



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

Issued by the Chief Inspector

Name of designated centre:	St. Mary's Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Shercock Road, Castleblayney, Monaghan
Type of inspection:	Unannounced
Date of inspection:	07 July 2023
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0040767

About the designated centre

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

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The provider has made a commitment that the total number of residents accommodated will not exceed the maximum number for which the centre is registered (70 residents). The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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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
Friday 7 July 2023	09:00hrs to 17:40hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The feedback from residents and visitors was that this was a great centre to live in and that the care provided was excellent. All residents met on the day appeared well-groomed and said that they were happy living in the centre and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspector observed that the environment was clean, bright and met residents' needs. The environment looked homely and welcoming and there were a number of spaces for residents to relax in, such as pleasantly decorated dining rooms and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating. There were a number of internal courtyards for residents' use which had colourful benches and tables and an array of shrubs and plants for the residents who wanted to engage in some gardening. Although the premises were clean and well-maintained, the inspector observed a number of issues which required to be addressed in relation to fire safety, which will be further described under Regulation 28. The registered provider informed the inspector that they had completed a recent fire safety risk assessment, were awaiting the report and would forward same once received, to provide assurances on fire containment. From observations on the day, the inspector was concerned about fire containment measures, compartmentation and management of evacuation and the means of escape.

The inspector also observed that in the Dromore unit, a sitting area had been temporarily converted to a bedroom, which was not in line with the statement of purpose for the registered premises. This was promptly addressed on the day and the communal space was returned and made available to all residents.

Accommodation consisted of single and large twin bedrooms in three independent units: Dromore House, Drumlin and Lorgan House. Resident bedrooms were seen to be bright homely spaces and the majority were personalised with photographs, soft furnishings and souvenirs from residents' homes which reflected their life and interests. The centre was very clean and the residents said that their rooms were cleaned every day and that they were happy with that arrangement. There were numerous photos on the corridors, displaying various activities that residents were taking part in each month, and some residents spoke fondly of their experiences living in the centre. It was evident that the centre was well-embedded in the local community. The inspector heard that residents were preparing to take part in a local agricultural show where they would be displaying some of their art and craft work and that a multicultural day was also planned in the near future.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. Residents who spoke with the inspector expressed high levels of satisfaction with the quality of life they experienced in the centre. Staff who spoke with the inspector were knowledgeable

about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

There was a schedule of activities posted on notice boards and available to the residents. In addition to that, newspapers, Mass and rosary were available to residents on a daily basis. The inspector observed that in one unit residents were trying to watch the live Mass on television, however there were significant delays in transmission which caused frustration among the residents. Staff said to the inspector that the WiFi signal was not always strong enough, and that while it worked on most days, there were also times when it was difficult to watch the programme.

The inspector observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed environment. Although food was not cooked on site, it was delivered in hot trolleys and the inspector observed that the effective arrangements were in place to ensure that lunch was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them. Snacks and drinks were also available to residents at all times. Although no resident complained about this, the inspector observed that all residents were served drinks from plastic glasses. This issue was raised with the person in charge who committed to review the practice from a rights-based perspective.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. Visits were not restricted. The inspector also spoke with three relatives visiting on the day of inspection. The feedback was overwhelmingly positive. One relative said; 'I have to give them top marks, 10 out of 10. Staff are very good, the residents are fierce well- looked after, the food is very very good, plenty of drinks around'. Another visitor said that 'staff are brilliant, so good, always keep us informed if there is any change, we are very happy'.

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, this inspection found that while there was a clearly defined management structure in place, improved oversight of service was required in a number of areas to ensure a high quality safe service continued to be provided at all times. The management systems in place required to be strengthened in order to be effective

at identifying areas for improvement, specifically in respect of fire safety and medication management.

This was an unannounced inspection carried out by an inspector 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). The centre had a very good history of compliance, however it had been through a recent period of instability as there were changes to the person in charge. Although, this was a planned absence, the registered provider had failed to inform the Chief Inspector of Social Services of changes to the person in charge, which in effect resulted in the centre not having a person in charge for a period of five days in April 2023. A new person in charge was appointed on 12th of April 2023, who met the regulatory requirements in respect of having the appropriate experience, knowledge and qualifications.

The registered provider was the Health Service Executive (HSE). The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service and enhancing the quality of life for the residents. The person in charge was supported in their role by an area manager who was the registered provider representative, an Assistant Director of Nursing (ADON), three Clinical Nurse Managers (CNMs) and a wider team of nursing, care, household and administrative staff. The person in charge was responsive to issues identified during the inspection.

Management systems to monitor the centre's quality and safety were in place with a suite of audits completed by the Clinical Nurse Managers. However, these audits required to be further developed to ensure they picked up areas for improvement, for example in the areas of medication management, healthcare and nursing documentation. The management systems in place had failed to identify risks related to fire safety that required an immediate action on the day of inspection. The inspector was not assured that the bar/lounge area that was part of the designated centre had appropriate fire containment measures in place. There was a lack of assurance that the door to this area was a fire rated door. In addition, the door was locked and did not appear connected to the alarm system. The inspector requested to activate the fire alarm and observed that a number of fire rated doors, including cross-corridor doors, did not close off automatically. The registered provider took immediate action and the this issue was promptly addressed before the end of the inspection.

Although the person in charge was new to the designated centre, there was evidence that were management and staff meetings were taking place. An annual review for 2022 had been completed and was available to the residents, which identified quality improvement plans for 2023. Evidence of residents' meetings and satisfaction survey were also available for inspection.

Although policies and procedures were in place, from the sample of policies reviewed on the day, the inspector found that some policies were quite generic and not sufficiently comprehensive and clear to provide guidance to staff. For example the medication management policy had not been updated in line with guidelines and

as a result a number of practices seen on the day were outdated; in addition the policy stated that stock medication should not be in place in the centre, while the inspector observed stock supplies in each of the units. The food and nutrition policy had recently been reviewed in May 2023, however the inspector found inconsistent practices in respect of monitoring of weights for residents at risk. The practices were not informed by policy or best evidence guidelines.

The inspector was assured that the centre were adequately resourced and there were sufficient staff at all levels to meet residents' needs, and that access to various mandatory and relevant training was provided to enable them to fulfill their roles. However, give the findings regarding fire safety and evacuation times this arrangement required review.

There were two volunteers working in the centre, and while appropriate arrangements were in place to ensure they had An Garda Siochana vetting (police clearance) in place, their roles and responsibilities had not been set out in writing as required by the regulation.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had failed to make an application and inform the Chief Inspector as soon as practicable of changes to the designated centre for the purpose of registration, in respect of the person in charge. The centre did not have a person in charge for a one week period in April 2023, although this was not an unexpected absence.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

Regulation 22: Insurance

A valid certificate of insurance was available in the centre which provided cover against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the designated centre was used at all times in accordance with the statement of purpose and floor plan as specified in Condition 1 of its certificate of registration. The inspector found a resident being accommodated in an area that was not a designated bedroom space. Improved oversight of the use of premises was required to ensure it was only used in line with the statement of purpose. For example, the inspector observed more than 15 large boxes of confidential documents stored on the floor in one of the large store rooms in the designated centre. The door to this room was open and the inspector was informed that these documents belonged to a different service.

The inspector found that systems that would ensure that the service delivered to residents was safe and effectively monitored were inadequate in a number of areas. This was evidenced by;

- The registered provider had failed to identify immediate risks to safety in respect of fire management in the designated centre, specifically in respect of adequate fire containment, which resulted in an immediate action issued to the provider on the day
- The registered provider did not ensure adequate arrangements were in place to ensure the designated centre had a person in charge at all times and had failed to inform the Chief Inspector of changes to person in charge
- The management systems had failed to identify that some practices were not in line with best evidence guidelines and that local policies did not inform practice. Clinical oversight systems in place to monitor the nursing documentation and the management of residents at risk of malnourishment was not adequate. For example, the inspector observed gaps in the documentation of residents who had wounds or pressure ulcers. From the records reviewed, it was difficult to ascertain residents' condition, as there were contradictory statements in a number of daily progress notes. Similarly, the inspector found gaps in the implementation of MUST (Malnutrition Universal Screening Tool) assessment. The local policy was not clear in regards to what to do when a high risk was identified and as a result inconsistent practices were identified between different houses/ residential units.
- Most audits were not sufficiently robust, with many of them being in a checklist format.
- Medication audits only looked at administration and prescribing and all of these audits showed 100% results. There were no audits carried out by a pharmacist in the designated centre as required.
- Mandatory training in key risk areas such as fire safety was found to be out of date.

Under this regulation the provider was required to address immediate risks that were identified on the day on the inspection, in respect of fire safety and the use of registered premises. The manner in which the provider responded to the risk **did** provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contracts of care were in place for both long-term and short-stay residents. It clearly set out the cost of residing in the centre, and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers working in the centre, and while appropriate arrangements were in place to ensure they had An Garda Siochana vetting (police clearance) in place, their roles and responsibilities had not been set out in writing as required by the regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of Social Services within the required time-frame as required by the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The inspector discussed with the registered provider representative on the day of inspection and were assured that the provider was aware of the notice to be given to the Office of the Chief Inspector in the absence of the person in charge from the

centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as per Schedule 5 were in place and were reviewed at regular intervals no longer than 3 years. However, the inspector found that some policies were generic or not implemented in practice, while other policies were not updated to reflect evidence based guidelines. Specifically the inspector reviewed the medication management policy, fire safety policy and food and nutrition policy.

Judgment: Substantially compliant

Quality and safety

Overall, the inspection found that residents living in St Mary's Residential Centre were receiving good care and attention from a stable team of staff that worked hard to meet residents' needs. Residents told the inspector that they were happy living there. Premises were clean and bright and provided a homely environment. However, the inspector found significant concerns in respect of fire safety and medication management systems in the centre, which will be further outlined under their respective regulations.

The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were speaking with residents kindly and respectfully, and interacting with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Residents who spoke with the inspector expressed great satisfaction with the food. Residents said that there was always a good choice and snacks and drinks were available to them at any time. Tables were nicely laid out and set with condiments, glasses and cutlery. There were plenty of drinks made available to the residents.

The inspector reviewed a number of care plans in respect of communication needs and management of nutrition and hydration, and found that overall they provided good guidance to staff on resident's assessed needs. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific

communication needs of individuals.

The premises was clean and tidy however the inspector observed that some corridors which acted as a means of escape were cluttered with seating furniture. While it helped to create a homely environment, these items of furniture would be obstructive should an evacuation be required. Furthermore, the external evacuation routes from Dromore and Drumlin houses could not support a safe evacuation as the doors were narrow and the route had steps externally. The new person in charge had already identified this and provided evacuation sledges; while the residents PEEPs (Personal Evacuation Emergency Plans) had been updated the local fire safety policy had not. The inspector found that overall, the provider had taken a number of precautions to protect the residents from the risk of fire including an upgraded fire alarm and detection system, appropriate fire doors in most areas, regular checks and servicing of the equipment and emergency lighting. Staff took part in weekly fire drills which were found to be comprehensive and identified learning. However, staff had only completed evacuation of one or two rooms and no drill had been completed using the method of evacuation identified in the local policy, which was horizontal evacuation by compartment. The inspector was informed that each residential unit acted as one compartment, which was subdivided into two sub-compartments. The largest sub-compartment had 16 beds and the inspector requested assurances that staff were able to evacuate a compartment of this size within an appropriate timeframe to ensure everyone's safety, which were received following the inspection. Additional findings are detailed under Regulation 28; Fire precautions.

The inspector observed that residents generally received a good standard of care and support, however improved oversight and further review of nursing documentation and medication management practices was required to provide a consistent, safe and high quality service.

Residents' medication was stored at bedside in a locked safe within resident's wardrobe. The inspector reviewed the medication arrangements and found that practices were not in line with local policy or best evidence practices as further detailed under Regulation 29; Medicine management.

Regulation 10: Communication difficulties

The inspectors saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They 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

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire:

- There was inappropriate storage of oxygen cylinders. Three of these cylinders were found in one of the treatment rooms. The local fire safety policy did not identify the risk of oxygen and provided no details in respect of its management.
- Residents' records were stored in a Comms room which could pose a fire safety hazard
- The bar/lounge area of the designated centre was locked and could not be accessed by staff outside open hours. This area was very cluttered with numerous items for sale and the inspector observed inappropriate storage of items on top and in front of an electric radiator which did not have a protection cover.
- More than 20 staff were out of date with the mandatory yearly fire safety training. The person in charge provided assurance following the inspection that an additional training date had been arranged within one week.
- The risk of open plan kitchenettes, located in each of the residential units had not been appropriately considered. This was especially important as these high risk area were located within the same compartment where residents were accommodated and were fully fitted with various items of electrical equipment including an oven, coking hob, dishwasher, fridge and microwave. In addition a smoking room was also located within the residential

compartment.

The inspector was not assured that adequate means of escape was provided throughout the centre:

- The escape routes from Dromore and Drumlin houses were not appropriate for the designated bed evacuation method, as they had steps and were too narrow to allow for the bed to pass through. While a small number of evacuation sledges had been introduced, this method had not been tested with drills. The local policy stated that the only evacuation method to be used was bed evacuation.
- The external means of escape on the corridor next to Drumlin House was blocked and not fit for purpose; it had been taken out of use by the provider due to the path being uneven, without an alternative provided.
- The main corridors were cluttered with furniture which could obstruct the safe evacuation of residents using the designated means of escape exits.

From conversations with staff and a review of the weekly fire drill reports, the inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- Due to the very large size of compartments, the inspector requested additional assurances that all residents, could be safely evacuated when staffing levels were lowest. Each house acted as one compartment accommodating between 21 and 25 residents. While each house was subdivided into two sub-compartments, there had been no evacuation drill carried out on a sub-compartment or compartment. The largest sub-compartment accommodated 16 residents of various dependency levels, and the spread layout of the unit raised concerns that the smoke would not be effectively contained in the event of fire and would impede the timely evacuation of the residents. Information received following inspection showed that approximately 11 minutes were required to bring all residents from a sub-compartment to an area of safety and that all bedrooms had 30 minutes fire-rated walls.
- Concerns about the level and quality of compartmentation available in the designated centre had been raised in a Fire Safety Risk Assessment dated 13 December 2021. The inspector was not assured whether the issues identified had been actioned, and was informed that a more up-to-date fire risk assessment had been completed which will be submitted to the Chief Inspector when it was received, as per commitments given by the registered provider representative

The inspector was not assured that adequate arrangements were in place for containing fires:

- Although a good standard of fire doors were in general in place throughout the centre, the inspector was not assured that the bar/lounge area was protected with fire rated doors. There was a very large gap between these

doors which meant that the smoke would not be effectively contained.

- The inspector observed that not all fire doors closed upon the activation of the fire alarm. This included cross-corridor doors as well as one 60 minutes fire rated compartment door that provided access to one of the Houses where residents were accommodated. The inspector was informed that this was by design, due to the way the alarm system had been originally set up and this issue was rectified on the day of inspection.

Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk **did** provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider did not ensure that appropriate medicine management systems were in place for safe management of medicines, including having an up-to-date policy that was implemented in practice. For example

- The systems for ordering and return of medications required to be strengthened. In one example, the inspector found delays of up to five days in the ordering and supply of prescribed products to the residents. A rationale for the delay could not be deduced from the residents' and pharmacy records inspected.
- The inspector found out of date oral nutritional supplements. These were disposed of promptly on the day.
- Medication no longer required (that had been discontinued or after a resident was discharged or passed away) was not timely returned to the pharmacy. The inspector found numerous examples of un-returned medicines, some of these were dated 2021.
- Not all medicines were individually prescribed to the resident as per best practice. A number of medicines, including controlled drugs, were collectively labelled with the name of the house they were being supplied to, even though the local policy explicitly stated that no stock medicines should be held.
- Single use dressings were found opened and partly used, and required discarding. This posed a cross-contamination risk and compromised the sterility of the dressing.
- There were no pharmacy audits completed and no evidence of pharmacist's involvement in residents' medicine review and medication management policy.

Judgment: Not compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. The provider acted as pension-agent for a small number of residents and a separate client account was in place to safeguard residents' finances. Effective arrangements were also in place to ensure residents funds were returned after a resident passed away.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Mary's Residential Centre OSV-0000495

Inspection ID: MON-0040767

Date of inspection: 07/07/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Going forward the registered provider will make an application and inform the Chief Inspector as soon as practicable of changes to the designated centre for the purpose of registration, in respect of the person in charge.</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> <ul style="list-style-type: none"> • The registered provider will ensure that the designated centre is used at all times in accordance with the statement of purpose and floor plan as specified in Condition 1 of its certificate of registration. This will be monitored by daily management walkabouts. A fob system has been ordered for the store room door to ensure it is locked and entry provided for only for designated staff. Records were removed on the day of inspection from the designated centre. • The registered provider will ensure adequate arrangements are in place to ensure the designated centre has a person in charge at all times. • Food and nutritional policy has been reviewed to ensure best evidence based practice. Care plan and medication audits have been introduced to capture deficits and gaps in documentation. Training to be rolled out in wound care and skin bundles in September 2023 by practice development officer.. • Pharmacy audits to be introduced to the designated centre by Quarter 1 of 2024. 	

Currently a review of the pharmacy provider has being undertaken so as to provide this service.

- An additional fire training date was organised for 19th July, 17 members of staff attended. There are also dates organised in September and November 2023.

Regulation 30: Volunteers	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 30: Volunteers:
A volunteer policy has been developed and issued for the designated centre.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Currently the medication management policy, fire safety policy are under review. These will be completed by 15th September 2023. The food and nutrition policy has been reviewed.

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

- The local fire safety policy has been updated to identify the risk of oxygen and no more than one oxygen cylinder is to be kept in each house. Extra oxygen cylinders were removed on the day of inspection
- Residents' records have being relocated to an appropriate lockable store room.
- A break glass key was installed on the day of inspection for the pub/shop. The radiator and surrounding area was cleared of clutter on the day of inspection.
- The door to the shop/pub now has a fully fire rated door.
- Fire training took place on the 19th July 2023, 17 staff attended. Further training is planned for September and November.
- A risk assessment has been completed of the open plan kitchenettes and smoking room to assess the risks and put in appropriate measures to ensure resident safety.
- Fire evacuation drill on the 19th July which included the evacuation method of sledges

outdoors using the steps. This will be carried out in drills going forward. The local fire policy has been updated to reflect this method of evacuation.

- The external means of escape on the corridor next to Drumlin House has had the gates removed.
- The main corridors have been cleared of furniture which could obstruct the safe evacuation of residents using the designated means of escape exits.
- Fire drills are now being carried out of the sub-compartments to include night time scenarios with night time staffing levels.
- An up to -date fire risk assessment has been completed and submitted to the Chief Inspector on the 19th July 2023.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The systems for ordering and return of medications has been reviewed and separated.
- Staff to monitor dates of stock. A medication audit has been introduced since July 2023.
- Medication to be returned and recorded in pharmacy returns book. Audits to be introduced to monitor the return of medication.
- Medication policy currently being reviewed to reflect practice. Consultation has been held with pharmacy to have all medication individually labelled in July 2023.
- Single use dressings were discarded on the day of inspection. Medication audits introduced to monitor in July 2023.
- There is currently a review of the service being provided by the pharmacy to include audits, residents review and input into the medication policy. This will be concluded in quarter one 2024

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	30/04/2023
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	30/04/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	31/07/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	30/09/2023
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	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Orange	30/09/2023

	make adequate arrangements for reviewing fire precautions.			
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 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.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/07/2023

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2023
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	31/03/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/07/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a	Not Compliant	Orange	31/07/2023

	secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/07/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/09/2023
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	Substantially Compliant	Yellow	15/09/2023

	and update them in accordance with best practice.			
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