



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Nursing Home
Name of provider:	St Anne's Convalescent Home Ltd
Address of centre:	Clones Road, Ballybay, Monaghan
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0039824

About the designated centre

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

St Anne's Nursing Home is a designated centre for older persons registered to provide residential care for up to 33 residents, both male and female, over the age of 18 years. It provides 24 hour care at all dependency levels for people with age-related chronic illnesses, dementia and mental health issues, palliative needs, respite and convalescence needs. The designated centre is a two story building which used to be a Maternity Hospital in the 1970 and had been refurbished and converted to a residential care home. Accommodation is provided in 25 single bedrooms and four twin rooms. There are two large communal areas, a chapel and a hairdresser facility. The designated centre is located within walking distance from the Ballybay town and has extensive grounds overlooking lakes, rivers and the countryside. Parking facilities are available at the entrance to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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
Wednesday 19 April 2023	09:00hrs to 17:45hrs	Geraldine Flannery	Lead
Wednesday 19 April 2023	09:00hrs to 17:45hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was clear that residents were supported and encouraged to live a good quality of life. Many of the residents spoken with expressed great satisfaction with the staff and services provided to them. Although the residents were well cared for by staff, further improvement was required to ensure full compliance with the regulations, specifically fire safety, infection control, records and governance and management, which will be discussed further in the report.

Inspectors completed a tour of the designated centre with the person in charge. Inspectors observed that many residents were up and dressed and sitting in their bedrooms. They appeared well-groomed, content and comfortable in their surroundings. Overall, despite being an old building, the environment was clean, warm, comfortable, and mostly well-maintained. There was an outbreak of COVID-19 in the centre at the time of inspection. There was no communal activities taking place on the day of inspection in line with public health advice at the time, and no activity staff were present. However, inspectors observed evidence of residents' recent art work displayed in the communal areas. The person in charge told inspectors that, in conjunction with a creative Ireland project, the art had been displayed at an exhibition in a local venue. It was a very social occasion where residents, family and friends went to view the paintings and enjoyed refreshments afterwards.

Most of the residents remained in their rooms, and those who spoke with the inspectors confirmed that they were satisfied with the activities in the centre. Inspectors saw the residents engaged in various activities such as reading, doing cross words, and watching TV. Other residents were mobilising freely around the centre, and were seen enjoying periods of reflection in the chapel. They all mentioned that staff were very kind and supportive and 'would do anything for you'. Hand rails were in place in corridors to promote resident's movement and independence. Visitors were also seen coming and going.

The centre was laid out over two floors. Bedroom accommodation comprised of both single and multi-occupancy bedrooms. With residents' permission, inspectors viewed a small number of bedrooms and saw that they were warm, homely spaces, and personalized with photographs, flowers, souvenirs and furniture from resident's homes which reflected their life and interests.

During a tour of the premises the inspectors observed that the dining room was not in use as the current COVID-19 outbreak was not declared over. As a result, residents continued to eat their meals in their bedrooms. Residents were offered frequent drinks and snacks throughout the day, and inspectors observed staff offering discreet assistance to residents when required. Residents were very complimentary of the food offered, and those spoken with stated that the 'food is always tasty and plenty of it'. Inspectors observed that drinks for all residents were

served in clear plastic glasses which appeared worn and scratched, and did not support a dignified experience at all times. This was brought to the attention of the provider on the day, who agreed to replace them with appropriate glassware.

Inspectors observed that not all fire doors in the designated centre were of the required standard to ensure effective compartmentalisation of the building and the effectiveness of the evacuation procedure, as further detailed under Regulation 28; Fire safety. Although the centre appeared clean, the inspectors observed that staff practices were not always in line with best practice in infection prevention and control, which posed a risk of cross-infection, as discussed under Regulation 27; Infection prevention and control.

Throughout the day, the atmosphere in the centre was relaxed and calm. It was evident that staff knew the residents' needs and preferences well. Inspectors observed gentle, patient and courteous resident and staff interactions.

Inspectors spoke with residents to elicit their opinion on the service being provided in the centre. Overall, feedback was that staff were very kind and attentive, and residents 'could never thank staff enough for all they do'. Residents told inspectors that they felt listened to and had the opportunities to make choices in their daily lives and if they had a complaint or concern that it would be dealt with by the staff team. Residents spoken with said that they were satisfied with the living arrangements, with the cleanliness of their rooms, and that their choices were respected. Advocacy services were available to all residents that requested them.

Laundry facilities were provided on site. Residents told inspectors that they were very happy with the laundry service. They said that the laundry service was very prompt, and that they have plenty of storage for their clothes and personal items.

Residents had their own general practitioner (GP) of choice, and medical cover was available daily. Out of hours medical cover was also provided.

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

Capacity and capability

Overall, residents were provided with a good standard of care by management and staff who were focused on improving residents well-being while living in the centre. The provider had made some changes in response to the previous inspection to improve the delivery of services, however this inspection found that significant action was still required in areas including, governance and management, records, infection prevention and control (IPC), and fire precautions. An immediate action was issued on the day of inspection in respect of infection prevention and control, and fire safety, and further assurances were received from the provider following

the inspection. These areas are detailed in the report under the relevant regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was St Anne's Convalescent Home Ltd, which is part of the Hibernia Nursing Home group. The management team included the provider representative, the person in charge, and the regional operational manager.

The person in charge provided good leadership to the team, and had a strong presence in the centre. However, in the centre's annual review for 2022, the provider and management team outlined a quality improvement plan for 2023 to enhance their current quality assurance system by aiming to allocate clinical nurse managers (CNMs) protected time to assist the person in charge in carrying out audits, and strengthen the governance and management arrangements. Due to staff shortages, clinical nurse managers were required to work as staff nurses and were not afforded additional time to perform managerial and supervisory duties. As a result, audits were poorly completed, and inspectors observed that the oversight of staff practices was not robust. For example, some procedures were not consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and an immediate action plan was issued on the day in respect of the system for donning and doffing of personal protective equipment (PPE). In addition an urgent action plan was issued in respect of up to date staff training in infection prevention and control.

There were management systems in place to ensure effective and appropriate service delivery. This included a schedule of clinical and environmental audits. While these audits had been completed, they failed to identify risks in the centre, particularly in relation to IPC and fire safety.

A review of the roster, and observations on the day of the inspection found that staffing levels and skill mix were adequate to meet the needs of residents. Throughout the day of inspection, staff were observed tending to residents' needs in a caring and respectful manner. Call bells were answered without delay, and residents informed inspectors that they didn't have to wait long for staff to come to them. There was a minimum of one qualified nurse on duty at all times.

A review of the records management system in the centre found that while records reviewed were completed and available in line with regulatory requirement, the historical records were stored outside of the designated centre. Inspectors were invited to view this area and while it was observed that records were stored safely and securely, they were required to be kept in the designated centre, and available for inspection by the Chief Inspector.

A sample of staff records were reviewed by the inspectors and each staff had completed An Garda Siochana vetting clearance prior to commencing employment. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

The centre had a directory of residents in accordance with Schedule 3, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in paper format and was appropriately maintained, safe and accessible.

A certificate of insurance was prominently displayed within the centre. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Documentation of incidents which were notifiable to the office of the Chief Inspector of Social Services had been submitted within the required time-frame.

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider did not ensure that all the records set out in Schedules 2, 3 and 4 were kept in the designated centre.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents

against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources to ensure effective delivery of care, in accordance with the statement of purpose.

- The management structure outlined in the statement of purpose was not implemented on the day of the inspection, as CNMs were working as staff nurses and did not have supernumerary time to fulfill their role. Due to a shortage of nursing staff, nursing duties were supplemented by the nursing management team. This meant that there was reduced time available to support the person in charge with the monitoring of the service and the supervision of staff practices.
- The lack of administrative support in the centre resulted in the person in charge or nursing staff taking on tasks such as answering the door bell and taking phone queries. This reduced the time available for residents care and managerial oversight.

Management systems in place were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent, and effectively monitored.

- Inadequate oversight of fire safety precautions. For example, fire safety risks with regard to fire containment, and evacuation procedures had not been identified. Due to the high level of risk this posed to staff and residents, inspectors issued a request for an urgent compliance plan to address this issue, as further detailed under Regulation 28.
- Insufficient oversight of staff practices in respect of appropriate disposal of PPE at all times, as further described under Regulation 27.
- Lack of oversight of staff training, for example infection prevention and control training was out of date for almost all staff. Although regular huddle talks and updates were offered to staff, no formal refresher training had been provided. This was not in line with centre's own local policy which stated that update training should be provided on an annual basis. An urgent compliance plan request was issued to the provider on the day in this respect, and follow up assurances were received after the inspection.
- The systems in place to manage records was inadequate due to the storage of resident's records in a building that was not registered as part of the designated centre.
- The provider had not completed all actions committed to in a compliance plan submitted following the last inspection. For example, the provider had committed to supporting the nurse management team by facilitating the clinical nurse managers to complete audits. This had not occurred. In addition, issues relating to infection prevention and control, such as updated

cleaning schedules and the installation of hand wash sinks, had not been actioned.

Judgment: Not compliant

Regulation 31: Notification of incidents

Inspectors reviewed the centre's accident and incident log and found that all required notifications as outlined in Schedule 4 of the regulations had been submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. Staff worked tirelessly to provide care to residents. Notwithstanding the positive findings, further action was required in some areas to ensure the safety of the service, specifically fire safety, and infection prevention and control, as detailed under the relevant regulations.

Dedicated care plans for residents who exhibited responsive behaviours (some residents living with dementia or other conditions may be periodically predisposed to episodes of responsive behaviours in an attempt to communicate or express their physical discomfort or discomfort with their social or physical environment) were in place. These care plans identified triggers and distraction techniques that were in place to support each resident and contained information that was person-centred in nature.

Observation of staff interaction identified that staff communicated respectfully and effectively with residents, while promoting their independence. Staff demonstrated an awareness of the specialist communication needs of the residents, and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

End of life care needs of residents were found to be appropriately assessed, and residents' wishes and preferences were sought in a timely manner. End-of-life care assessments and care plans included consultation with the resident concerned, and where appropriate, their family and their doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents. Leaflets on end of life care and palliative care were available to residents and representatives in the front hall.

While the dining experience at the time of inspection was limited due to the COVID-19 outbreak, inspectors observed that the food appeared appetising, nutritious and served hot. Staff were seen to be respectful and assist residents discreetly with mealtime in their bedroom. Residents confirmed that there was always a good choice of food, and snacks and drinks were available to them at any time. The provider agreed to review the glassware to ensure a high quality dignified experience.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre, and contained all relevant resident information including infectious status, medications, and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

The premises was clean, and inspectors observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, the introduction of a flat mop system and the overhaul of water heating system. However, some procedures such as donning and doffing of personal protective equipment were not consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and will be discussed further under Regulation 27.

There was evidence of fire drills taking place in the centre and records were available for review. The centre was a two-storey building that required vertical evacuation in the event of an emergency. All the required equipment for evacuation was in place, such as vertical sliding pads, however the staff had not been trained in vertical evacuation, and the fire procedure and fire management policy did not reference this method of evacuation. Furthermore, while fire doors were intact, with appropriate intumescent seals and ironmongery, the inspectors were not assured about their effectiveness to adequately protect against the spread of fire and smoke. Cross-corridor doors and compartment doors that should have an FD60 rating were found to be of an FD30 standard and an updated fire safety risk assessment was requested from the provider as part of an urgent action.

There was inconsistency in staff responses in relation to fire compartments and the evacuation strategy. The evacuation floor plans on display did not clearly identify the compartmentation in the centre, which would facilitate bringing people to areas of safety in the event of a fire. A review of the training records found that staff had received regular fire training at suitable intervals and that residents' Personal Emergency Evacuation Plans (PEEPS) were well-maintained. All fire safety checks and required servicing had been completed. Nevertheless, the fire safety arrangements in the centre required full review by a competent fire safety professional to provide assurances of adequate containment, and appropriate compartmentalisation and will be further discussed under the Regulation 28.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties may communicate freely. The person in charge ensured that where specialist communication requirements were needed it was recorded in the residents care plan and all staff were informed.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their needs, which maintains and enhances their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge appeared to ensure that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

Action was required in the following areas to ensure compliance with infection

prevention and control standards

- Inspectors observed poor practices with regard to the appropriate discarding of personal protective equipment (PPE). For example, staff were observed putting contaminated masks in a non-clinical open metal box fitted on the wall, posing a risk of cross-contamination and further spread of infection.
- Staff training on infection prevention and control was not up-to-date, and therefore, not adequate to ensure that residents received safe, quality care.
- The system in place to communicate the risk of a resident's infection status was not effective. For example, the signage used to identify if a resident posed an infection control risk was small and could not be easily seen.
- Alcohol gel decanted from a larger container into individual hand dispensers located throughout the centre posed a risk of cross-infection.
- Wash hand basins, and designated clinical wash hand basins, including those in clinical room, sluices, and the cleaners room, required review to ensure they were of correct specifications, and in line with best guidance in infection prevention and control.
- Inspectors observed damaged pillows and cushions that did not support effective cleaning.
- There was no draining rack in sluice room, which may pose a risk of cross infection.
- The flooring in cleaner's room was observed to be visibly unclean, and was covered by a sticky residue. This was a repeat finding from the last inspection.

The system in place for donning and doffing of PPE posed a safety risk to staff and other residents. An immediate action was given on the day of inspection to provide a clinical waste bin to a point of care outside the room of a resident diagnosed with COVID-19, to ensure appropriate disposal of PPE and prevent cross-infection and was completed on the day.

An urgent action plan was also issued on the day of inspection to ensure all staff complete training on infection prevention and control, to ensure that effective infection control was part of the routine delivery of care, to protect people from preventable health care associated infections. Assurances were received following the inspection that this had been completed.

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding the improvements made by the provider in the recent upgrading of the fire detection and alarm system, inspectors were not assured that that the fire safety arrangements in the centre were appropriate, with particular regard to fire containment, and evacuation procedures. For example:

- The extent of the compartment and sub-compartment boundaries used to

facilitate phased evacuation was not clear. For example, floor plans reviewed on inspection indicated a location of a 60 minute compartment fire door. However, inspectors noted that most fire doors in the centre did not meet that fire rating.

- The floor plans on display in the centre indicated fire zones. However, the centre's fire policy and fire drills described evacuation by compartments. This could create confusion and potential delay in evacuation, in the event of fire.
- The designated centre was a two-storey building, yet the fire evacuation procedure and fire safety policy did not include vertical evacuation, and staff had not received training in this process.
- Inspectors observed hoist batteries charging in a protected corridor that was used as a means of escape to evacuate residents. This may pose a risk in the event of an evacuation.
- Some of the internal escape route signage was not illuminated and posed a risk to the safe evacuation from the building in the event of fire. Inspectors were informed that this was on a schedule for repair. Assurances were received following the inspection that this had been completed.
- Due to the layout of the centre, inspectors were not assured that three staff on duty at night time were sufficient to safely evacuate all persons in the designated centre in the event of fire during the night. This was particularly important as the compartmentalisation of the building was not clearly identified.

An urgent compliance plan was issued to the provider in relation to fire precautions. Assurances were received following the inspection that updated fire training will be provided to all staff, appropriate fire doors will be installed, and correct floor plans will be displayed in the centre.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for St Anne's Nursing Home OSV-0000169

Inspection ID: MON-0039824

Date of inspection: 19/04/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Although records were stored onsite this was not part of the registered building The Records will now be stored in a storage room in a registered part of the building.</p>	
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>We have two CNMs in St Anne's which are also part of the nursing team. They are not supernumerary so they do have to cover shifts especially over holiday periods and in extreme cases. An audit review was conducted and CNMs are given protected hours to ensure this is complete and in a timely manner. Monthly meetings to be held with management on compliance with same. We are interviewing and advertising for staff continuously.</p> <p>Due to a lot of new staff and a high turnover in the last year, training was behind on Infection prevention and control although staff education was ongoing informally. All staff are now up to date and certified with all training. Staff will be updated annually. Hand wash HBN10 sinks and IPS panels have been installed.</p>	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff training in infection control is up to date. Clearer induction will be given to agency staff to avoid the mistakes that happened on the day of the inspection regarding the disposal of PPE. Damaged pillows and cushions are being discarded and replaced as required. New signage to alert staff and residents re the presence of infection has been devised. Wash hand basins have been fitted in clinical areas. Floor in cleaners room has been cleaned with a stronger product and the sticky residue is has been removed. A cleaning schedule has been devised for the laundry. The sluice rooms have been measured in order to source suitable draining racks.</p>	
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"> *The compartment maps are complete. We have liaised with our Fire Consultant and architect and agreed compartment sizes. Fire training has incorporated vertical evacuation and all staff have completed. * The internal signage that was not illuminated on the day of the inspection had been identified by our Fire inspection and maintenance contractor prior to the day of the inspection as was repaired as scheduled on the day of the inspection. * Charging Points are being moved from the corridor for the Hoists. * A specialist in fire doors has been employed by our Nursing Home group. We already have a mix of 30 minute and 60-minute fire doors throughout the building and a plan is in place to replace and maintain doors as identified by our fire consultant. Compliance plan has been sent on to HIQA. 	

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 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	26/06/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	26/06/2023
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	31/07/2023
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	31/07/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and 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.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	09/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Not Compliant	Orange	31/08/2023

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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	30/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2023
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	Not Compliant	Orange	30/06/2023

	and safe placement of residents.			
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.	Not Compliant	Orange	16/06/2023