



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

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0037319

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside, approximately one mile outside the heritage town of Listowel. The centre provides 24-hour nursing care, which is led by the person in charge, who is a qualified nurse. The centre is a two story premises and is registered to accommodate 48 residents. Bedroom accommodation consists of 28 single bedrooms and 10 twin bedrooms. There is a variety of communal space, which includes a dining room on the ground floor and three sitting rooms, as well as an internal garden. The centre can accommodate both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment, following a pre-admission assessment of needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 27 July 2022	16:30hrs to 19:30hrs	Ella Ferriter	Lead
Thursday 28 July 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead
Wednesday 27 July 2022	16:30hrs to 19:30hrs	Caroline Connelly	Support
Thursday 28 July 2022	09:00hrs to 17:00hrs	Caroline Connelly	Support
Friday 12 August 2022	10:45hrs to 17:15hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This inspection took place over one evening and two days and was unannounced. Overall, residents spoke positively about their experience of living in Lystoll Lodge Nursing Home and praised staff for their kindness and companionship. The inspectors met the majority of the residents and spoke with nine residents in more detail and three visitors during the inspection. The inspectors spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspectors observed interactions between the staff and residents throughout the day and found that they were warm, respectful and person-centred at all times.

Prior to entering the building each day, the inspectors were guided through the centre's infection prevention and control procedures, by a staff member. The systems in place were comprehensive, and included a signing in process, hand hygiene and a temperature check. After an opening meeting with the person in charge and one of the directors of the company, the inspectors were guided on a tour of the premises. The third inspection day was facilitated by a senior nurse in charge in the absence of the person in charge.

Lystoll Lodge Nursing Home is a designated centre for older people situated in a rural setting, outside the town of Listowel, County Kerry. The centre is a two story purpose built red brick building. External grounds were observed to be well maintained and there were trees and shrubs planted to the front of the building. The inspectors saw that building works were taking place on the grounds of the centre and an extension to the premises was near completion. This extension was not part of the current registered designated centre.

The centre is registered to accommodate 48 residents and there were 38 residents living in the centre on the day of this inspection. Bedroom accommodation is over two floors, and comprises of 28 single rooms and ten twin rooms. The inspectors saw that the centre was very clean and great improvements were seen in the maintenance. New wardrobes had been fitted in bedrooms since the previous inspection and there had been some painting of bedrooms and hallways.

Staff spoken with said they were very happy working in the centre. They enjoyed getting to know the residents and their families and interactions with residents and staff were very positive and person centred. One resident told the inspectors that you " couldn't meet nicer people than here" and another told inspectors that they enjoyed their days and interactions with staff. There was a homely and calm atmosphere in the centre where residents were seen laughing and joking with staff throughout the day. Staff were observed taking time to talk to residents and ask them about how they were and if they could assist them with anything.

The inspectors observed the dining experience and provision and choice of food on both days of this inspection. Improvements were noted in the menu and inspectors

were informed that there was a 21 day rolling menu in place. Residents told the inspectors they enjoyed the food and looked forward to it. Although the dining experience had been enhanced for many residents and tables were nicely set, inspectors noted that some residents ate their meals in the sitting rooms where they sat all day. Therefore, they were not afforded an appropriate dining experience, this is outlined and actioned under regulation 9.

An activities coordinator was employed full time in the centre, which had a positive impact on the quality of life for residents. The inspector met with this person who was enthusiastic and dedicated to the role. Residents told the inspector they were delighted with the programme of activities, and they looked forward to them. Some residents told the inspectors that had attended an interactive music session during the week with a musician that had attended for a few hours. They reported they really enjoyed this experience and got to play musical instruments and sing along. The inspectors observed residents spending time in the two larger sitting rooms throughout the day. These rooms were appropriately supervised and staff engaged with residents by reading their horoscopes, doing crosswords, adult coloring and talking to them about their families and past life. Seven residents took part in a knitting group one of the days and they showed the inspectors their work and spoke about the patchwork quilt they were planning. It was evident that staff working in the centre knew residents personal preferences well and were passionate about ensuring they enjoyed their day.

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

This risk inspection was conducted to follow up on the previous inspection of March 2022, which found a lack of comprehensive management systems in place and poor regulatory compliance, in a number of regulations inspected. Findings of this inspection were that the registered provider had addressed the majority of areas of non compliance, and there were improvements in the governance and management of the centre. New systems implemented were at an early stage and the person in charge and management team outlined their commitment to ensuring a quality service for residents was delivered.

An application to renew the registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process. Included in that application was new staff facilities and storage rooms. This inspection was undertaken over three separate dates, with the third day of inspection was a focused review of fire precautions, which were found to require action.

The registered provider of the centre is Lystoll Lodge Nursing Home Limited, which

is comprised of two directors. The management structure within the centre was clearly defined and identified lines of authority and responsibility. A new person in charge had been appointed since the previous inspection, who meet the requirements of the regulations. From a clinical perspective care is directed through the person in charge and they are supported in this role by two clinical nurse managers, one of whom deputises in their absence. A recently appointed healthcare assistant manager had been appointed within the centre, to assist in the oversight of care delivery and would have a role in the monitoring of residents care. One of the directors of the company also worked in the centre one day per week and was available to the person in charge on a daily basis. They assured the inspectors they were not involved in clinical care but assisted with other aspects of the service if required.

There were adequate resources in the centre to ensure the effective delivery of care to residents, in line with the centres stated purpose. On the day of this inspection there were appropriate levels of staff available, based on the assessed needs of residents. The provider had increased resources allocated to housekeeping since the previous inspection and this was evident in the level of cleanliness of the centre. Training was being well monitored and new systems with regards to the level of training required for each member of staff were being implemented. All required training was in date with the exception of responsive behaviour training, which is detailed under regulation 16.

Records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were kept in the centre and were made available for inspection. On review of staff files it was evident that all files conformed with the requirements of the regulations. The inspectors follows up on residents financial records following the previous inspection findings. New systems that had been implemented, following day one of the previous inspection, had been sustained. These systems were more transparent and robust and aided the safeguarding of residents.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations. The provider was applying to register additional rooms for storage and staff facilities as part of this application.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been appointed in April 2022. The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. They were actively engaged in the governance and day-to-day operational management, and in the administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty, day and night. Housekeeping and activities staff had increased since the previous inspection which had a positive impact on service delivery.

Judgment: Compliant

Regulation 16: Training and staff development

This inspection found that eight staff had not attended responsive behavior training and therefore they did not have up to date knowledge and skills to respond to and manage responsive behaviours.

Judgment: Substantially compliant

Regulation 21: Records

The inspectors reviewed a sample of staff personnel records on the day of inspection and found that they included all of the required prescribed information, as set out in Schedule 2 of the Regulations. Other records as required by the regulations were well maintained, securely stored and made available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that improved management systems had been implemented following the previous inspection, with regards to residents finances and monitoring of residents nutritional requirements. The inspectors found that these had been sustained, over this four month period, however, they would require ongoing development and review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The system in place for oversight of fire management required action, to ensure the safety of residents and this is outlined under regulation 28 fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed, residents had a written contract of care that included the services provided and fees to be charged, including clearly outlined fees for additional services. They also included the room to be occupied and other occupants of that room.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the centre which contained all information required as per the regulations. This document was being updated on the day of inspection to include the appointment of a healthcare assistant manager to the internal management team.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was well maintained in the centre. Based on a review of incidents the inspector was satisfied that all notifications with the exception of one

were submitted, as required by the regulations to the Chief Inspector. This one was in relation to an allegation of professional misconduct by a staff member and required to be submitted as an NF07.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. There were no complaints on record since the previous inspection of this centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that the residents living in the centre were generally receiving a high standard of quality care and were supported to enjoy a good quality of life. Residents had access to appropriate medical and nursing care and social programme which met their needs. Residents reported they felt safe in the centre and were satisfied with the care they received. Some areas that required to be addressed as per the findings of this inspection are discussed under the relevant regulations medication management, premises and residents rights.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. There was satisfactory evidence that residents had timely access to healthcare, medical and palliative care services. The inspectors found that the care provided to the residents was person-centred and informed by detailed plans of care that were reflective of the resident's current condition. Residents had good access to GP and other healthcare professionals to meet their assessed needs. A physiotherapist visited the centre weekly. Overall, care plans were found to be very comprehensive and person-centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

Medicine management practices observed and described to the inspectors were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and audits took place on a regular basis. Where medication errors occurred, learning was identified and systems were enhanced if required. The prescription of medications which required to be crushed required review, which is detailed under Regulation 29.

The design of the premises was suitable for the residents' needs with wide corridors, sufficient communal spaces and a secure courtyard. Areas of improvement to the premises identified on the previous inspection had been addressed by the provider, however, some further areas required attention, which are detailed under regulation 17. Overall, staff demonstrated good infection prevention and control practices and the centre was observed to be very clean on both days of this inspection. Additional cleaning procedures were in place and were being well monitored by management.

Meal times had been restructured following the findings of the previous inspection and residents were now consulted with regarding time they wanted their meals served. A review of the menu had also taken place and food served was more nutritious and there was evidence of good choice. Staff who spoke with inspectors were familiar with resident's specific dietary needs, and this information was included in their handover sheets to ensure residents' safety. Each resident was monitored for the risk of malnutrition during their stay and, where issues were identified, food intake was closely monitored and appropriate referrals were made, for example to a dietitian or speech and language therapist. Although the inspectors acknowledge the dining experience for residents had improved, not all residents had access to the dining room at lunch time, which is further detailed under Regulation 9.

There was a variety of activities available to residents, which included group and one to one sessions. Activity provision in the centre was of a good quality, with a range of activities on offer during the week, coordinated by dedicated activities staff. However, there was not evidence of effective consultation with residents, as detailed under regulation 9.

Overall there was a good awareness of fire safety in this centre. Staff spoken with were knowledgeable on the evacuation procedure in place and confirmed to inspectors they had participated in fire safety training and fire drills. The notice board within the staff office identified the person who took charge in the event of a fire and the allocated responders. This was verified by staff spoken to. The centre was laid out with an adequate number of escape routes and exits. The building was subdivided into fire compartments of a reasonable size, which facilitated the adopted strategy of horizontal phased evacuation. In general, fire containment, including fire doors, were found to be to a good standard.

The centre was fitted with a fire detection and alarm system, emergency lighting and fire fighting equipment, which were being serviced and tested at the appropriate intervals. Emergency lighting was observed along the external escape routes, which would provide lighting along the route if the power failed during a fire. The closing force of some bedroom doors was strong and created a potential risk of injury. While some good practices were observed, there were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under regulation 28.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a visitors room if they wished. The inspectors met with three visitors on the day of this inspection, who were complementary about the care provided.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the improvements to the premises since the previous inspection, the following required to be addressed:

- the layout of some twin bedrooms did not facilitate residents to move freely.
- the wardrobe space available for one twin room was found to be limited in that only a single wardrobe was available to each resident which is not sufficient wardrobe space for long stay residents.
- storage facilities for equipment such as hoists was limited and these were observed to be inappropriately stored in a bedroom.
- the laundry facilities were not an adequate size when considering the occupancy of the centre.
- the smoking facility had been relocated, however, inspectors observed that there was a large amount of cigarettes disposed of in the internal courtyard, which was unsightly.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvements were noted in the provision of food and nutrition since the previous inspection. Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. Staff were observed to engage positively with residents during meal times, and provide assistance where required.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had implemented procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. There were hand basins on each corridor that complied with recommended guidance for hand hygiene facilities. Staff were observed practicing good hand hygiene during this inspection and were compliant in the wearing of face masks.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire.

- there were no call bell facilities in the external designated smoking area to ensure that if residents required assistance or support, or if there was an emergency due to the risk of fire, they could call staff in a timely manner. Furthermore, the controls listed in the risk assessments for residents reflected the previous internal smoking room were not available in the new external smoking area.
- fire doors were held open by means other than appropriate hold open devices activated by the fire alarm system.
- most bedroom fire doors were fitted with an acoustically operated device which would close the door when the fire alarm sounded. In the event the battery failed to operate, the door would close. The inspectors noted at least two bedrooms where the battery had failed and the doors were being propped open with a locker.

Improvements were required to ensure adequate means of escape:

- bedroom doors had key locks on both sides. If a resident choose to lock their room, there was a risk that the key would go missing.
- a power washer was observed obstructing one of the exits. This was immediately removed during the inspection
- an additional exit sign was required in the eight bed compartment, to ensure escape routes were readily apparent.

Arrangements for maintaining fire equipment was not effective:

- fire hose reels were not being serviced
- although serviced quarterly, the annual certificate for the emergency lighting was not available

Improvements were required to ensure adequate containment:

- the inspector noted a window at first floor into the adjoining construction site and this was not fire rated. An active construction site presents a risk of fire and the occupied areas of the nursing home should be protected from the risk of fire occurring in, and spreading from, the construction site to the occupied areas of the nursing home. The person in charge confirmed this would be addressed on the the day following the third day of inspection.
- a number of fire doors were not fitted with automatic closing devices.
- while fire doors were to a good standard throughout, some doors in the newer extension required adjustment to ensure the door would close against the latch.
- minor gaps were noted to fire doors which required adjustment
- a fire door to the dining room was catching the floor covering and would not close when the fire alarm activated. This was identified in the fire safety register in February, however no action was taken to address this.

Action was required to ensure early warning of, and adequate detection of fire:

- a number of smoke detectors in the rear extension had covers over them which meant that they would not detect a fire in the room they were located in. They were immediately removed during the inspection.
- the staff room appeared to be fitted with a heat detector and not a smoke detector to ensure early detection of fire.

Action was required to ensure adequate arrangements were in place to evacuate residents in the event of a fire:

- the inspectors were not assured that residents could be safely evacuated at the higher risk time when staffing levels are lowest. The drill record available which simulated the evacuation of the largest bedroom compartment did not reflect lowest staffing levels.. Further assurances were required from the provider post inspection in relation to this.

the displayed procedures were not effective:

- the evacuation drawings displayed may cause confusion. Some drawings included multiple 'you are here' locations on the one plan.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The following required to be addressed:

- Medication administration records for eight residents who required some of their medications in crushed format did not have this appropriately

documented for each individual medication on their medication records. This posed a risk to the resident if they were prescribed a medication that could not be crushed and it was administered as crushed. There was not evidence to demonstrate that for those eight records that all medicinal products are administered in accordance with the directions of the prescriber for the residents concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product, as required by the regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on resident's assessed needs and regularly reviewed and updated, as required by the regulations. The care plans were sufficiently detailed to direct person centered care.

Judgment: Compliant

Regulation 6: Health care

The inspectors was satisfied that the health care needs of residents were well met. Residents in the centre had access to medical care. Local general practitioners visited the centre regularly. There was evidence of regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist who was allocated to the centre one day per week. There was also services such as occupational therapy dietetics, speech and language, chiropodist and psychiatry of old age as required. The centre had access to ICPOP (Integrated Care Programme for Older persons) which gave residents easy access to geriatricians in the local hospital.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observations of the inspectors were that there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. The use of

bed rails was in line with national policy. Regular safety checks were seen to be in place, consent was obtained and there was evidence that the least restrictive alternatives were employed.

Judgment: Compliant

Regulation 8: Protection

Staff were knowledgeable of what constituted abuse and were aware of their responsibility to report if they saw or heard anything of a concerning nature. Residents reported to feeling safe in the centre. Improvements were acknowledged with regards to the maintenance of financial systems implemented following day one of the previous inspection. The provider did not act as a pension agent for any residents living in the centre, at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed to ensure the rights of residents were fully upheld in the centre:

- consultation with residents. Inspectors found that there had not been a residents meeting in the last three months as per the centres policy. There also was not evidence of consultation with a resident in relation to moving bedrooms.
- the inspectors found that some residents did not have access to a dining room for meals as the dining room could only facilitate approximately 16 residents. Therefore, some residents remained in the day rooms for their meals with a tray table in front of them. This did not afford them a proper dining experience or a chance for movement to another room for their meals. It also did not facilitate residents choice.

Judgment: Substantially 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 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0037319

Date of inspection: 28/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have now completed up to date training in relation to responsive behaviours. The majority of the staff who were identifying as requiring responsive behavior training were non-healthcare staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider and Person In Charge intend to comply with their obligations at all times in a sustainable way, and are fully committed to ensure the delivery of safe and effective care to its residents at all times. They are also fully cognisant of the necessity of providing a safe service to the residents residing in the centre at all times.</p> <p>The Estates and Fire Safety Inspector on Day 3 of the inspection was informed on multiple occasions that the centre was in the process of undertaking a series of Fire Safety Improvements following a review by the centre’s Person In Charge. The Fire safety systems are kept under continuous review by the management team in place, also supported by the local fire service and fire safety consultant for the centre.</p> <p>The centre has invested heavily in fire safety systems over a number of years and is a structurally sound building with measures in place to detect, contain and extinguish fires. Staff are trained and regular fire drills are undertaken. The building is a safe building. While actions were identified and required there was no immediate / high fire safety risk</p>	

to residents. Please refer to regulation 28 in this action plan for further detailed response in relation to fire safety.	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The required NF07 was submitted to the authority, and the matter has been acknowledged as closed by the lead inspector 01/09/2022.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The layout of all twin rooms shall be reviewed to ensure free movement for residents • An additional wardrobe was provided to the twin room identified during the course of the inspection as requiring further space for resident items. • The purpose of registering the additional new extension was to provide additional storage space to place items such as hoists and wheelchairs. • The inspectors did not provide evidence to suggest they had observed cross contamination in the laundry. Inspectors were also shown a separate area for storage of soiled linen to ensure there was no risk of cross contamination. There is support areas in the new extension for the laundry in clean and dirty rooms which form part of the registration application. • There has been a transition in the designated smoking area, signage is now in place prohibiting smoking in the internal courtyard. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The designated smoking area has been transferred to a new location. A call bell facility has been put in place. The risk assessments are being updated for the new smoking area to reflect the new location. • Daily walk arounds are completed to ensure fire doors are not propped open. • The acoustically operated devices are being replaced with hold open devices linked to 	

the fire alarm system. This has already commenced on the east wing of the building

- Our Fire Policy will be updated subject to the registration of the new extension so that it is site specific.

- The locking mechanisms on all bedroom doors can be overridden by a pass key.

- During the course of cleaning the external pathways on the perimeter of the building a power washer was inadvertently left on a five metre wide emergency exit route. It has been reinforced to staff not to leave any items on external escape routes irrespective of its width or area.

- The requirement for one additional fire exit sign was identified prior to the inspection. The contractor was aware of the necessity to install an additional sign and this is being carried out at present.

- Fire hose reels will be serviced in line with the relevant standard but are not used as part of the centres firefighting strategy. All staff are trained in the use of portable fire extinguishers.

- Certificates for the inspection and service of the emergency lighting system were presented to the Estates and Fire Safety Inspector on Day 3 of the inspection. All emergency lighting undergoes a 3 hour test on a quarterly basis. One of the certificates was issued in error. An Annual certificate in accordance with the standard and declaration thereunder was emailed to the Authority a number of days after the inspection.

- The window op is being fire slabbed.

- Store rooms in the new extension have been fitted with automatic closing devices.

- The door leaver will be adjusted to ensure the door closes fully. This is being predominately caused by the air tightness in the room.

- All fire doors are being reviewed at present and any identified works completed.

- Smoke detector covers in the new extension were in place whilst works were being carried out in the new section. They were immediately removed during the inspection.

- The fire alarm contractor confirmed that it was a smoke detector in the staff room not withstanding that the detector in the room was the same as the sensor on the corridor which is a smoke detector.

- A discussion took place between the Inspector on Day 3 and the centres fire trainer who also conducts fire drills, and is a member of the local fire services in relation to safe evacuation times. From that discussion the inspector indicated that he would be assured with the times provided. While recent night time simulations in particular were not available, the centre was conducting drills. Night time simulations are only one of a number of fire scenarios that could occur within a centre. Night time simulations will be included in the drill scenarios going forward.

It is factually inaccurate to state that the zones did not align with the fire compartment boundaries. While not every fire compartment has its own individual fire detection zone in the existing registered centre, the zones align with the fire compartment boundaries. In accordance with the standard the system installed is a category L1 having detection, manual call points and alarm devices installed throughout the premises.

In addition, it is permissible to have 2 or more complete fire departments in one detection zone. There is no detection zones straddling fire compartments. A detailed risk assessment was provided with input from all stakeholders following a request from Mr. Niall Whelton. While the system is a L1 zoned system in the existing building, remote indicator lamps are cited outside bedroom doors and other locations to make the area easier to search for an activation. The use of indicator lamps reduces the need for a large number of fire detection zones. The findings of the risk assessment identified no

delays to finding the location of a fire in all areas of the facility including the new extension. The system in the new extension is an addressable system.

- The floor plans and fire detection zone plans were updated and were available in electronic format while awaiting to be laminated. These were offered to be shown to the inspector on day 3 of inspection but he declined. The drawing was an accurate reflection of the footprint and the zones. Updated drawings are in place at 10 strategic locations around the facility.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Medication administration records have been updated to ensure they are in full compliance with Regulation 29, with input from the relevant residents GP and Pharmacist.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Inspectors were provided with minutes from a residents meeting on the 1st of June 2022 where residents had been consulted and also provided with a resident survey at that same residents meeting.
 This was clear evidence of a residents meeting within the 3 month time frame as per the centres policy and also evidence of consultation with residents and their families.

Inspectors were informed that some residents preferred choice was to dine in sitting room areas, and in keeping with the delivery of person centred care, this has been set out in their own personal care plans which were offered and available to the inspectors during the inspection. To deduce that the resident was not afforded a Dining Experience is inaccurate because the residents preferred choice was to eat in sitting room areas. No appropriate triangulated evidence was provided by the inspectors to arrive at this decision.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/09/2022
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	30/09/2022
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	31/10/2022

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	31/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	19/09/2022
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	19/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
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.	Substantially Compliant	Yellow	19/09/2022
Regulation 28(3)	The person in	Substantially	Yellow	19/09/2022

	charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Compliant		
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.	Substantially Compliant	Yellow	09/09/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	01/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Substantially Compliant	Yellow	31/10/2022

	the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022