk to residents using it.

Residents were observed participating in group exercise activity on the day of inspection and were noticeably enjoying the social activity. The inspectors observed that dinnertime in the centre's dinning room was a relaxed and social occasion for residents. The dinning room was large and allowed all residents to dine at the same time. No written or pictorial menus were available to residents to inform them of the meal choices that day. Residents were informed of the choices as they attended the dining room. The meals were home cooked on site in the large kitchen and there was appropriate supervision and help for residents, who required it, in the dining

room. There was a smaller kitchen on the ground floor that was used to prepare breakfast in the mornings.

The inspectors spoke with some residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their life living in the centre. Many residents said the staff were friendly and helpful. From the inspectors' observations, staff appeared to be familiar with the residents' needs and preferences and were respectful and gentle in their interactions.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the provider aimed to provide a good service and support residents living there to receive a good standard of quality care. Residents' health care needs were well met, however, this inspection found that the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Significant action was now required to bring the centre into regulatory compliance and to strengthen governance and management systems and the oversight of premises and fire safety.

Brymore House Nursing Home Limited is the registered provider for the designated centre. This was a one day inspection to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The management structure in place on the day of inspection was not in line with the statement of purpose, which meant that the lines of responsibility and accountability were not clear.The person in charge was supported in her role by the assistant director of nursing, and there was no nurse manager in place as required. Other staff members included nurses, health care assistants, an activity co-ordinator, domestic and catering staff.

The inspectors found that the centre was not adequately resourced, and worked rosters were not in line with staffing levels listed in the statement of purpose.The person in charge told inspectors that maintenance was provided as needed, by a designated contact person but that they were not contracted to be on-site at regular times during the week. The statement of purpose stated that the maintenance was a whole time equivalent (WTE) of 0.5. Rosters also showed that the person in charge worked a four day week equating to 32 hours, again this was not in line with

the statement of purpose that listed the person in charge as a whole time equivalent of 1, which should be a minimum of 36 hours.

Inspectors observed that changes had been made to the premises, which had not been communicated to the Chief Inspector as required by Condition 1 of centre's registration. For example one room had been renovated to include a en-suite facility. This room was in use and occupied on the day of inspection. An adjacent room to this was also in the process of having an en-suite added to it. Other changes to the premises were also noted and are further discussed under Regulation 3.

The inspectors followed up on provider's compliance plan from the previous inspection dated 19 July 2022 and found that the provider had made improvements to a number of areas, including contracts of care and the oversight and management of staff training and development. There was an outstanding action in respect of installing clinical hand washing facilities.

Records were kept on-site in accordance with the regulatory requirements. However records from another designated centre were also noted to be stored on the premises, which was not appropriate.

Written policies and procedures were available in the centre. The complaints policy, while reviewed, had not been updated to reflect recent changes to regulations. This is further discussed under Regulation 34; Complaints.

Inspectors reviewed governance and management arrangements regarding the risk of fire. Inspectors found that there were checks being carried out on a daily, weekly and monthly basis of fire safety systems which were not identifying areas of action to be taken by the provider, for example, large gaps around fire doors, and doors not closing on release of the door holder. Separately, a lack of fire detection in some areas of the centre was identified on yearly inspections of the fire alarm system, but not acted on by the provider. There were no door closers on any bedroom doors, and this was not reflected in the fire management policy at the centre. Given the extent of the fire safety issues from this inspection, a full review was required by the registered provider and their competent person. These items are discussed further under regulation 23 Governance and management and regulation 28 fire precautions.

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training and had adequate supervision.

Judgment: Compliant

Regulation 21: Records

Records were kept on-site and in accordance with the regulatory requirements. Records were kept in a safe locked room and were only accessible to authorised persons.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to to ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with their statement of purpose, as further set out under Regulation 3; Statement of Purpose. The person in charge did not work in a full-time capacity and the centre had insufficient maintenance and cleaning resources to ensure the safety and maintenance of premises.

The registered provider had failed to inform the Chief inspector of changes made to premises, which resulted in the provider being in breech of condition 1 of their certificate of registration. Furthermore, the governance and management structures had been depleted as the role of the clinical nurse manager removed. Therefore the lines of accountability and responsibilities were not clear and not in line with the registered statement of purpose.

Inspectors were not assured that there were management systems in place to ensure that the service provided was safe, appropriate consistent, and effectively managed. For example:

- The system of auditing in place was not robust enough to provide adequate detail and action plans to minimise risks identified in the centre. Daily, weekly, monthly and yearly checks did not provide assurance that the management systems in place at the centre were effectively monitoring fire safety devices. Numerous fire doors throughout the centre had damaged fire seals, were not closing, or did not close on release of the holder. This was not being picked up on the weekly fire door checks.
- Servicing works being completed to the fire alarm on a yearly basis clearly identified areas where there was no fire detection. This was not actioned by the provider.
- Works were ongoing on the day of inspection to renovate a bedroom on the ground floor. No details of the impact of this work was available to inspectors on the day. There was no risk assessment of these impacts, and the door to the room remained locked and the room was un-usable during the inspection
- Rosters were not reflective of staff roles and responsibilities, for example the roster for activities listed shifts for two people, however, on further investigation it was found that one person was the activities person and the

other person was an administrator with no responsibility for activities.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts had been updated and now included the room number and occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider was found to be operating in breech of their statement of purpose and without the registered resources to provide a safe and consistent service. For example:

- The premises and facilities described in the statement of purpose did not correspond with the floor plan under which the registration of the designated centre was grounded, and with the inspectors' observations on the day. For example, changes had been made to the footprint of the centre including; the addition of en-suites to two bedrooms; the location of the boiler did not match what was on the floor plans, and various inconsistencies were present in the location of store rooms.
- The total staffing complement, in whole time equivalents, for the designated centre with the management and nursing complements as required in Regulation 14 and 15, and outlined in the registered providers' statement of purpose, was not reflected in actual rosters worked. As per the centre's statement of purpose the nursing management structure should consist of one whole time equivalent person in charge, one whole time equivalent assistant director of nursing and one whole time equivalent nurse manager. The centre did not have a nurse manager and inspectors were informed there was no vacancy for one. The person in charge worked the whole time equivalent of 0.8 (32 hours).
- Rosters also showed only a whole time equivalent of for domestic staff of 1.2, however it is stated in the statement of purpose as 3.15. While the premises was clean, inspectors were not assured that this actual level of staffing was sufficient to meet the cleaning needs of the centre. Staff informed inspectors that outside contract cleaners had recently been contracted to provide a once off deep clean of the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaint policy had not been updated to reflect recent changes in the regulation. The following gaps were identified:

- There was no provision for a written response to the complainant.
- While an independent person is acknowledged as reviewing and auditing complaints, they are not clearly referenced as a nominated review officer. This independent person is only contactable through the registered provider representative.
- There was no clear time frame for a review of the complaint to be dealt with.
- The was no provision of a written response informing the complainant of the outcome of review
- There was no information regarding taking any steps for any improvements recommended by a complaints or review officer
- The policy did not detail how a resident has access to records and information in relation to the complaint, subject to the law and how they should not be adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of the complainant or not.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to review on th day of the inspection. Policy documents had been signed and dated to reflect that reviews had been carried out. However gaps in these reviews were identified on the day of inspection. For example;

- The complaints policy had been signed as reviewed in June 2023, but did not reflect changes in the regulation that had been in place sine March 2023. This is further detailed under Regulation 34.

Judgment: Substantially compliant

Quality and safety

Overall residents appeared happy living in the centre and had good access to health care services. However some improvements were required to ensure a safe and good quality service for residents.

While the premises were mostly designed and laid out to meet the individual and collective needs of the residents, improvement was required in some areas. There was a variety of communal and private areas. Inspectors found that arrangements in place at the centre to keep the premises in a good state of repair, were not identifying and addressing issues, for example damage to fire doors, damaged cupboards in storage areas and bathrooms. There were no floor or wall finishes on the lower ground floor storage area. This would cause difficulty for cleaning those surfaces. Inspectors also found issues with storage, with inappropriate storage of oxygen cylinders, excessive amounts of material stored on the floors in some storage areas, These and other findings are outlined under Regulation 17: Premises.

Inspectors found that the provider had not addressed non compliances on the last inspection in relation to the availability of clinical hand wash sinks. The centre was laid out over a large footfall and staff were often required to walk a substantial distance to avail of hand washing facilities.

The system of auditing in place was not robust enough to provide adequate detail and action plans to minimise risks identified in the centre. The records provided on the day of inspection showed that the Emergency lighting and the Fire detection and alarm system were maintained and serviced. Inspectors noted that a work plan was progressing to install an upgraded fire alarm and detection system and that an extensive plan of works was being considered, which would include effective compartmentalisation, fire-rated construction, fire detection, and fire escape routes. Other systems of auditing examined on the day lacked detail and robust action plans and did not demonstrate any evaluation of effectiveness of action plans.

Notwithstanding the provider's efforts to ensure fire safety in the designated centre, the inspectors found that the registered provider had not taken all adequate precautions against the risk of fire, detecting fires, containment of fires, and evacuation in the event of a fire. Significant containment issues were found throughout the centre. The main boiler housing located below the centre, had 4 gas boilers installed. The area where these boilers are operating is directly below the central dining/lounge and bedroom area. No fire containment measures were found in this area. These, and further fire safety concerns are discussed further under regulation 28 Fire Precautions.

Regulation 12: Personal possessions

The registered provider had ensured that all residents were facilitated to retain control over their personal possessions and finances. Residents clothes were laundred on site and returned fresh and clean to them and had adequate storage

space to store them in.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre was in accordance with the statement of purpose prepared under Regulation 3. Changes made to premises had not been communicated to the Chief Inspector.

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- There was damage to doors throughout the centre. Some of the damaged doors were fire doors. This damage would impact on fire safety within the centre
- The ceiling of a visitor toilet near the lounge had evidence of mould.
- Floor and wall finished were not present in the lower ground floor store room. There was also tiling broken in a wheelchair store room. This would impact on effective cleaning of these areas.
- A chemical storage area was not contained within the chemical storage room. Large amounts of stock were stored in a cleaners cupboard. This was contrary to policy at the centre, and posed a risk to staff using the area. This was rectified on the day of inspection, with all chemicals, suitably stored in the designated chemical storage room
- A timber shed in the courtyard which housed a boiler, was in poor condition. There was damaged timber sections hanging off the shed and the door was loose.
- There was a damaged cabinet in a bathroom which had, what appeared to be a decommissioned boiler fitted inside. There were towels and other items stored in this cabinet alongside the boiler, a water tank and associated piping and pumps.

Judgment: Not compliant

Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Appropriate choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents. Residents were facilitated to eat their meals wherever they chose too. Snacks and refreshments were available

throughout the day. Catering staff had appropriate training to provide safe meal options to those with swallowing difficulties.

Judgment: Compliant

Regulation 27: Infection control

Improvements had been made to infection control within the centre, since the previous inspection. However, inspectors found that:

- There were still no clinical hand wash sinks available in the centre.
- Damaged cupboards and exposed chipboard edges to cupboards in the bathrooms and storage areas. This would impact on the effective cleaning of these cabinets.
- Store rooms were found overstocked with PPE, and other materials. Many boxes were staked on top of each other in the large storage room. This would present difficulties for cleaning of the area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- There were oxygen cylinders (five in total) stored in the nurses station. These oxygen cylinders were not all protected from collision. A damaged oxygen cylinder could increase the risk of fire in the room
- Unprotected electrical distribution boxes were found in a number of areas in the centre; the staff room, and the store room adjacent to the south east exit door. These cabinets are high fire risk areas and were not protected in fire resisting boxes.
- Excessive storage of flammable items alongside other combustible materials was found in storage areas throughout the centre. The policy at the centre is to keep flammable storage separate to other storage.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- Fire evacuation drills completed at the centre did not provide detail of the scenarios which had been trialled, although it was a requirement of the local policy, which stated that evacuation drills should have a report to include the

objective of the scenario, the safe compartment evacuation time, equipment used, deficiencies in the drill and recommendations.

- There were no fire drills reflecting evacuation of the largest compartment at times of low staff numbers to provide assurance that staff would be able to evacuate those residents safely and timely in the case of a fire.The registered provider did not make adequate arrangements for detecting, containing and extinguishing fires.
- The fire alarm system for the centre was identified as an L2/L3 system, which did not provide detection in all fire risk areas (including some storage areas), and the system did not provide the facility to identify the location of a fire at the fire alarm panel. This lack of accuracy, would cause delays in a fire event, and the lack of detection for example in the activities store room, would allow a fire to progress before being detected by a smoke detector in an adjacent room.
- The measures in place to detect gas leaks that may occur in the boiler rooms were not linked to the fire alarm, and may therefore go unnoticed at times of low staff numbers, when there are no people in the vicinity of the boiler rooms to hear the individual gas detectors.
- Significant service penetrations were found throughout the centre through compartment walls. Service penetrations through walls from the internal boiler room, through the adjacent wall into the next store room were not fire sealed.
- Extensive service openings were found in the lower ground floor boiler room area. These openings were into un-contained basement areas beneath the centre. Fumes, smoke or fire emanating from the boiler area would be uncontrolled and unchecked thoughout the basement area beneath the centre.
- Compartment doors in the centre were found to have large gaps around them, some did not close fully, and some were not fitted with smoke and fire seals. Assurances could not be obtained as to the fire rating on some doors. A lack of containment at these doors, would impact on safe evacuation times.
- Bedroom doors were not fitted with automatic door closers. This would impact on the protected escape route. Furthermore, manually closing doors in the event of a fire was not referenced in the fire safety policy at the centre.
- There was no fire extinguisher present at the smoking area. This was rectified on the day of inspection.

The person in charge did not ensure that the procedure to be followed in the event of a fire was displayed in a prominent place in the designated centre. While evacuation maps were available in the rooms, there was no procedure posted on the walls, to guide visitors, staff or residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the resident. They were updated quarterly and sooner if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had relevant training in the management of responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Restraint was used in accordance with national policy.

Judgment: 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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0041038

Date of inspection: 01/08/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Our PIC hours have been increased to 36 hrs. per week Our statement of purpose has been updated to include current staffing levels & lines of accountability All audits are being reviewed to ensure that all areas for attention are being recorded & actioned. A survey on all fire doors has been completed & any recommendations will be actioned Fire detection has been installed in all areas of the center During times of room renovations, the doors are always kept locked & signage on the area to inform of the ongoing renovations. A risk assessment has been completed The rotas have been separated for each department.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Our statement of purpose has been updated including whole time equivalents for current staffing. We will review the nurse manager position with a view to recruitment.	

The PIC hours have been amended to 36 hours per week

Floor plans have been updated to include new en suite bathrooms & activity store.

Contract cleaners are engaged when necessary, such as annual leave, illness & deep cleaning from time to time.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Our complaints policy has been updated to include provision of written response, details of review officer, including timeframes & details on access to records, this has been made available to all residents & displayed in a prominent position along with an updated complaints / concerns statement.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Our policies have been reviewed & updated to reflect regulatory changes.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Our program of renovation & refurbishment is ongoing.

Any damaged doors have been repaired & all ceilings checked for damage & repaired.

The floor & walls of the lower ground floor store are concrete & block work & are cleaned on a regular basis. Tiles in the wheelchair store have been replaced.

The shed in the courtyard has been repaired & the door tightened

All items have been removed from the cabinet & new doors ordered to replace the damaged ones.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
While we currently have 8 handwashing facilities available, we will investigate suitable areas for clinical hand wash sinks.

Any damaged cupboards in the bathroom & storage have been repaired.

The store room has been rearranged & items removed from boxes to allow for easier cleaning of this area.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All oxygen cylinders have been removed from the center

Fire resistant boxes have been ordered for any electrical distribution boxes

All flammable items have been separated from other storage items.

Our fire drill template has been amended to include detailed scenarios, objectives, equipment used, deficiencies & recommendations. These drills also now include day & night time staffing levels

Our fire alarm system will be upgraded to L1

A slam shut with sniffer valve has been installed in the boiler room

All boiler areas have been checked & a builder engaged to make repairs to service openings & fire seal all areas.

A fire door survey has been completed & any recommendations will be actioned. All doors have had the fire / smoke seals replaced.

Our competent fire person is investigating alternatives to self- closers on resident bedroom doors as some of our residents like to have their doors open, however all staff are aware that if the alarm sounds, all bedroom doors are to be manually closed & this is now reflected in our policy.

Extra fire action signs have been placed around the center.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/10/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/11/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(a)	The registered provider shall take	Not Compliant	Orange	31/12/2023

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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.	Not Compliant	Orange	30/09/2023
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(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 centre.	Substantially Compliant	Yellow	09/09/2023
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	15/09/2023

	a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	10/09/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	10/09/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	10/09/2023
Regulation	The registered	Not Compliant	Orange	10/09/2023

34(2)(e)	provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	10/09/2023
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Not Compliant	Orange	10/09/2023
Regulation	The registered	Not Compliant	Orange	10/09/2023

34(2)(h)	provider shall ensure that the complaints procedure provides for the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.			
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Not Compliant	Orange	10/09/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/09/2023