



**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 Brigid's Hospital
Name of provider:	Health Service Executive
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Announced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0041046

About the designated centre

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

St. Brigid's Hospital is a two-storey premises and provides residential care for 23 male and female residents over 18 years of age with continuing care, dementia, palliative care and respite needs. Residents' accommodation is over two floors and accessed by a mechanical lift and stairs. Both floors are of similar design. Each unit has two day rooms, one of which is a designated dining area. There is also a second dining room on the ground floor. An oratory, hairdressing salon, sensory room and activity room are also provided for residents' use. In total, there are seven single bedrooms and eight twin bedrooms. Shared toilets and washing facilities are conveniently located off the circulating corridors on both floors. Residents have access to an enclosed garden accessible from the ground floor. Adequate parking is available at the front and side of the premises. Nursing care is provided on a 24-hour basis, and the provider employs nursing staff, care staff, catering, household and administration staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 September 2023	09:50hrs to 18:20hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

From the observations of the inspector and discussions with residents, staff and visitors, St Brigid's Hospital was a nice place to live where staff members knew the residents well, and residents said that they felt supported and respected. Residents and their relatives told the inspector that they received high-quality and personalised care and felt safe in the centre.

The inspector arrived at the centre in the morning for an announced inspection. Following an introductory meeting, the inspector walked around the centre with the person in charge. The inspector saw that many residents were seated in the communal sitting rooms while some residents were being assisted with their personal care. The staff members observed on the day of the inspection were responsive and attentive without any delays in attending to residents' requests and needs.

The inspector was informed on the day of the inspection that there was a programme of refurbishment of the premises in progress. The inspector observed that part of the first floor was inaccessible to residents due to the fire and electrical improvement works taking place. As a result of these works, five bedrooms on the first floor were emptied, and two residents were moved temporarily into another centre. The provider had failed to inform the Office of the Chief Inspector of the proposed and planned works and changes made to the registered centre, which resulted in limited access to the premises on the day of this announced inspection. Furthermore, the impact of planned works on the residents' welfare has not been fully considered and assessed, as discussed under relevant regulations in this report.

Additionally, the inspector observed that the privacy of residents in some of the twin-occupancy bedrooms was compromised due to the overall layout of the room, which did not afford each resident the required usable personal space as discussed under Regulation 17: Premises and Regulation 9: Residents' rights.

The inspector saw that residents had the opportunity to participate in one-to-one and group activities in the centre. The inspector saw that there were activities arranged for residents to partake in throughout the day of inspection. The inspector reviewed the minutes of the residents' meetings, activities notes, and activities schedule and saw that residents were enjoying the summer gardening projects where they planted vegetables in planting boxes. Residents told the inspector they were looking forward to the planned shopping trips and visits to nearby lakes to feed ducks and enjoy fresh air. Bingo was particularly popular, with a range of prizes on offer.

The inspector observed visitors coming and going into the centre throughout the day, and they were welcomed by staff. Visitors who spoke with the inspector said

that 'they were informed about the ongoing works in the centre, they felt supported by the staff and that the care was great'.

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

While there were clear management structures and well-defined lines of accountability in the centre, the management systems had failed to appropriately identify and address all risks associated with building works and upgraded fire safety works and their impact on the residents, as well as inform the inspectorate of the proposed changes. This resulted in the registered provider operating outside its condition of registration.

This was an announced inspection, carried out over one day by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider submitted an application to renew the registration of the centre, and the inspector found that the provider had failed to inform the Office of the Chief Inspector of the changes to premises and phased works on the ground and first floor in respect of the fire and electrical improvements and their impact on the communal space available to residents, which had been reduced. Furthermore, the submitted Statement of Purpose (SOP) and the centre's floor plans did not align with and reflect the current state and changes in the premises of the centre.

St Brigid's Hospital is operated by the Health Service Executive (HSE), who is the registered provider. There was a clearly defined management structure with identified lines of accountability and responsibility. The service was generally well resourced. The registered provider had a training matrix in place. Staff who spoke with the inspector demonstrated an awareness of their roles and responsibilities.

The inspector found that there were systems of monitoring and oversight of the service in place on the day of the inspection. There was a schedule of audits in place, and information gathered in audits was used to improve the quality of the services provided to the residents. However, no effective risk management systems were in place to manage any potential risk to residents' safety and welfare during the works in the centre, as discussed under Regulation 23: Governance and management.

An annual report on the quality of the service had been completed for 2022, which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff.

The directory of residents was appropriately maintained and contained the information required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

While the registered provider submitted the application for the renewal of the registration of the centre, the registered provider failed to submit the information to the Office of the Chief Inspector about the changes proposed in relation to the premises in the designated centre in respect of Condition 1 of the registration.

Judgment: Substantially compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre full-time. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix showed that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents indicated that the information recorded in relation to each resident in the centre was in accordance with Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 3 and 4 were available to the inspector on the day of inspection. The inspector saw that records were kept in such a manner as to be safe and accessible in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the allocation of adequate resources and the improvements made to the fire and environmental safety of the residents, the registered provider had failed to ensure that the designated centre was operated at all times in line with its statement of purpose. Specifically, the registered provider had failed to;

- Inform the Office of the Chief Inspector about the changes in the footprint of the premises and thus failing to operate in line with its registration conditions.
- The information submitted as part of the application to renew the registration of the centre was not accurate and did not reflect the reduction in communal space accessible to residents on the ground floor.
- The inspector could not inspect all parts of the registered premises as the first floor was inaccessible due to the electrical and fire work being carried out.

The following management systems were not effective to ensure the service provided is safe, appropriate, consistent and effectively monitored.

- The management of risks related to the fire and maintenance works and its effect on residents living in the centre had not been considered and included in the centre's risk register.

- Risks associated with the inaccessibility of the communal space on the first floors and possible negative impact on the residents and their safety and quality of life in their lived environment were not completed or effectively mitigated.
- The contingency plan for fire evacuation was not updated to reflect the fire and maintenance works in the centre and the inaccessibility to residents of some of the fire escape routes and areas of the premises.
- The inspector was not assured that the provider had adequate precautions and oversight in place to protect residents from the risk of fire. For example, residents who smoked used an outside garden area, but appropriate mitigating controls had not been considered, such as access to call bell, fire apron, appropriate ashtray or fire extinguisher accessible in this smoking area used by residents.
- An urgent action plan was requested on the day of the inspection, and the provider's response provided assurances that urgent risks had been mitigated. This is further discussed under Regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had not revised the statement of purpose (SOP) to reflect the changes in the premises of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations, were submitted to the Office of the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their choices and wishes. Residents' health, social care and spiritual needs were well catered for. Residents had access to advocacy services and information regarding their rights. However, improvements were required in the areas of care planning, protection, residents' rights, premises, infection prevention and control, and fire safety, as further detailed under their respective regulations.

The inspector reviewed a sample of residents' care documentation and found that the information required to inform effective care interventions was not always updated as required by regulations. This is outlined under Regulation 5: Individual assessment and care plan.

The person in charge promoted a restraint-free environment, and the practices were monitored in the restrictive practice register. The centre did not have any bed rails in use. Restrictive practices were only initiated following an appropriate risk assessment and in consultation with the multidisciplinary team and the resident concerned.

The premises on the ground floor were generally kept in good repair and decoration as the fire and electrical works were nearly completed. Part of the first floor was not accessible to the inspector. Notwithstanding the ongoing refurbishment works, further improvements were needed, as further detailed under Regulation 17: Premises.

The provider had systems in place to ensure that residents were protected from the risk of abuse. However, it was found that this was not always followed up as discussed under Regulation 8: Protection.

The inspector saw that all residents living with dementia and who had communication difficulties were supported to communicate and make choices in their lives.

There were appropriate pension-agent arrangements in place in line with the Department of Social protection.

While infection prevention and control measures were in place, this was not always effectively monitored in the centre, especially in regard to storage practices. This is further discussed under Regulation 27: Infection Control.

Daily fire safety checks were seen to be comprehensively maintained. Quarterly fire alarm servicing records were available; however, other fire servicing records were not on site to enable assessment of fire safety precautions. These were submitted following the inspection. An urgent compliance plan with respect to fire safety was

issued to the provider, and assurances were received following the inspection, as further detailed under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely while having regard for their well-being, safety and health and that of other residents.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not use the premises in line with the statement of Purpose (SOP) and the conditions of the registration.

- Areas on the first floor were inaccessible, and as a result of changes made, at the time of inspection, the inspector found that premises were not appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. For example, residents accommodated on the first floor no longer had full access to a communal space.
- The inspector observed that new walls in the corridors and in the communal room on the ground floor were built to create space for an electrical installation unit. As a result, there was a reduction in the centre's communal space for residents, which was also not reflected in the centre's SOP and floor plans.

The registered provider did not ensure that the premises conformed to all requirements of Schedule 6 of the regulations; for example,

- The inspector found that the privacy space in one of the double-occupancy bedrooms required a review. There was no bedside locker, wardrobe or access to a chair available inside the private space of the resident.
- While the walls on the ground floor were seen to be painted, parts of the centre required painting and repair to ensure they could be effectively cleaned, such as doors, door frames, skirting boards and grabrails.
- Safe flooring was not in place in the sluice room of the ground floor, which was damaged and had holes in it, creating a risk of cross contamination.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had a residents' information pack available for residents. The information pack contained all the requirements set out in the regulation.

Judgment: Compliant

Regulation 27: Infection control

Some aspects of infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by:

- Inappropriate storage practices were observed on the day of the inspection. For example: Hoists were stored or charged in the residents' bedrooms or in the shower corner. One comfort chair and a wheelchair used for residents were left in the dining room on the ground floor. The personal protective equipment (PPE), oxygen concentrators, residents' furniture, curtains, mattresses and kitchen and cleaning equipment were seen to be stored in unclean maintenance rooms, some of them all over the floor.
- The inspector saw that the store rooms and toilets beside maintenance store rooms were covered with dirty carpets and marmoleum or had no floor covering at all. Additionally, there was no cleaning schedule available for these premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there was work going on to improve the fire safety of the residents living in the centre, further improvements were required by the provider to ensure adequate precautions against the risk of fire. For example:

- There were no fire extinguishers allocated in the maintenance store room, and one fire extinguisher was out-of-date.
- The registered provider did not ensure appropriate means of escape in all areas of the centre, as some evacuation routes had been blocked to the works in the centre; the signage in place did not reflect changes to the escape routes, which would cause confusion in the event of evacuation.

- The emergency evacuation sign in the sacristy was missing, and the one in the chapel was placed upside-down and in a position which was not clearly visible in the event of evacuation.
- There was no safety signage in the maintenance store room where the oxygen concentrators were stored.
- Large 5 L containers were used to hold two fire doors open.
- The inspector observed holes in the ceiling and walls around the centre, partially due to the ongoing works, but also this was an outstanding issue from the last inspection. For example, there was a hole in the staff/storage facilities, which was not addressed from the last compliance plan. The inspector also observed holes in the walls of the maintenance store rooms, which posed a fire containment risk.
- While the fire drills for the event of night and day evacuation were completed regularly, the fire drills to reflect blocked evacuation routes on the first floor with respect to ongoing works were missing. The drills were completed and submitted to the Office of the Chief Inspector following the inspection as part of the urgent compliance action plan given by the inspector on the day of the inspection.
- There were some inconsistencies between the numbering on the doors and the centre's alarm fire panel, and the number of the door was missing on one of the bedroom doors. Assurances were received following the inspection that this risk had been fully reviewed and addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed end-of-life care plans and saw that some of them were not person-centred, reflecting residents' physical, emotional, social and spiritual needs and their preferences and wishes from the assessments completed. Furthermore, some of the end-of-life care plans were not reviewed on a four-monthly basis according to regulatory requirements.

In addition, the inspector saw that the resident who had been subject to a safeguarding incident did not have a care plan in place to guide staff in the delivery of safe care for this resident.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents' care plans relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or

discomfort with their social or physical environment) were reflective of residents' needs and triggers and provided clear guidance for staff to assist residents with their care needs.

Judgment: Compliant

Regulation 8: Protection

Staff spoken with were knowledgeable regarding the various types of abuse and the reporting structure in the centre. Measures in place included facilitating all staff to attend safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's privacy and dignity rights and their right to choice were negatively impacted by the following:

- The curtains in two of the twin-occupancy bedrooms on the ground floor were not large enough to ensure full privacy for the residents. Some of the curtains were missing, and the inspector observed one portable privacy screen in use, which did not provide adequate privacy for residents.

Judgment: Substantially compliant

Regulation 13: End of life

The centre had access to specialist palliative care services to provide further support to residents. Each resident continues to receive care which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 13: End of life	Compliant

Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0041046

Date of inspection: 06/09/2023

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The changes to premises are temporary to facilitate fire upgrades and rewiring. The works on the ground and first floor are being completed on a phased basis to mitigate the impact on residents to the greatest extent possible.</p> <p>To facilitate the works temporary movement of residents was required. Each resident will return to their allocated bedroom as the structural upgrade works are completed on a planned phased basis. All the communal space available to residents, which has been reduced to facilitate the fire and electrical upgrades will be available to residents in the same capacity as prior to the undertaking of the refurbishment work and each room upgraded will be utilised as per its registered purpose.</p> <p>The Statement of Purpose and the centre's floor plans will be reviewed to ensure they align with and reflect the current state and changes in the premises of the centre and will be resubmitted to update the application to renew registration.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Statement of Purpose and the centre's floor plans will be reviewed to ensure they align with and reflect the current state and changes in the premises of the centre.</p> <p>A revised Statement of Purpose and floor plans will be submitted as part of the</p>	

application to renew registration to reflect changes in the centre.

Each resident will return to their allocated bedroom as the structural upgrade works are completed on the planned phased basis. All the communal space available to residents, which has been reduced to facilitate the fire and electrical upgrades will be available to residents in the same capacity as prior to the undertaking of the refurbishment works and each room upgraded will be utilised as per its registered purpose.

Residents accommodated are facilitated and supported to have access to the two communal day rooms and a dining room on the ground floor throughout this phase of the renovations.

The risk register has been updated to include the risks associated with reduced communal space and revised fire escape routes.

A residents' smoking area has been risk assessed and a fire extinguisher, fire apron and appropriate ashtray is available onsite.

A fire extinguisher is in place now in the maintenance shed and all other extinguishers are serviced and within date.

We have re-assessed the fire escape routes and ensured that all fire escape routes will be kept clear. A fire drill has been carried out to reflect the current evacuation plans and a program of fire drill practices is ongoing.

The contingency plan for fire evacuation has been updated and the report of the fire drill conducted on the first floor in a simulated night time scenario was submitted to the inspector.

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose has been updated to reflect the current changes to the centre	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 The bedrooms on the first floor were undergoing structural fire safety and electrical upgrade works at the time of inspection. In order to facilitate this phase of the works the maximum number of residents being accommodated was reduced and some residents were temporarily relocated following consultation with them and their next of kin to other bedrooms on the ground floor. The area where the structural work was being completed was screened off in the interest of safety to both residents and staff.

Residents accommodated are facilitated and supported to have access to the two communal day rooms and a dining room on the ground floor throughout this phase of the renovations.

The wiring conduit and associated electrical components are required to be enclosed in line with electrical safety requirement and the new cabinets were necessary. The Statement of Purpose and floor plan will be updated to identify the electrical cabinets in place.

A bedside locker, wardrobe and chair is now available in the private space of one double occupancy bedroom. At the time of inspection new privacy screens were awaited, these are now in place to maintain the privacy and dignity of the resident.

On the completion of each phase of the fire upgrade works and rewiring, each bedroom and communal area is being repainted. The painting program has been completed throughout all of the ground floor area and is continuing on the first floor.

The floor covering in the sluice will be replaced to mitigate any risk of infection and ensure the surface is readily cleanable.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The two staff locker rooms on the ground floor (G31 and G32) will be converted to storage space for equipment on the ground floor.

The quiet room on the first floor (F16) will be converted to storage room for equipment. The maintenance shed will be decluttered and re-organised to ensure proper storage of items.

Revised floor plans will be submitted to seek approval from HIQA in relation to the repurposing of the aforementioned areas to ensure adequate storage space in the centre.

The store room and toilets beside the maintenance store will be provided with a floor

covering which is readily cleanable to facilitate proper infection control practices.

A cleaning schedule is in place now to ensure the areas are cleaned frequently.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire extinguishers are in place now in the maintenance shed. All extinguishers are serviced and within date.

We have re-assessed the fire escape routes and ensured that all fire escape routes will be kept clear.

One fire escape exit route is screened off to prevent dust contamination to resident areas. Presently there are no residents accommodated in this area. The fire escape route remains accessible as the dust sheet can be pulled open easily to access the fire escape route on that side if required. Staff are aware of this and signage is in place to advise the route is accessible in the event of fire.

A fire drill has been carried out to reflect the current evacuation plans.

Emergency evacuation sign in the Chapel is easily visible now. Other fire signs have been checked to ensure they are all correctly positioned and clearly visible.

Objects obstructing the fire doors were removed immediately and all the staff were informed to adhere to the fire policy, to keep the fire doors unobstructed at all times. Safety signage is in place now where oxygen concentrators are stored.

On completion of works a snag list will be created and all areas including the hole in the storage area will be repaired to ensure safety and fire containment.

The numbers on all doors are replaced and the numbers checked to ensure they correspond correctly to the fire panel.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All the staff have been informed to ensure all the care plans are person centered reflecting resident's needs, preferences and wishes and are updated within four months. Audits of care plans will continue to ensure they are person centered and are reviewed at the required intervals or more frequently in response to changing needs. A safe guarding care plan has been developed immediately for the particular resident and is in use now to guide the staff.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The portable screen is no longer in use as this was provided on a temporary basis while awaiting new privacy screens.
The new privacy screens are in place now in the two twin occupancy bedrooms and adequate curtains are in place in all the rooms to ensure privacy and dignity of the residents.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	11/09/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2023

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2023
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	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.	Not Compliant	Orange	11/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant	Yellow	30/06/2024

	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.	Not Compliant	Orange	08/09/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/09/2023
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.	Not Compliant	Orange	31/12/2023
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	11/09/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at	Substantially Compliant	Yellow	15/10/2023

	intervals of not less than one year.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	08/09/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	08/09/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	20/10/2023