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:	Maynooth Lodge Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Rathcoffey Road, Crinstown, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	28 November 2024
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0045233

About the designated centre

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

Maynooth Lodge Nursing Home is single storey purpose built nursing home that is spacious and laid out in three parts one of which is a separate unit referred to as the dementia friendly area. Residents can be accommodated in this secure unit that had a combined area divided by a corridor as the residents' day and dining room. The centre is registered to accommodate 85 residents. All bedrooms (81 single and two twin bedrooms) have full en-suite facilities that are wheelchair accessible with suitable assistive devices, call bells and aids. The main dining room adjoined the kitchen where meals were prepared and cooked. There was ample communal space throughout which included day spaces and sitting rooms, a smoking room, an equipped hair salon, an oratory, laundry, staff and visitor facilities. Residents and visitors had access to a variety of secure well maintained outdoor garden courtyards with raised beds, paved patios and seating areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

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
Thursday 28 November 2024	08:00hrs to 16:10hrs	Aislinn Kenny	Lead
Thursday 28 November 2024	08:00hrs to 16:10hrs	Frank Barrett	Support
Thursday 28 November 2024	08:00hrs to 16:10hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Overall, residents in Maynooth Lodge Nursing Home were well supported to have a good quality of life. Inspectors observed the interactions between staff and residents to be kind and respectful. Residents that spoke with the inspectors were complimentary about the staff in the centre. One resident said the staff were 'very good to me' and another said they 'work very hard here for us'.

Residents' preferences and choices were respected by staff and they were supported with their care and how they spent their days. Throughout the day, the inspectors observed that the atmosphere in most units was relaxed and calm however, in contrast, inspectors also observed the Oghill unit was noisy at times throughout the day. This area was dedicated to residents that required more high support care in relation to responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff working in the Oghill unit were seen to engage in de-escalation techniques with residents who displayed responsive behaviours however, inspectors observed numerous incidents where residents were reacting to each other by being in such close proximity in the sitting room/dining room area.

On arrival to the centre the inspectors were greeted by an assistant director of nursing. Inspectors walked around the building and were later joined by the person in charge. There were 83 residents living in the centre. The centre is a large building laid out on a ground floor. All bedrooms were provided with en-suite bathroom facilities, and the centre was clean and well-maintained. There were communal spaces available which were designed to facilitate resident activities, dining and religious needs. Throughout the inspection the inspectors observed many residents in the communal areas while other residents remained in their rooms. Some of these residents informed the inspectors that it was their choice to remain in their bedrooms.The bedrooms were found to be spacious with adequate storage space available.

The registered provider had recently completed some refurbishment works to areas in the reception, family room and sitting room, and inspectors observed there was some work still to be completed to the coffee dock in the main sitting area. The inspectors observed that while the centre was generally clean and well-maintained there were some areas of the premises that required further attention. The oratory had signage on the door indicating it was not to be used due to maintenance work. This area was being used for storage and contained many items such as chairs, paintings and mirrors. The temperature of the room was observed to be 31 degrees and felt very warm. Inspectors also observed a portable heater was being used in a bedroom. There was an under floor heating system available with controls within the room, however, it was not providing adequate heat at all times. A smoking room no longer in use was being used to store previous residents' belongings. This is

discussed further in the report.

Throughout the day residents were happy to speak with the inspectors and provided a clear picture of the life they live in the centre. They appeared content with the activities which ranged from Mass to bingo and live music. The activities schedule was displayed for residents to see and updated daily. Residents were observed playing bingo in the afternoon in the activities room. Items such as games, books and craft materials were on an open shelving unit in this area for residents to use as they wished. During the morning inspectors saw residents enjoying a breakfast club and chatting amongst themselves and with staff. Residents spoken with confirmed to inspectors they had been supported to vote in the recent elections.

Inspectors observed the mealtime experience for residents and saw that residents were served their meals in a dignified and respectful manner. The food looked wholesome and nutritious and feedback from residents was that generally the meals were tasty and substantial. Residents were offered choice at meal times and throughout the day and were assisted with meals and drinks in a respectful and unhurried manner.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, this was a centre with good governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. Notwithstanding, some actions were required by the registered provider under Regulation 28: Fire Precautions, Regulation 17: Premises, Regulation: 23 Governance and Management and Regulation 21: Records. These are discussed further under the relevant regulations.

This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations and to inform the renewal of the registration of the designated centre. The registered provider had made an application to renew the registration for 85 beds. The statement of purpose and floor plans had been submitted prior to the inspection for review. The inspectors also followed up on the compliance plan actions from the previous inspection in March 2024 and found that while most of these had been completed there was one outstanding item, the installation of a sink in the sluice room, which had not yet been completed.

The registered provider is The Brindley Manor Federation of Nursing Homes Ireland. The provider is part of a wider group of designated centres within Ireland. The

person in charge reported to a regional director. The person in charge worked full-time Monday to Friday in the centre and was supported by two assistant directors of nursing and clinical nurse managers. In addition the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, activities staff, catering and maintenance staff.

On the day of the inspection, inspectors found that there was sufficient staffing levels and skill mix in place. Staff had access to training in line with their role and responsibilities.

There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems in place included meetings, committees, service reports and auditing which facilitated ongoing quality improvement in the delivery of safe care and services. However, there were areas of oversight identified on the inspection that still required attention.

Fire safety audits were taking place regularly at the centre. There was a robust system in place to ensure that fire safety systems were being serviced and tested. A schedule of checks were in place to ensure that means of escape, fire doors and other passive protection measures were being checked by staff. All of the checklists were being completed, with action items being raised with maintenance. Some issues required further review such as the emergency lighting system as detailed under Regulation 28: Fire Precautions.

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints were specified in the procedure. The procedure was prominently displayed throughout the centre. However, inspectors found there was no general report on complaints received including reviews conducted or a report on the engagement of advocacy services by residents in the annual review of the quality of the service in 2023.

Improved oversight of records was required by the registered provider. Inspectors saw that resident records were being held in an unsecured manner on two occasions in communal areas. The directory of residents was in place and detailed all the information required by the regulations. However, not all residents' records were retained in the designated centre for a period of not less than seven years as they were being moved to an external file storage unit. This resulted in all Schedule 3 records not being readily available for inspection. The inspectors were informed by the provider that the process to transfer physical files to electronic storage had started in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre had been received and

reviewed by the inspectors prior to this inspection. The application was for the renewal of the registration of 85 beds and all the required documents were submitted.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge who worked full-time in the centre. The person in charge is a registered nurse and they met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was available for review and included all of the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

- Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased to reside in the centre were not maintained within the centre for a period of 7 years. This resulted in some Schedule 3 records not being readily available for inspection as they were not kept in the designated centre.
- Current residents' personal records were observed by inspectors left in communal areas in an unsecured manner.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid certificate of insurance which covered residents against injury.

Judgment: Compliant

Regulation 23: Governance and management

While there were systems in place to ensure that the service was safe, appropriate and effectively monitored improved oversight was required in some areas. For example;

- Further oversight of the premises was required to ensure communal areas were accessible and fully available for use by residents and that storage arrangements were in line with the statement of purpose for the centre as detailed under Regulation 17: Premises.
- Monitoring of staff practices regarding the safe storage of residents' records required improvement to ensure that residents' personal information was stored securely at all times in line with local policy and best practice.
- The provider had not yet completed an action on their previous compliance plan as per commitments given to the Chief Inspector of Social Services within the agreed time frame.
- Fire safety systems required further and improved oversight to ensure adequate arrangements and precautions were in place to protect against the

risk of fire as further outlined under Regulation 28: Fire Precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents and notification events were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider did not ensure that as part of the designated centre's annual review a general report was provided on the level of engagement of independent advocacy services with residents, and complaints received, including reviews conducted.

Judgment: Substantially compliant

Quality and safety

Overall, the residents in this centre were receiving good-quality, person-centred care. Residents that spoke with the inspectors said they felt safe living in the centre. However, improvements were required by the registered provider to ensure that a safe service was consistently provided for residents as discussed under Regulation 28: Fire Precautions and Regulation: 17 Premises.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was pension-agent for nine residents, and a separate client account was in place to safeguard residents' finances.

Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

Residents were seen to have adequate lockable space to store and maintain clothes and personal possessions.

Residents' health care needs were met to a high standard, and there was satisfactory evidence that residents had timely access to health care and medical services. Residents had access to local general practitioners (GPs). Out-of-hours GP services were also available. The process of referral to and review by health and social care professionals, which involved completion of validated nursing assessments, for example skin assessment and Malnutrition Universal Screening Tool (MUST), was evident.

The centre had comprehensive monitoring arrangements for the use of restrictive practices, ensuring that any use of restraint was risk assessed and aligned with the national policy. Behavioural support care plans were developed for residents, and these detailed the triggers of behaviours and contained de-escalation strategies to guide staff when supporting residents, further demonstrating the centre's commitment to person-centred care.

Inspectors found that an Oratory which was registered as a communal area for use by residents was used to store surplus chairs, pictures and other items which meant the room was not accessible to residents. This room was also very warm, and inspectors were informed that there was a malfunction in the heating system resulting in the room overheating. External structures to the rear of the centre were also being used to store items for use within the centre, these structures were not registered as part of the centre. This is discussed further under Regulation 17: Premises.

Inspectors reviewed the arrangements in place to protect residents from the risk of fire. As the centre was entirely laid out on the ground floor, there were adequate escape routes available should they be required in the event of a fire. The centre practiced ''progressive horizontal evacuation'' as a means of evacuating residents. Fire drills, reflecting this evacuation method were extensively carried out, and staff spoken with were knowledgeable on the steps to take in the event of a fire. However, a review of the fire drill records showed that some of the risks specific to this centre were not fully reflected in fire drills. This included the complete evacuation of resident bedroom compartments. The routes to final safety at the assembly point were also impeded as some fire exits discharged into enclosed garden areas. This meant the residents evacuating through these exits, would have to re-enter the building in order to reach a fire assembly point. Concerns were also raised on this inspection in relation to the fire detection system coverage within the activities area. Recent upgrade works to this large room, had divided the space into usable and more comfortable sections, however, the fire detection had not been reviewed in the area following the changes. This meant that some areas within the space may not have the required level of fire detection coverage. These and further issues are discussed under regulation 28: Fire Precautions.

There was a comprehensive resident's guide available. This detailed the services available in the centre, visiting arrangements and how to make a complaint.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Visiting was not restricted in the centre. There were suitable communal facilities available for residents to receive a visitor and private visiting in residents' bedrooms was also facilitated.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

Regulation 17: Premises

Improvements were required of the registered provider to ensure that the premises is appropriate to the number and needs of the residents of the centre and is in line

with the Statement of Purpose. For example:

- A registered smoking room was locked and was being used for storage. This was a facility that was registered for use of the residents in line with the statement of purpose for the centre and was not available to the residents.
- There was a lack of suitable storage space available at the centre. This resulted in external structures being used for materials and products required within the centre. This was not reflected on the floor plans or in the statement of purpose for the centre, but was used as part of the day-to-day operation of the centre.
- The oratory area was not usable by residents as it was being used to store chairs and paintings. These were removed by the end of the inspection, however, the room remained unusable by residents due to ventilation and heating issues.

Improvements were required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- There was inadequate heating and ventilation present in the oratory. This room was a fully internal room with no access to external light, however, there was also no mechanical ventilation provided to ventilate the room. In relation to overheating, inspectors acknowledge that the provider took action on the day, and called a plumber to review the system.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the designated centre which included a summary of the services and facilities in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care had been integrated into the electronic care management system. This document contained details of the resident's medical history and any health-care associated infections and colonisation

to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the improvements made to fire safety, further action was required by the registered provider to take adequate precautions against the risk of fire, for example:

- A resident kitchen was available and used by residents for cooking. On the day of inspection, there was no fire fighting equipment available to reflect the enhanced risks in that area other than a fire blanket.
- A smoking room was not in use and was locked, however, there was evidence that smoking activity was taking place within the room. This presented a risk to residents, staff and visitors to the centre as it was not known to the provider that the room was being used in this way.

A review of the means of escape and emergency lighting was required by the registered provider for example:

- Two fire exits opened into an enclosed garden area. This meant that any evacuation through these doors in the event of a fire would not be able to progress to the assembly point without re-entering the building.
- Emergency lighting certificates reviewed on inspection noted some lights which had failed under test. There was no documentation available to assure inspectors that these emergency light fittings had been repaired or reported. Emergency lighting directional signage was required within the main dining room.

The arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes required review. For example:

- Extensive fire drills were being conducted at the centre, however, fire drills did not reflect the nature of the compartments as indicated within the fire policy and the building layout. Fire drills viewed on inspection did not illustrate that all residents within a given compartment were being evacuated in the event of a fire. Drills appeared to concentrate on single room evacuation.
- Fire evacuation plans did not identify the compartment lines within the centre, which are vital to the successful implementation of horizontal evacuation.

Improvement was required in the arrangements for detecting and containing fires.

For example:

Containment measures were not sufficient in:

- The level of fire detection required review within the large activities/sitting room due to a recent change in the layout. Since the re-arrangement, one side of the room was not adequately covered with fire detection devices.A communications room where services penetrated compartment lines and were not sealed to prevent the spread of fire smoke and fumes in the event of a fire.
- The entrance door to the main kitchen did not close effectively. This door opened onto a corridor which was adjacent to a resident bedroom area.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. General practitioners (GPs) attended the centre regularly to support the residents' needs. Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Inspectors were assured that timely referrals were sent and reviews of residents from health and social care professionals such as dietitians, speech and language therapists (SALT), Tissue viability nurses (TVN) and Occupational therapists were sought.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff files, and all files reviewed had obtained Garda vetting prior to commencing employment.
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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0045233

Date of inspection: 28/11/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An additional external storage area has been identified for schedule 3 records. This will be in place by the 30th June 2025. An application to vary will be submitted at the time the building works are complete. Training has been completed with all staff in relation to appropriate and secure storage and management of resident records. This will be monitored daily by the management team in house- complete	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A fire extinguisher has been added to the kitchen in the studios- complete A gate will be installed into the enclosed garden to facilitate evacuation to the assembly point. The gate will be integrated into the fire alarm system and will open on the activation of fire alarm. These works will be completed by the 30th April 2025. The identified works have been completed on the emergency lighting system and a system is now in place to ensure that the required certificates are available locally in the home- complete Emergency lighting directional signage has been reviewed and will be installed in the	

main dining room by the 30th March 2025.

From 1st January 2025, fire drills have been updated to include full evacuation, identifying the evacuation area and how residents were monitored and supported by staff will be outlined in drill reports. These fire drills are continuing monthly to ensure all staff have received an updated fire drill.

Evacuation plans will be updated to identify compartment lines within the centre- This will be completed by the 30th of March 2025.

Additional smoke detectors will be added to the main sitting room by 28th February 2025.

The communication room has been sealed to address penetrations- complete

The door to the kitchen opens slightly due to negative pressure whilst using the extraction system. An SOP to ensure the extraction system is turned off if the fire alarm activates will ensure the kitchen is sealed in the case of a fire. All staff will receive further training in this SOP. This will be complete by 28th February 2025.

Resident committee meetings have considered the option to move the current smoking area outside to a designated smoking area. This was trialled and agreed by residents. There will be a review of the existing smoking room, an update to the Statement of Purpose, update to floor plans and an application to vary will be submitted re-designate the use of this room, by the 30th April 2025.

Training has been completed with all staff in relation to appropriate and secure storage and management of resident records. This will be monitored daily by the management team in house- complete

An appropriate sink will be installed in the sluice room by the 30th April 2025.

The floor plans have now been updated and submitted to HIQA to include storage areas. An additional external storage unit has been ordered, this will be included on floor plans when completed, this storage unit will be in place by the 30th April 2025.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The annual review has been updated to include a general report/review on the level of engagement of independent advocacy services and complaints within the centre- complete

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Resident committee meetings have considered the option to move the current smoking area outside to a designated smoking area. This was trialled and agreed by residents. There will be a review of the existing smoking room, an update to the Statement of Purpose, update to floor plans and an application to vary will be submitted re-designate the use of this room, by the 30th April 2025.

The floor plans have now been updated and submitted to HIQA to include storage areas. An additional external storage unit has been ordered, this will be included on floor plans when completed, this storage unit will be in place by the 30th June 2025.

The oratory has been reviewed and additional ventilation and extraction has been installed in the room- complete

Staff have been reminded of the need to ensure that items are stored in appropriate areas, not impacting on resident communal space- complete

The PIC and nurse managers will continue to supervise staff daily to ensure that heating and ventilation in the home is appropriate and also that all communal spaces are usable and accessible- complete and ongoing.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A fire extinguisher has been added to the kitchen in the studios- complete

Resident committee meetings have considered the option to move the current smoking area outside to a designated smoking area. This was trialled and agreed by residents. There will be a review of the existing smoking room, an update to the Statement of Purpose, update to floor plans and an application to vary will be submitted re-designate the use of this room, by the 30th April 2025.

Whilst this review is taking place, the room is monitored daily by both day and night staff to ensure no smoking is taking place- complete and ongoing

A gate will be installed into the enclosed garden to facilitate evacuation to the assembly point. The gate will be integrated into the fire alarm system and will open on the

activation of fire alarm. These works will be completed by the 30th April 2025.

The identified works have been completed on the emergency lighting system and a system is now in place to ensure that the required certificates are available locally in the home- complete

Emergency lighting directional signage has been reviewed and will be installed in the main dining room by the 28th February 2025.

From 1st January 2025, fire drills have been updated to include full evacuation, identifying the evacuation area and how residents were monitored and supported by staff will be outlined in drill reports. These fire drills are continuing monthly to ensure all staff have received an updated fire drill.

Evacuation plans will be updated to identify compartment lines within the centre- This will be completed by the 30th of March 2025.

Additional smoke detectors will be added to the main sitting room by 28th February 2025.

The communication room has been sealed to address penetrations- complete

The door to the kitchen opens slightly due to negative pressure whilst using the extraction system. An SOP to ensure the extraction system is turned off if the fire alarm activates will ensure the kitchen is sealed in the case of a fire. All staff will receive further training in this SOP. This will be complete by 28th February 2025.

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(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.	Substantially Compliant	Yellow	30/04/2025
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	30/04/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30/06/2025

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/01/2025
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	30/04/2025
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	30/04/2025
Regulation	The registered	Substantially	Yellow	30/03/2025

28(1)(b)	provider shall provide adequate means of escape, including emergency lighting.	Compliant		
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	04/02/2025
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the	Substantially Compliant	Yellow	04/02/2025

	level of engagement of independent advocacy services with residents.			
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	04/02/2025