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 John's House
Name of provider:	St Johns House of Rest
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	05 July 2023
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0040708

About the designated centre

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

St John's House is a purpose built nursing home which can accommodate 56 residents, both male and female over the age of 18 years. Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care.
Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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 5 July 2023	08:05hrs to 17:45hrs	Karen McMahon	Lead
Wednesday 5 July 2023	08:05hrs to 17:45hrs	Frank Barrett	Support
Wednesday 5 July 2023	08:05hrs to 17:45hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed it was clear that residents received a high standard of care and that they were happy living there. Residents who spoke with the inspectors said that staff were most kind and helpful. A resident described staff as "being even kinder to those who needed more care".There were facilities in place for social, recreational and religious activities.

On the day of inspection inspectors were met by the person in charge, who guided them through the sign-in procedure and facilitated the inspection.

The designated centre was originally a Victorian style house built in 1870, which had a modern extension tastefully built and incorporated around the existing building. Many of the features of the old Victorian building were preserved and were evident while walking around the centre. The centre is laid out over three floors.

The majority of residents' bedrooms were single occupancy, with en-suite facilities. There were two twin rooms which had recently been reconfigured, following the previous inspection, to ensure that residents' rights to privacy and dignity were maintained.

Residents were supported to personalise their bedrooms, with items such as photographs, artwork, personal belongings and furniture to help them feel comfortable and at home. Each bedroom had a subtle individual colour theme including a painted entrance to the bedroom, matching en-suite door and matching coloured feature wall, generally behind the bed. This was to help residents with memory loss to identify their bedrooms. Picture frames outside the door also had discreet signage of various colours, to signify the dependency level of the resident and thus inform care staff of the level of assistance required. Residents reported to be happy with their rooms.

There were various comfortable communal areas around the centre including sitting rooms, quiet rooms, library and dining rooms. All these areas were observed being used by residents throughout the day of inspection. In one sitting room inspectors observed residents taking part in the daily crossword activity and they were clearly enjoying this. One resident told inspectors that it keeps them alert and thinking.

On the ground floor there was a large modern concourse with coffee tables and chairs and a grand piano. The inspectors were told that this piano was played most afternoons by residents. The hairdressing salon was located off the concourse and on the day of inspection it was observed to be in use with many residents availing of the hairdressing service and a beauty therapy service.

There was a quiet chapel with a beautiful stained glass window installed at the entrance, that had come from the original centre before the refurbishment of St.

John's House. There were also smaller stained glass windows, which inspectors were informed were over 200 years old.

Outside the centre, on the ground floor, there were three enclosed garden areas. All areas were well-maintained and had raised flower beds for residents to take part in gardening activities. The areas were wheelchair-accessible and each area had its own unique features. For example, one garden area had a cloister, which was part of the original Victorian building, as a scenic feature and old well-maintained benches from old churches were placed for sitting in different areas of the garden, all sheltered by an over hang of the new build.

On the first and second floor there were balcony areas, looking out on to the enclosed gardens, that residents could sit out in. These areas were well-maintained and decorated with colourful flowers and plants. The nurses stations' was closely located to these areas.

Inspectors observed staff and residents enjoying each others company throughout the day. Activities included, pottery, reading newspapers, newspaper crosswords in the morning and afternoon tea on Friday afternoons. Residents were observed reading newspapers and enjoying cups of tea in quiet areas of the building throughout the day. Staff were observed knocking on residents' doors and providing care in a discreet manner.The inspectors spoke with a number of residents on the day of inspection. One resident said they "love it here, I loved being placed here and the lovely surroundings and friendly staff". Two residents dinning together agreed that the company was great and said that there was always something to do. All residents who spoke with inspectors were full of praise for the staff and how kind they were and there was always someone checking that they were ok. Staff were observed by inspectors to be gentle and respectful in their interactions with residents. One resident said "I consider how lucky I was to get in here, because it's wonderful".

There was an independent advocacy service available and this information was displayed in the designated centre. The religious preferences of residents were facilitated and there was a chapel in the centre used for religious services. There was a residents' meeting due to be held the following day and there was evidence of minutes from previous resident meeting earlier in the year. Residents attended group activities on the day of the inspection. Residents spoke with great fondness of the music sessions, provided by a resident who played the piano most afternoons.

Sufficient dining facilities were provided throughout the designated centre, and residents were able choose where they wished to eat. Inspectors observed residents dining in the variety of dining spaces on the first floor as well as the sitting/dining room on the second floor. Different groups of residents choose to eat together and others were observed dining alone.

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

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. Action was required to improve the providers' oversight of fire safety.

This was a one day inspection to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

St John's House of Rest incorporated body is the registered provider for the designated centre. There is a general manager who oversees business matters related to the premises. The person in charge is responsible for the care of the residents and the delivery of services. The person in charge is supported in their role by two clinical nurse managers. Other staff members include nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The management structure in the designated centre supported robust systems which facilitated ongoing quality improvement in the delivery of safe care and services. Management oversight focused on resident wellbeing and actions were taken to ensure that residents' lived experience in the designated centre was positive. There were sufficient resources in place to meet the care as set out in the centres' SOP.

Since the previous inspection in July 2022, the registered provider, general manager and person in charge had implemented actions to achieve compliance with a number of the regulations under the Health Act 2007. For example, twin rooms had been appropriately reconfigured to provide adequate private space and care plans had been regularly revised and updated to reflect all of the care needs of the resident.

Policies were in place and were seen to be reviewed and updated.There was a health and safety statement and a risk management policy in place. A comprehensive electronic directory of residents was available to review. The records reviewed were comprehensive and clear. An up-to-date insurance policy was displayed in the designated centre.

The complaints policy had been reviewed and contained clear guidance on the roles and responsibilities of staff, as well as timelines for responding to complaints. Inspectors reviewed a complaint and found that it was investigated promptly and that ongoing communication with the residents and their family had been

maintained. The person in charge had contacted The National Advocacy service and had arranged for training and advice to be provided to residents and staff.

Regulation 19: Directory of residents

The registered provider maintained an up-to-date directory of residents that included all of the information required under Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an insurance policy in place which included loss or damage to residents property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider's oversight and review of fire precautions in the designated centre required to be strengthened.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy and procedure was updated in line with the regulations. Complaints were investigated promptly. Information about the procedure was available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had up-to-date policies and procedures on matters set out in Schedule 5. The documents were available to staff in folders in the nursing station areas throughout the building.

Judgment: Compliant

Quality and safety

Overall residents had good access to health care services. There was consultation with residents in the organisation of the designated centre and residents were happy with visiting arrangements. Some improvements were required in relation to fire safety, premises and the management of restrictive practices to further enhance the safety and quality of the living environment for the benefit of the residents.

A selection of care plans were reviewed on the day of inspection. Care plans were individualised and clearly reflected the health and social needs of the residents. Changes following discharge from hospital or following consultation with another health professional were reflected in the residents' care plan and plans updated accordingly.

There was a low level of restraint in use in the centre, with on-going review and evaluation in an effort to reduce use further. The inspector reviewed three care plans in relation to physical restraints. Care records showed that when residents had a restrictive practice in place such as bed rails, there was a risk assessment in place for its use. However, some gaps were seen where restraint consent forms were not always signed by the resident.

Staff had relevant training in management of responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that have a history of being effective for the resident.

There was evidence that residents' rights were upheld throughout the day of inspection.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them.

The centre was clean and well-maintained and the premises was suitable for the needs of the residents living there.

Improvements had been made to address issues with infection prevention control (IPC) highlighted during the last inspection. However, issues relating to storage and flooring were identified on this inspection. The floor in the 1st floor dinning room was in poor condition with many areas lifting up, posing a trip hazard risk and some areas had been stuck down with masking tape. Inspectors were informed, by management, that an extensive plan was in place to replace the flooring in 2023. A lead IPC nurse was in place who had appropriate training and who carried out regular audits. An up-to-date COVID-19 contingency plan was viewed by inspectors. Cleaning checklists were signed and reviewed regularly. The laundry facility was divided into clean and dirty areas to ensure that there was no cross-contamination during the laundering process.

Food was cooked fresh in the centre and menus observed on the day showed a varied and nutritious meal choice was available to residents. Catering staff, spoken with, were knowledgeable on the specific dietary requirements required by some residents and there was a good communication system in place to communicate any changes in a residents' nutritional and dietary needs with catering staff. All catering staff had the relevant up-to-date training required.

Inspectors reviewed the arrangements at the centre to protect residents from the risk of fire. Maintenance of fire safety systems and equipment was available on the day of inspection. A sprinkler system was installed and maintained at the centre, giving coverage of the entire building. Systems were in place to ensure staff training and knowledge of fire safety procedure was up-to-date and practiced through fire drills. However, issues relating to the detail and recording of fire drills required review. This process had already begun prior to inspection. While most fire doors throughout the centre were well-maintained, some issues were identified relating to fire sealing and doors not fully closing. The storage of oxygen was also identified as a fire safety concern. It was observed throughout the inspection that all bedroom doors were fire doors, but none were fitted with door closers. Policy reviewed at the centre identified the need to ensure doors are closed in the event of a fire, or during an evacuation. These issues are detailed under regulation 28 Fire precautions.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including opthamology and audiolgy. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

Regulation 17: Premises

Some improvement was required to provide a premises which conforms to the matters set out in Schedule 6, for example:

- Storage space were not efficiently used. While it was noted that there was adequate amounts of storage space, some storage rooms were overfilled, or inappropriately used, while others were under used. The overfilled rooms presented problems for access and cleaning, as there were boxes on the floor. There were also some used items such as mattresses and chairs stored alongside continence wear and clinical equipment.
- Floor covering in some of the dining spaces was in poor condition. The damage to the flooring resulted in difficulty with effective cleaning of the dining areas, but also posed a trip hazard as sections of the floor covering were found to stick upwards. Small sections of the floor covering were also missing, and some areas had tape installed to cover joints.
- An identified leak in the second floor corridor ceiling was not repaired in a timely manner. Staff spoken with confirmed that the leak had been investigated three weeks prior to the inspection. A section of ceiling board was removed, but the repair was not completed. This resulted in the leaking water being collected with a basin placed on the floor beneath the leak. There was also a yellow "Wet Floor" sign placed on the corridor at the basin. Inspectors spoke with the facility manager, who explained that a specialist contractor had been scheduled to attend to this repair, as the source was the roof and committed to having the repair completed within a week. In the interim period, the basin was removed and other measures put in place to contain the leak.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

Residents were facilitated to eat their meals wherever they chose too. There was adequate staffing levels observed to provide appropriate supervision during mealtimes. Food was available throughout the day and there was tea, coffee, water and light snacks available when catering staff were gone home. Sandwiches were

also left prepared for any residents who required something more substantial during the late evening and night.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through the form of the national transfer document on resident transfers to hospital or elsewhere. Changes to care, on return to the centre, were reflected in the care plans.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy was in place and was in accordance with regulation. Incidents in the centre had been clearly recorded and specific learning outcomes identified. Relevant measures were put in place and evaluated for effectiveness. There was a robust system for hazard identification in the centre and the risk register was well-maintained.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had generally good infection prevention and control meansures in place, however some gaps in the following areas needed to be addressed in order further enhance the IPC practices in the centre in line with National Standards in infection prevention and control in community services (2018):

- The linoleum on the dining room floor was chipped and in a poor state of repair. This meant that it could not be cleaned properly.
- Hand gel was found to be out of date. This could impact the effectiveness of the product.

- A mix of clean and dirty items were stored together in store rooms in the basement. These included kitchen cutlery stored close to a cleaners sink and mops.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, however, some improvement was required for example:

- Unsecured oxygen cylinders were stored in a clinical room and doctors room used for storing medical trollies, and clinical equipment. There was no appropriate location to store the oxygen cylinders to prevent accidental collision. There was no signage on the door to identify the storage of oxygen there.
- There was unsuitable "wicker type" furniture in use at the smoking area. This type of furniture does not provide adequate protection against the risk of fire in a smoking environment. Further, there was no fire extinguisher at the smoking area. An appropriate fire extinguisher was placed at the smoking area when this was highlighted to the person in charge.

Improvements were required to ensure that adequate arrangements for maintaining of all means of escape, for example:

The servery room on the first floor was in use during the inspection. A large number of food tray racks were blocking the exit door from the servery, and the access to the fire extinguisher.

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- Some fire doors in the centre did not close fully when released, including a cross-corridor door from the concourse to the hall, the ground floor tea room and the door from the first floor servery to the dinning room. This would result in a lack of containment of fire and smoke at these doors.
- Bedroom doors and other doors in the centre were not fitted with door closers. In the absence of door closers, doors should be closed when the room is not in use in order to contain fires that may start in the room. Open doors were found in many rooms throughout the centre that were not in use at the time for example, a first floor day-room.
- Some service penetrations were not fire sealed in the comms room on the ground floor, which would result in a lack of containment in the event of a fire.

Improvements were required to fire drills in the centre. For example:

- Fire drills were being recorded at the centre, however, the detail of the scenarios, times, and participants of the drills were not being recorded, meaning that no learning outcomes were being put in place for improvements.
- There was no record of fire drills which reflected periods of low staffing numbers, for example night time staff levels. Inspectors were not assured that staff in the centre at night were aware of the procedure to follow in the event of a fire.
- There was no record of a fire drill of evacuation of the largest bedroom compartment at the centre to provide assurances that residents, in that compartment, with varying dependency levels can be evacuated safely in a reasonable time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Many restraint consent forms were not signed by the resident or family member, where appropriate. This was not in line with local or national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents enjoyed a good quality of life which was enhanced by the variety of activities available to them. Inspectors observed staff constantly offering residents choices about what they wished to do, where they wished to go and what they wanted to eat. As a result residents who spoke to inspectors described their day as being varied depending on what they wanted to do. Quarterly meetings, an annual survey and a suggestion box allowed residents to express their views on the running of the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St John's House OSV-0000101

Inspection ID: MON-0040708

Date of inspection: 05/07/2023

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**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: St. John's House takes fire safety very seriously. To further bolster our efforts in – reinforcing and strengthening fire precautions I have assigned a Clinical Nurse Manager to oversee the necessary improvements. The tangible improvements expected will be recorded and documented thereby demonstrating the progress taken to attain full compliance.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Immediate action was taken to address the overfilled storage rooms. The inappropriate mixing of general equipment and clinical equipment has been remedied with proper storage arrangements. The issue with the dining room floor is a priority and was reported to the management committee. There is full endorsement to proceed with resurfacing the entire dining room floor and not just the uneven areas or the split joints. Already, a contractor has been invited to quote for the renovation works and a second contractor is being engaged for a second quote. I can confirm that the leak has been fully repaired and that the ceiling repair has been completed. Action concluded.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A thorough assessment of the personal protective equipment stock was undertaken, leading to the restructuring of the storage facility for personal protective equipment. Furthermore, the stocked items have been marked with labels to indicate their respective expiration dates. An established procedure for conducting periodic IPC audits of inventory is implemented to oversee stock levels.

The kitchen store room, situated in the basement, has recently undergone a reorganization to establish a distinct separation between the sections designated for dirty and clean items. Store 0.22 A has been designated for the specific purpose of storing clean cutlery and other related accessories. A storage space of 0.22 B has been allocated for the purpose of storing chemicals and cleaning accessories. All items located within the store areas are appropriately labeled and categorized. Furthermore, a prominently displayed daily cleaning checklist is provided for the housekeeping staff to ensure regular attention to these areas.

The issue pertaining to the dining room floor has been recognised as a matter of high importance and has been duly communicated to the management committee. There exists a consensus to proceed with the comprehensive resurfacing of the entire dining room floor, as opposed to exclusively addressing the uneven areas or split joints. See reference to Regulation 17, point 2.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Oxygen cylinders – The unsecured oxygen cylinders that were previously stored in both the clinical room and the doctors' room have been relocated. The designated storage area for oxygen cylinders on the first floor is Utility Room 1.25, while on the second floor, Utility Room 2.26 serves the same purpose. A clearly visible sign has been attached to the door to indicate the presence of oxygen storage within the designated area. All staff have been appropriately notified about this modification, along with the relevant fire safety protocols. Moreover, a highly visible signage is discreetly affixed outside the rooms of residents who require continuous oxygen therapy, serving to inform the staff and reinforce fire safety procedures.

The unsuitable "wicker type" furniture has been removed. An appropriate fire resistant cast iron chair has been purchased to replace the original unsuitable piece of furniture. Additionally, a fire extinguisher has been mounted in the area as a further provision.

The obstruction, namely food tray racks that were blocking the exit door from the server have been removed. An educational piece advising catering staff to be aware to never block the exit door has been carried out.

The three specific doors highlighted as not closing properly have been examined and fixed to close correctly.

A meeting with the building architect and property services manager occurred on the 7th of September. Following this meeting our architect will contact the relevant fire safety consultants/experts to ensure St. John's House is in full compliance with its Fire Certification. Where mechanical or automatic door closures are required they will be fitted accordingly. St. John's House has a sprinkler system throughout the entire building which mitigates the risk of a fire spreading.

Contact has been made with a specialist fire proofing contractor. They have been instructed to come to St. John's House and fire-seal the comms room. We have requested that they commence this job as soon as possible

Fire drill improvements;
• Further in-depth fire scenarios have commenced with appropriate data recorded. E.g. time and participants.
• I've appointed my Clinical Nurse Manager to oversee the appropriate level of fire drill training for night staff that assures me that staff are fully competent, skilled and capable to act effectively in a fire event.
• The same said assigned Clinical Nurse Manager will initiate fire drill evacuations of the largest bedroom compartment incorporating the management of residents with varying levels of dependency.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
All of the currently available consultation forms for physical restraint have been duly signed by the residents or their authorised representatives. The care plans for restraints encompass comprehensive documentation of the specific date and time at which the consent signing occurs. The regulations pertaining to the utilisation of restraints have been adequately conveyed to the Clinical Nurse Manager as well as the Staff Nurses. The Restraint registry has undergone recent updates to incorporate the latest signatures from the multi-disciplinary team.

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(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.	Substantially Compliant	Yellow	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2023

	associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	01/09/2023
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.	Substantially Compliant	Yellow	01/09/2023
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	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/10/2023

	arrangements for detecting, containing and extinguishing fires.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/09/2023