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:	Aperee Living Galway
Name of provider:	Aperee Living Galway Limited
Address of centre:	Ballinfoyle, Headford Road, Galway
Type of inspection:	Unannounced
Date of inspection:	16 November 2022
Centre ID:	OSV-0000331
Fieldwork ID:	MON-0038427

About the designated centre

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

Aperee Living Galway is a purpose built facility located on the Headford Road, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are four double bedrooms and 52 single bedrooms. There is adequate sitting and dining space to accommodate all residents in comfort. The second floor is dedicated to accommodate residents of high dependency. The provider employs a staff team consisting of registered nurses, care assistants, administration, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

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
Wednesday 16 November 2022	10:00hrs to 18:30hrs	Gordon Ellis	Lead
Wednesday 16 November 2022	10:00hrs to 18:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Upon arrival to the designated centre, the inspectors walked the external ground. A fire assembly point at the front of the centre was observed, to the rear the inspectors observed an outbuilding full of storage with items of which were related to the centre. The outbuilding did not have any fire detection present. The external escape route from this area that leads to the front fire assembly point is down a very steep hill and is considered by the inspectors to be too steep for wheelchairs and assisted evacuation. Furthermore, the emergency lighting provided on the day of the inspection was not adequate to illuminate a clear route to the fire assembly point.

Numerous final fire exits to the outside had steep ramps, concrete escape routes were dirty and posed a falls risk as they were slippy. One particular escape route had a high step which would not be suitable for wheelchairs and assisted evacuation during a fire emergency. In the garden area, the inspectors noted an astro-turf surface was slippy and a collection of bins were being stored along an exit route.

The inspectors were met by the person in charge, on behalf of the registered provider, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspectors on a walk around the centre. The nursing home is constructed on three levels with outbuildings and garden facilities. Residents accommodation is provided for on the ground floor, first floor and second floor with associated ancillary accommodation. The majority of residents are accommodated in single rooms with the remaining residents accommodate in double bedrooms. The centre is registered for 60 residents, on the day of the inspection there was 55 residents in the nursing home.

The second floor is dedicated to accommodating residents of high dependency and residents with dementia, this is where the inspectors started their internal walk around.

The care needs of some residents on the second floor were observed to not be met, some residents were calling out for assistance, breakfast remained untouched for two residents and poor manual handling practices were observed on two occasions. The inspectors noted a nurse was required to cover two floors leaving support staff to care for residents on one floor. The inspectors were not assured that one nurse on the second floor was sufficient to meet the complex needs of residents.

During the inspection, the residents were enjoying pet therapy, and Interactions between staff and residents were meaningful.

Bathrooms in the centre had recently been converted into store rooms. As a result, residents did not have the choice to use those bathrooms as required. The inspectors observed corridors to be cluttered with various trolleys, hoists, a

weighting machine and exercise equipment. Areas of the centre were identified to not be suitable for storage purposes, this was evidenced by a medical trolley and plastic containers found in a electrical room and items found under a protected staircase.

The inspectors observed the scheduled fire alarm test during the induction meeting and noted fire doors functioned properly and release upon the fire alarm being activated. The fire panel was located in the reception area with a repeater panel located in the nurses station, both of which were free of faults.

During the walk around, significant fire safety risks were identified. Significant improvements are required in relation to fire safety in the centre and these are set out in the next section of this report and in the Quality and Safety section of the report.

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.

Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

While inspectors found that the day-to-day governance systems within the centre were adequate, the organisational structures in place to support the centre were weak. The registered provider of this centre is Aperee Living Galway Ltd. Recent changes in this company's structure had resulted in a reduced organisational support team consisting of one director, representing the registered provider and one regional manager. The impact of these changes was evident in the lack of progress made in relation to actions that had been required to address significant fire safety issues. These had been identified in a fire safety risk assessment conducted by the provider in November 2021.

On this inspection, the oversight of fire safety management systems and the processes to identify, and manage fire safety risks were ineffective to ensure the safety of residents living in the centre. Significant fire safety risks identified included the following:

1. Four residents' who were accommodated on the first and second floor required the use of ski-pads in order to be vertically evacuated via the escape staircases. It was demonstrated to the inspectors by a member of staff, that the use of ski-pads to evacuate these residents vertically was not possible, the staircase landings were narrow and did not allow for this type of evacuation.

2. Fire exits in the centre are secured with key locks in a number of locations. The inspectors identified fire exits where keys were not present and not all staff carried a key on their person. Furthermore, green break glass units were not fitted to fire exits in order to manually override electronic locks. This could potentially delay the evacuation of residents in a fire emergency.
3. The inspectors were given conflicting scenarios when staff were asked to explain fire evacuation procedures. Staff were unsure and unfamiliar in relation to escape routes to use, evacuation aids to use or the resources required to evacuate a resident. This could potentially cause confusion and panic in the event of an actual fire emergency in the centre.
4. Personal emergency evacuation procedures (PEEPs) for residents were not fully up-to-date and were not sufficiently detailed.

An urgent compliance plan was issued by the inspectors to the provider following this inspection. Within the compliance plan to be completed by the provider, assurances were required that actions to address the identified risks as listed above were to be addressed.

A copy of the fire safety risk assessment was carried out by the provider in November 2021. This report had identified a number of high-level and medium-level risks, with a recommendation that all items in the report should be considered as urgent and should be dealt with as a matter of extreme importance. In the assessment report, deficiencies were found in several areas such as, compartmentation, fire stopping, means of escape, fire doors and ducting which had no dampers fitted. Little progress had been made to address these risks.

In addition to the fire safety issues identified there was non-compliance with the regulations relating to premises, and governance and management which was impacting on residents' quality of life.

Inspectors identified that there were insufficient resources to ensure effective delivery of care in accordance with the statement of purpose and function. The impact was that a nurse was required to cover two floors leaving support staff to care for residents one floor while the RN carried out duties on the other. Furthermore, the allocation of one nurse on the second floor was not sufficient to meet the complex needs of residents and to supervise care staff, some of whom were on induction. The care needs of some residents on the second floor were not met as evidenced by residents calling out for assistance, breakfast remaining untouched for two residents at 1pm and poor manual handling practices observed on 2 occasions.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

Regulation 23: Governance and management

Inspectors found that the provider failed to ensure that the management systems in

place ensured the safety of residents in the centre. This was evidenced by;

- A failure to address the fire safety risks identified in the risk assessment dated November 2021.
- A failure to identify, assess and manage risks, and take appropriate actions to mitigate the same in line with the providers own risk management policy.
- A failure to ensure the premises was kept in a good state of repair and equipment was kept in good working order as outlined under regulation 17

Inspectors found that there were insufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and function. This was evidenced by;

- Excessive drill times to safely evacuate residents. Detail is outlined under the quality and safety section and under regulation 28 Fire precautions.
- Insufficient provision of 1-1 activities to residents who choose to remain in their bedrooms.
- The role and responsibility of the night porter was not clear and was ineffective, as evidenced by the significant fire safety issues identified on the day of the inspection.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, inspectors were not assured that the provider's fire safety arrangements adequately protected residents from the risk of fire in the centre nor ensured their safe and effective evacuation in the event of a fire.

The provider had failed to effectively manage identified fire safety risks, and had not identified day-to-day risks found on this inspection. The inspector found the arrangements for reviewing fire precautions were inadequate, for example; little progress had been made by the provider to address the risks identified in the fire safety risk assessment and the high-level risks still persisted. The findings of the assessment and this current inspection aligned. Furthermore, inspectors found additional fire safety issues on the day of the inspection that had not been identified by the provider.

The inspectors found uncertainty over fire-containment, visual deficiencies in the building fabric and fire doors. For example, a laundry chute was not sufficiently enclosed in fire rated construction and opened onto a protected means of escape. Several areas in the centre were noted to have utility pipes or cabling that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. The inspectors were not assured by the containment

measures to high risk areas of the centre, for instance FD60s doors were not found to be fitted to the kitchen or the laundry room and significant penetrations were noted to ceilings and walls of the laundry room around pipe work that required sealing up. A laundry chute door was not sealed and fitted appropriately to a chute wall.

This inspection found that inadequate arrangements were in place to facilitate adequate mean of escape for the residents. For example, it is of concern that the stairways are not suitable for the use of ski pads/mattress evacuation and the door used to enter each staircases opened directly onto the landing area, which reduced the space available significantly. The width of some fire exits from bedroom corridors were narrow and would not be wide enough to facilitate all evacuation aids. However, it was demonstrated to the inspectors by a member of staff, that a wheelchair would fit out through the fire exits sampled. Nevertheless, the external routes from some fire exits would only be suitable for mobile residents due to changes in levels and steep hilly terrain on route to the fire assembly point.

The inspectors found uncertainty over containment measures in the centre and inappropriate storage of flammable materials. For example, in the fire safety risk assessment, it was identified that compartment walls at all levels including the stairway junctions with the roof were not compliant, sections of compartment walls are not completed at the attic level and service ducting that passes through the centre is not fitted with fire dampers (prevents the spread of fire and smoke inside duct work that crosses fire-resistance rated walls and floors). The combined deficiencies of these risks could allow for fire and smoke to develop, and spread more easily within the centre. This has significant consequences for residents in the event of a fire developing in the centre. In addition, medical items were found to be stored in an electrical service room and a store room located under a protected staircase, with no fire detection or a compliant fire door fitted.

From a review of fire evacuation drills and as a result of the deficiencies in compartmentation measures outlined above in the centre, the inspectors were not assured by the arrangements in place and staffing levels to ensure the safe evacuation of the largest compartment on the second floor. This compartment accommodated 20 residents and based on the drills reviewed on the day of the inspection, the drill times recorded were excessive. This combined with an inadequate vertical evacuation strategy, unsuitable external means of escape and deficiencies in containment measures led to an unsafe environment for the residents living in the centre.

A fire safety risk assessment report was carried out on 28 November 2021 and significant high-risks and medium-risks were identified. The provider had failed to address the fire safety risks identified in that report. The provider had also failed to identify, assess and manage risks, and take appropriate actions in order to ensure the safety of residents in the centre. Following the inspection, an urgent action plan was issued to the provider in relation to providing what mitigating measures will be put in place to manage these risks and provide an action plan on how these risks will be addressed, including the time-frames for completion of all fire safety works

identified in the November 2021 assessment and the findings of this inspection.

The Inspectors reviewed documentation in terms of regular in-house fire safety checks in the centre. There were daily, weekly and monthly checklists which included for example; checks for the automatic door release mechanisms, fire equipment, fire alarm testing, weekly emergency lighting and fire exit doors, all of which were up to date. The inspectors were informed that weekly fire safety huddles were carried out with staff members to discuss fire safety in the centre. This was good practice, and promoted an active fire platform and awareness for all staff

Service records were available for the various building services. The records were up to date and had no deviations or faults indicated on the day of the inspection.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- The flooring in a kitchen area was in a poor state of repair.
- Bathrooms in the centre had recently been converted into store rooms. As a result, residents have no other choice of bathrooms to use.
- A bed pan washer in a sluice room did not reach the required temperature when tested by the inspectors.
- Some ceiling areas around ventilation ducting were in need of repair.
- Some pipe work was left exposed, was not properly terminated and holes were unsealed in a bathroom area.
- Inadequate arrangements of storage facilities were found. The inspectors observed corridors to be cluttered with trolleys, hoists, a weighing machine, exercise equipment and areas of the centre were identified to not be suitable for storage purposes.
- Several areas of the centre were noted to have holes that required sealing up.
- Some fire doors were damaged

During the walkabout of the premises, the inspectors identified a number of discrepancies between the floor plans, the description of facilities in the statement of purpose and the physical environment. For example a kitchenette was now a drugstore. The inspectors noted an outbuilding was located at the rear of the centre and was being used to store items belonging to the centre. However the outbuilding was not included on the registered floor plans for the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider must make significant improvements in order to comply with the regulations. The inspector found uncertainty over fire-containment, means of escape, visual deficiencies in the building fabric, fire doors, inadequate evacuation planning, inappropriate storage practices, poor emergency lighting and staff knowledge, which could lead to serious consequences for residents in an emergency.

The service was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example:

- The inspectors observed storage of medical items stored in a electrical room and cleaning equipment stored under a protected staircase. This presented a potential fire risk- - if a fire did develop, it would be accelerated by the presence of these items.
- The inspectors observed batteries for hoist equipment were being charged along protected corridors. This could potentially compromise a protected means of escape in the event of a fire emergency.
- A fire alarm detection repeater panel is located in a nurses station that can be locked with a keypad. Access to a repeater panel should not be able to be restricted.

The provider needs to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example, stairways are not suitably sized for ski pad/mattress evacuation, the width of final fire exits are narrow and secured with key locks in a number of locations, external exits routes from the centre are not suitable for assisted evacuation, and manual overrides are missing from fire exit doors. Furthermore, the central staircase is a designated fire exit route which forms part of the evacuation strategy, however this does not connect directly to a final exit from the centre and thus can not be considered as a protected stairway.

Some emergency exit signage on corridors and above fire exits were not functioning to indicate the route to access a fire exit. In the event of an emergency, this could cause confusion and could delay an evacuation.The inspectors noted emergency lighting was lacking in residents bedrooms that were sampled. Externally, emergency lighting was missing along some fire exit routes and above fire exits to illuminate the route of escape in the event of a fire evacuation at night-time, and this required a review by the provider.

The provider needs to improve the maintenance of the building fabric and the means of escape. For example, the inspectors were not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. A number of fire doors observed by the inspector had door-closer mechanisms, hinge screws and fire door seals missing. Gaps were noted at the bottom and between doors.

Furthermore, a number of fire doors were damaged, did not meet the criteria of a fire door and did not close fully when released. These deficiencies posed a significant risk to residents in the event of a fire.

Several areas in the centre were noted to have utility pipes or cabling that penetrated through the fire-rated walls and ceilings and required appropriate fire sealing measures.The inspectors noted the ceiling linings to a chapel and laundry room did not appear to meet the fire rating criteria for surface spread of flame and assurances were required. Furthermore a refuse area was noted to be located along an external means of escape, a main reception desk with a large open plan office opened onto a protected corridor, both of which compromise a means of escape in the event of a emergency.

Arrangements for staff to attend fire safety training required improvement by the provider. From a review of fire safety training records, the inspectors noted that not all staff had up-to-date fire safety training. At the time of the inspection, the provider gave assurances that fire safety training sessions were planned for some staff members during November 2022 which were aimed at ensuring that all staff had completed fire safety training.

While fire evacuation drills were taking place, further fire drill practice is required in order to further support staff to protect residents from the risk of fire. For example, from speaking with a number of staff members, the inspectors noted staff were not fully knowledgeable on fire safety procedures to be followed in the event of an evacuation and gave conflicting accounts.

Arrangements for containment of fire in the event of a fire emergency and detection in the centre required improvement by the provider. For example, the inspectors noted several attic hatches identified on the day of the inspection were not fire-rated, a laundry chute was not sufficiently enclosed in fire rated construction and fire doors that are fitted to high risk areas do not provide sufficient fire containment measures. Furthermore, it was recommended in the providers report that the kitchen and laundry rooms were to be further investigated to confirm they are provided with sufficient fire-rated enclosures.

The inspectors were informed that fire detection had been recently added to the attic areas. However, fire detection was lacking in a number of rooms. For example, in bathrooms some of which are now in use as store rooms, storage rooms and an outbuilding.

The provider needs to improve arrangements for the evacuation and safe placement of residents from the centre in a fire emergency, in a timely manner with the staff and equipment resources available. The inspectors were not assured that the largest compartment, which provides sleeping accommodation for 20 residents on the second floor could be evacuated in a timely manner when staffing levels are at the lowest. This was evidenced by the excessive evacuation time recorded for an evacuation of the largest compartment with night time resources.

Furthermore, a sample review of residents' personal emergency evacuation plans (PEEPs) were not accurate or sufficiently detailed with the staff resources needed

for each resident. In addition, for specific residents it did not include the use of Aids /Sedatives (including night time) which would impact on their reaction times.

The display of procedures to be followed in the event of a fire needs improvement. Floor plans were displayed in the centre however, they did not indicate the extent of the compartment and sub-compartment boundaries suitable for horizontal phased evacuation. This could form part of the procedure to be followed by staff in the event of a fire. Furthermore, fire action notices displayed in the centre were outdated and contained the name of a previous designated centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Aperee Living Galway OSV-0000331

Inspection ID: MON-0038427

Date of inspection: 16/11/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Where fire safety precautions have been identified as being required in the Fire Safety Risk Assessment, but are not currently implemented, the Register has been updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.

The Provider is currently engaging with a competent construction company to address these remedial works required with urgent effect.

Adequate arrangements to maintain the premises, means of escape and fabric of the building is detailed in Regulation 28: Fire Precautions and Regulation 17: Premises.

Night Porters have received Fire Safety Management training and complete a 12-hour nightly fire watch. Duties/responsibilities for this position have been made available in the designated centre.

The Director of Nursing and activities co-ordinator conducted a comprehensive review of the social care and activities schedule and implemented an enhanced programme of meaningful activities and social engagement for residents who choose to remain in their bedrooms.

A dining room experience audit shall be completed. Audit findings will be analysed and acted on in a timely manner and findings used to improve outcomes for residents.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is a programme of routine maintenance and refurbishing the physical environment of the facility, including fixtures, furnishings and fittings. Upgrade and or replacement of the flooring in the kitchen will be delivered under this programme and considered as part of capital projects request.

Travel distances to bathrooms on the second floor will be reviewed and storage rooms repurposed if appropriate.

All bed pan washers are included in our homes Servicing Schedule. Error noted in temperature on the day of the inspection was resolved immediately the following day.

A schedule of planned maintenance works has been implemented and will include:
Repair of some ceilings around ventilation ducting;
Pipework exposed will be terminated and any holes noted sealed;

When not in use all items of equipment will not be located on corridors and will be appropriately stored in the centre.

A door performance assessment shall be completed by a competent person to confirm door sets that may not provide the required fire performance. Subsequent to same, a repair/replacement programme shall be implemented.

In conjunction with the Statement of Purpose, Registered Floor Plans shall be updated to reflect the purpose of each specific room and shall include the outbuilding.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Subsequent to Inspection November 16th, al storage was removed from electrical rooms and under protected staircases. Routine inspections shall be conducted by the Director of Nursing or other manager to ensure these high risk areas are well maintained and not used for storage going forward.

The residential home shall ensure that all means of escape are clear from obstructions, such as charging of batteries for hoists that may impede the use of a final exit.

The fire alarm detection repeater panel located in the nurses station shall be visible and accessible, and keypad obstruction devise has been removed.

The Registered Provider has engaged the services of a Fire Safety Professional to identify the best escape routes for each resident in the residential home to include progressive horizontal and vertical evacuation application, the means of escape, travel distances within compartments and corridor layout and any potential restrictions. External fire exits shall be reviewed to ensure they lead to an area of safety and resident accessible. Based on the evacuation strategy, an evacuation procedure shall be created.

The residential home shall ensure that doors on escape routes are not fitted with a locking device. On a floor where accommodation may be provided for residents with dementia/cognitive impairment, a risk assessment shall be carried out prior to the implementation of key-operated or staff-controlled doors on escape routes. The risk assessment shall be carried out with the input of our Fire Safety Consultant. A copy of the key shall be located adjacent to each door in a break glass unit.

Manual call points shall be provided near exit doors.

Escape signage and emergency exit lighting shall be reviewed throughout the building and where deemed necessary repaired and or additional provided.

A door performance assessment shall be completed by a competent person to confirm door sets that may not provide the required fire performance. Subsequent to same, a repair/replacement programme shall be implemented.

Remedial works to commence in Q1 2023 shall include upgrades for containment of fire in the residential home. A competent construction company has been contracted to address these works required, to include sealing of pipes/cabling through ceilings, fire rating to ceilings in laundry and chapel, installation of fire rated shutter at reception area, fire rated construction upgrade to attic hatches, laundry chute, laundry and kitchen and reduction in compartmental size.

All staff are facilitated to attend yearly fire safety training and is scheduled at regular intervals throughout the year - all staff are now currently up to date. Further education awareness to be enhanced by providing additional Fire Warden Training. This will facilitate further staff members trained in co ordinating fire evacuation procedures and Fire Safety Awareness.

Simulated evacuation drills are completed in the residential centre to test the efficacy of both day and night-time conditions, to include staffing arrangements and resident dependency levels. Frequency of fire drills have increased to fortnightly simulations of the top floor (largest compartment) to further improve staff's readiness/preparedness levels in the event of a real fire scenario until such time as compartment size is reduced. Evacuations are timed and audited and learning from drills inform improvements in practice.

Smoke detectors shall be installed and fitted in recently repurposed store rooms.

All resident PEEPs are now updated to reflect specific evacuation needs of the resident

and staff resources required to safely evacuate each resident.

A review of all floor plans in the building shall be conducted and updated where required and include details of compartments and sub compartment boundaries.
A review of Fire Action Notices shall be completed and updated where required.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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	31/08/2023
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	Red	02/01/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	31/01/2023

	specifies roles, and details responsibilities for all areas of care provision.			
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	31/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	03/01/2024
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	Red	03/01/2024
Regulation 28(1)(d)	The registered provider shall make	Not Compliant	Orange	31/12/2022

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including 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	Red	31/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/01/2024

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	Red	31/08/2023
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.	Not Compliant	Yellow	28/03/2023