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:	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:	12 September 2023
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0041427

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:	69

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 September 2023	07:45hrs to 17:30hrs	Frank Barrett	Lead
Tuesday 12 September 2023	07:45hrs to 17:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Overall, residents in St Mary's told inspectors that they receive a good quality of care at the centre. The centre was found clean and homely. Residents were supported throughout the day to partake in some activities, mealtimes, and meeting visitors.

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). This inspection primarily focused on a review of fire precautions and an inspection of the premises. The centre was registered for 70 residents and there was one vacancy on the day of the inspection. The previous inspection of this centre on 7 July 2023 had identified some areas of non-compliance with the regulations in relation to Fire Precautions and Governance and Management.

The inspectors were met at reception by a Clinical Nurse Manager in charge at the time during shift change. Inspectors had a brief introductory meeting with the Person in charge(PIC) Assistant Director of Nursing (ADON), and the Clinical Nurse Manager (CNM). After the introductory meeting, Inspectors were lead on a tour of the premises by the PIC.

During this walk around the inspector observed that corridors were decorated with low level lighting, and furniture, that allowed residents to take rest breaks while moving through the large centre. Inspectors noted that link corridors were very long, which is why there were rest-breaks added to the routes. Inspectors observed some communal spaces at junctions of corridors, and at entrances to the different wings, these provided nice break-out spaces for residents to sit and meet with visitors, read newspapers or talk with other residents and staff. The nursing home was very spacious, clean, and bright. It was divided into three specific units; the Drumlin House unit, Dromore House unit and a dementia specific Lorgan House unit.

The residents' bedrooms were spacious and were personalised with photographs. There was adequate storage in each room for clothing and personal belongings. There was ample space in each of the multi-occupancy bedrooms, for mobility aids, and other equipment. Inspectors saw foldable screening in place to divide the personal space in each room, however, when demonstrated to inspectors, it was difficult for staff to operate the dividers easily. While there was an adaquate amount of storagespace in the bedrooms, inspectors observed that additional cupboards were placed in these bedrooms. These cupboards were being used by staff to store linen. Inspectors observed staff going in and out of different rooms to collect linen for use in other bedrooms. This practice detracted from the privacy for those occupying these bedrooms.

Residents who spoke with inspectors said that the food was good. All food is cooked off site, and transported into the centre in heated containers. Inspectors observed the process at lunch time, and saw that food temperatures were checked on arrival

to the centre. Residents meal orders are taken a day in advance and were submitted to the off-site unit where food was prepared. There was a large kitchen facility at the centre, however it was not used for cooking meals. There were kitchenettes on each unit of the centre, from which food was served. Inspectors observed that these kitchenettes were fitted with cooking facilities such as ovens, and hobs. Inspectors were told that these appliances were not used for cooking, though some staff told inspectors that they use them sometimes to keep food warm, or to boil an egg.

There was a small bar/shop at the centre which provided a pleasant location for residents and visitors to meet and socialise. The bar is open from 2pm to 6pm. Inspectors observed residents and visitors using the bar area in the afternoon. Residents spoke of their enjoyment of this facility, and how they like to meet people there. The bar was nicely decorated with furniture that resembled an old fashioned pub. Staff at the centre also spoke of the advantages of having this facility within the centre, and how it added to the quality of life for residents living in the centre.

There were enclosed gardens in each of the three units, which residents could use to take a walk outside. Each unit had an internal smoking room for residents who wished to smoke, however, Inspectors observed residents smoking in one of the internal garden areas. There was no designated smoking space in this garden, no ash tray, no smoking apron or fire extinguishers. Inspectors also observed other residents smoking in the smoking room, however, there was no supervision of the smokers, and no staff in the area at the time. The supervision and oversight of resident who wished to smoke is further detailed under regulation 28 Fire precautions.

Residents confirmed their enjoyment of activities provided but confirmed that group activities were limited due to staff not being replaced. Some had their own computers, however they told inspectors the internet connection was poor, staff also reported that Internet coverage varies making it difficult to input their records.

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

Capacity and capability

This unannounced risk inspection was carried out over one day by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address significant issues of

non-compliance found on the last inspection in 7th July 2023.

The findings of this inspection were that the provider had taken some action to address non-compliance's that had been identified on the last inspection. Progress was being made on remedial works relating to fire containment measures, and fire doors. Inspectors were informed that following a review of the fire evacuation procedure at the centre, that additional evacuation aids were being procured and fitted in the centre. However,inspectors were not assured that staff had the requisite knowledge and training in the use of these aids, and that policy had been updated to reflect this change. A request for information letter was issued to the provider following the inspection seeking assurances on evacuation procedures, staff training/ and policy updates. The registered provider engaged in this process, and supplied the requested information. This information provided assurance to the chief inspector that the issues raised were being addressed.

The registered provider of St Mary's Residential Centre is the Health Service Executive (HSE). The management structure, as set out in the centre's statement of purpose, consisted of a person in charge supported by an assistant director of nursing, and two clinical nurse managers. After 5pm daily a senior nurse was the person in charge and fire warden until the clinical nurse manager commenced duty at 8am. The resources provided were not in-line with those committed to in the statement of purpose and function in the areas of clinical nurse management, nursing , healthcare assistant catering, and maintenance. In addition the activities co-ordinator role had not been back-filled for over three months. Agency staff were employed to cover nursing, healthcare assistant and catering vacancies. In addition, while the centre had a bus for transporting residents, they did not have a driver. Assurances were available that all agency staff had received their statutory fire safety training, and participated in fire drills if on duty. Inspectors were advised that two registered nurses were in the process of being recruited.

Staff had access to mandatory training including safeguarding, fire safety and infection control. However the findings of this inspection confirmed that further training was required on the use of equipment to safely evacuate residents, and in particular on the use of various evacuation aids. Conflicting information in policy versus procedure at the centre was found in relation to staff smoking, and evacuation aids.

During the inspection, it was evident that the lack of maintenance personnel on site was resulting in poor preventative maintenance planning, and reaction to maintenance issues was slow. While it was acknowledged that the director of nursing was utilising external contractors for maintenance projects, this was on a call out basis. Issues identified are outlined with under Regulation 17:Premises.

The management systems required review to ensure that the service provided was safe, consistent and effectively monitored. The provider maintained oversight of fire safety in the centre through the use of audits and fire safety checklists. These were completed in line with the timelines set out by the provider. However, inspectors noted that these checks were not adequate to detect all fire safety issues in the centre. For example, the checklists had failed to identify obstructions on escape

routes such as trollies at the exit doors, or the risk assessments and associated controls and supervision required of residents smoking in the enclosed garden to maintain their safety. The provider had employed an external company to complete a fire safety risk assessment. The fire safety risk assessment was completed in December 2021 with the latest revision of the risk assessment dated 19 July 2023. The risk assessment identified a number of areas that needed to be addressed. On the day of inspection, it was found that these actions were progressing, and inspectors met with contractors on the day of inspection who were fitting fire stopping materials. Issues with containment of fire had been identified and given an extended timeline for action of 9 months. This extended timeline did not reflect the nature of the risk identified, however,inspectors were assured that the progress of the works would see the remedial fire stopping works completed within the agreed timeline. Issues relating to escape routes, containment doors and compartmentation were not being addressed. These issues are discussed further under regulation 28 Fire Precautions

Regulation 23: Governance and management

The registered provider had failed to ensure that resources in the centre were planned and managed to ensure person-centred, effective and safe services. The provider had failed to ensure the service had sufficient staffing resources as committed to in the centre's statement of purpose and function.

This negatively impacted on the effective governance and oversight of the service in maintaining supervision, caring, activity, maintenance and catering staffing resources to ensure a quality and consistent service was provided to residents. Group activities were impacted negatively due to a reduction in resources available. Practices observed in respect of moving and handling were not line with evidenced based practice.

Inspectors found failings in the governance and management systems to ensure a safe, monitored and consistent service was provided. This was evidenced by;

- Maintenance issues were not being addressed in a timely manner. For example damage to building fabric identified at roof level had remained in that condition for some time. The deterioration of these building elements could impact on the structure of the building in those areas.
- Cleaning staff were not being monitored. Management at the centre did not have access to cleaning rotas or schedule times of cleaners.This service was outsourced. It was unclear if flushing procedures were in operation for example for the sinks in the laundry and other less used sinks and showers. Fans used in the centre were not on a cleaning schedule.
- Risk management systems were not robust enough as assessment in respect of smoking and associated controls were not consistently carried out.The ppolicy and procedure on smoking was not implemented.
- There were repeated non-compliance's in regulation 28 fire precautions, and

commitments given in previous compliance plans not fully met. Additional details are provided under Regulation 28; Fire precautions.

- Oversight of staff training required review.Conflicting information was available to staff regarding the use of evacuation aids for residents. Ski-sleds were available in locations along the corridor walls and in resident bedrooms, however, staff were not trained in their use, and personal emergency evacuation plans did not reflect the use of sleds. Staff spoken to were unsure of when they should use the ski-sleds, and when bed evacuation should be used. This point was raised with the provider at feedback where inspectors were informed that bed evacuation would still be the primary evacuation strategy.

Judgment: Not compliant

Quality and safety

Overall, the premises at St Mary's Residential Centre was bright and homely, and was kept clean. While remedial fire safety works was ongoing, there was no significant impact on residents and staff at the centre.

This centre was previously inspected on 7 July 2023. That inspection found that improvement was required in relation to fire safety arrangements in the centre at that time. Since the time of that inspection, the provider had taken measures to address a number of these issues. Some iimprovements had been made to the premises including containment measures, however, repeated findings in relation to fire precautions were identified. These issues are discussed further under Regulation 28; Fire Precautions.

The provider had made significant improvements to fire evacuation drill efficiency.The previous inspection had found that extended evacuation times were being recorded during drills. This inspection found that improvements had been made in this area. However, inspectors could not find evidence that the provider had trialled external evacuation and inspectors found that external evacuation routes were not adequate. For example, an evacuation route was observed partially obstructed by tree branches, and another had bins placed at the route. In addition, some emergency exits had steps outside them which would impede external evacuation of non-mobile residents in the event of a fire.

Inspectors were not assured of the containment measures within the centre. While it was acknowledged that works were progressing on fire sealing of service penetrations and compartment walls, this work was being carried out over an extended period since the identification of these issues, which was not in line with the original risk assessment.. Travel distances along escape corridor was excessive. There was a lack of sub compartment doors on protected corridors. This resulted in large numbers of residents in compartments, which would impact on their safe

evacuation during a fire event. This risk was not adequately risk assessed by the provider to reduce travel distances within bedroom corridors to a place of relative safety. Improvement was required to the standard of containment of fire doors in the centre. Some compartment doors were found to have gaps around the perimeter, and some doors were held open with chairs.

Inspectors reviewed procedures at the centre to raise the alarm in the event of a fire.The fire alarm was an L1 category alarm and was inspected and tested on 11 July 2023. However, inspectors noted that some of the fire alarm call points in one section of the centre were key activated. Instruction was available on how to use this, however, staff were not familiar with its use. Another call point was obstructed by a curtain on the adjacent window.

Improvement was required to signage in relation to evacuation from the centre. Signage displayed did not identify the compartment lines, nor did it show the location of the internal assembly point.

These issues are discussed further under Regulation 28; Fire Precautions.

Improvements were required to the premises to align with the regulations. Inspectors noted that shower drains in some bathrooms were in poor condition. For example,there appeared to be a paint covering peeling off some of the drains whichleft them dirty, and difficult to clean.

Improvement was also required in the laundry area. The laundry floor was in poor condition, though inspectors were advised that a new floor covering was on site and awaiting fitting. Changes made to remove the appliances in the laundry, resulted in large vent duct holes remaining in the walls. These holes had bits of ducting which was cut off, attached. There were metal tracking fixed to the floor on which the washing machines had been mounted. The removal of the machines left behind these tracks causing a trip hazard. There was redundant cabling and piping still fixed to the wall, and an electrical services cabinet in the room. The quality of linen used required required as some was worn and required replacement.

Inspectors found damage to walls from leaking roof sections, and a section of damaged floor under a sink in the Lurgan unit due to leaking at that sink. Inspectors found that the flooring in the centre changed gradient at various locations, which was not identified on the floor to residents moving along these corridors. The lack of a visual aid to a change in gradient could result in falls.

These issues are detailed further under Regulation 17; Premises.

Regulation 17: Premises

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

regulations. For example:

- Some areas of the premises were not being kept in a good state repair internally. The laundry had damage to the floors, walls and doors. These issues would make cleaning the area difficult.
- Sections of eaves at the corners of the roof were damaged with some of the timber panels rotting. This could provide access to the roof space for vermin, as well as resulting in deteriorating structural condition.
- Shower drain covers were found to be in poor condition, and damaged.
- A wall in the communications room was significantly damaged as a result of a leak in the roof above.
- A leak in the roof in the hairdressing room resulted in damage to a section of wall.
- A section of floor was damaged under a sink in the lurgan unit as a result of a leak.
- The gradient of the floor changed in some areas to a slight ramp without any visual representation of this change.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the registered provider had made improvements in fire precautions since the last inspection, concerns remained as detailed below.

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

- The use of the ovens and hobs for cooking in the kitchenettes throughout the centre required review. The use of these appliances for cooking would change the nature of the space to a working kitchen space. This would require robust measures to protect residents in the day room from fire.
- There were no precautions taken against the risk of fire for residents smoking in the enclosed garden. There were no suitable furniture, fire extinguisher, smoking apron or cigarette ash tray in place.
- Aerosols and detergent were stored in a wooden cabinet in a cleaners store room. There was a designated area for chemicals which was not being utilised. This was contrary to the policy at the centre which identified chemicals as being stored separately as a precaution against the risk of fire.

The registered provider did not provide adequate means of escape including emergency lighting for example:

- Escape routes from the Drumlin house unit could not provide safe evacuation of residents, as there were steps outside the door. There was a pathway to a ramp adjacent, however, the exit door almost completely blocked this route

forcing evacuees down the steps. This was a repeat finding
- The evacuation route handrail was in poor condition outside the laundry area at the Lurgan House unit. There was no intermediate barrier on this rail, the railing was rusting, and would be unsafe to use due to paint chipping. The concrete on the path was ravelling and uneven.
- Inspectors were not assured that emergency lighting was in place at all external exits that would provide light in the event of a power loss in an evacuation.
- An exit route was blocked by bins in the drumlin unit. These were removed on the day by staff at the centre.
- Tree branches were partially obstructing the external escape route in the Lugan unit.
- The internal assembly point was not identified on the layout maps at the centre. This could cause confusion or delays during horizontal evacuation.

The registered provider did not make adequate arrangements for detecting and containing fires. For example:

- Containment issues were found with fire doors throughout the centre. Doors were found with gaps around the perimeter, missing smoke and fire seals and non-fire rated ironmongery. The slave door to the bedrooms had anchor bolts fitted and did not have door closers. In the event of a fire, where bed evacuation was being used to evacuate, the dis-engaging of the bolt would cause a delay, and the policy and fire drills did not identify the manual closing of the slave door when leaving the room.
- Doors were found held open for example in the recreation room, the door to the kitchen was held open with a chair, another store room was propped open with a door wedge. This was contrary to policy at the centre which stated "Do not prop opoen doors as this could allow the spread of smoke".
- The excessive size of the bedroom compartments at the centre would result in a poor containment of fire within a unit. While bedrooms are constructed in 30 minute protection, residents in the entire compartment would need to be evacuated immediately in the event of a compartment fire. One compartment had 16 resident spaces.

The registered provider did not make adequate arrangements for evacuating where necessary in the event of a fire, of all persons in the designated centre. For example:

- There was no record of external evacuation being trialled at the centre. This would result in a lack of staff knowledge on the evacuation routes, the use of evacuation aids, and the procedure for external evacuation
- The centre was implementing a plan to introduce ski-sled assistance for external evacuation. This would require additional training for staff, and would require a policy to be put in place to identify the point at which staff have to make the decision to move residents onto ski-sled. A letter requesting this information did provide assurances that staff would be trained in the use of ski-sled evacuation, and that the policy would change to reflect this, however, the response to the letter did not identify the decision point at

which staff would have to use ski-sleds.

- The procedure for staff to raise the alarm on discovering a fire did not reflect the different types of fire alarm call points at the centre. Key activated call points located in the lurgan unit require staff to be familiar with the process. The extra steps required to raise the alarm at these call points could result in delays in raising the alarm.

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	Substantially compliant
Regulation 28: Fire precautions	Not compliant

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

Inspection ID: MON-0041427

Date of inspection: 12/09/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. To ensure effective governance and oversite of the service the following has been completed or a timeline of completion has been identified. This will ensure that the resources identified within the statement of purpose is reflective within the unit.

- Clinical Nurse Manager employed from 17th October 2023.
- Two staff nurses have now commenced employment.
- One Health care assistant has a start date of the 16th November 2023
- Awaiting recruitment for a multi-task attendant, this post is with HR for filling and a start date has to be determined.In the interim regular agency staff are employed.
- A Catering attendant to start date 16th November 2023.
- The maintenance position person is in the final stages of recruitment, and a start date is awaited.
- Activities co-ordinator role has now returned to position.
- HSE driver with required bus licence now available to drive the mini-bus.

2. All Maintenance issues are requested through a HSE portal, and HSE maintenance personnel are assigned according to profession. An external contractor is currently available to carry out maintenance works that are not available via the HSE portal. The Person in Charge and the Provider will continue to liaise with maintenance personnel to ensure maintenance issues are completed in a timely manner

3. Management keep a weekly roster of the external cleaning staff with the hours worked. There is also a sign in and out book for staff to sign

4. The cleaning staff complete the water flushing programme daily and a record is maintained. The cleaning supervisor works onsite 5 days per week to monitor records

5. Policies and procedure are now in tandem in relation to smoking and fire evacuation aids.

There is no smoking outside of the designated smoking rooms. Fire evacuation aids onsite are detailed in the fire policy and at which point they will be used.

6. Daily fire checks include clear escape routes and no smoking in outdoor areas. The smoking rooms have fire exit doors opening out to external areas.

7. Following on from the fire risk assessment, opening up works have identified deficiencies in compartment and sub-compartments. An agreed schedule of works has been developed and risk assessed. Red items are to be completed in December 2023, with completion of amber item in April 2024. The works have already commenced in September 2023

8. All staff have been made aware of the specific fire evacuation procedures for all residents. This is discussed three times daily at the units safety pause. All residents have up to date PEEPS which clearly identifies the method of evacuation both day and night. All new staff within the centre on induction are informed of the fire evacuation processes within the centre and the means of escape. All staff are also made aware on induction of residents method of evacuation

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Laundry works to be completed by flooring 27/10/2023. Electrical and plumbing works to be completed by November 2023.
• Roof works commenced on 17th October 2023, to be completed by December 2023.
• All Shower drain covers to be replaced by 19th December 2023.
• Wall in the communications room has been repaired
• Hairdresser's room wall has been repaired.
• A section of floor was damaged under a sink in the lurgan unit as a result of a leak. To be replaced by 16/11/23
• The gradient of the floor changed in some areas to a slight ramp without any visual representation of this change. Floor signage to be put in place by November 2023. This risk has been risk assessed and is place on the centres risk register.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Going forward the ovens and hobs will not be used in the kitchenettes for cooking.

• The designated smoking rooms are the allocated areas for smoking.
• Aerosols and detergents are now stored in the designated chemical store in line with the centres policy.
• Upgraded steps on the escape route of the Drumlin House, will be installed by December 2023 to meet the standards.
• A new handrail outside the Lurgan house and works to path will be completed by December 2023.
• The fire officer has confirmed that a survey was carried out by an external fire company in 2023 which found that there was sufficient lighting in place at all external exits to provide light in the event of a power loss in an evacuation.
• An exit route was blocked by bins in the drumlin unit. These were removed on the day of inspection by staff at the centre. Clear exits are included on the daily fire checklist. The Person in Charge will also review all fire exits while completing safety walkabouts to ensure that all fire exits are clear.
• Tree branches that were partially obstructing the external escape route in the Lurgan unit have been cleared.
• An internal assembly point has been erected and fire policy updated. This has been communicated to all staff
• All fire doors to be checked and containment works completed in relation to gaps around perimeter, missing smoke and fire seals and non-fire rated ironmongery by March 2024.
• Fire policy and drills have been updated to include the slave door to the bedrooms have anchor bolts fitted and in the event of a fire, where bed evacuation was being used to evacuate, staff are required to dis-engage the bolt and close the slave door on leaving the room.
• Daily fire checklist is in place to ensure doors are not propped open. Staff also advised of same at staff meetings and safety pause. The Person in Charge will monitor same while completing the safety walkabouts daily within the centre
• Fire drills are now carried out using night time staffing to evacuate residents in 16 bedded compartments.
• Fire training and drills now include external evacuation being trialled at the centre.
• Fire Policy has been updated to identify the decision point at which staff would have to use ski-sleds. This has been communicated to all staff
• The different fire alarm call points including the key activated call points located in the lurgan unit, are now included in fire drills. This informs staff on the procedure for staff to raise the alarm on discovering a fire.

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.	Substantially Compliant	Yellow	31/12/2023
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	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	30/09/2023

	consistent and effectively monitored.			
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	31/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2024
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	Orange	30/09/2023