



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

## Issued by the Chief Inspector

Name of designated centre:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	20 May 2024
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0043628

## About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 47 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	30
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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
Monday 20 May 2024	08:50hrs to 17:45hrs	Mary Veale	Lead
Monday 20 May 2024	08:50hrs to 17:45hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

This was an unannounced inspection to follow up on an application to vary conditions 1 and 3 of the centres registration which took place over one day by two inspectors. Building works had begun in the centre to enhance some of the residents bedroom accommodation and to ensure the provision of adequate communal and dining space for all residents. Phase one of four phases of works was almost complete at the time of inspection.

In order to gain an insight into what it was like to live in Terenure Nursing home, the inspectors spoke with two residents, two visitors and staff. Two of the 30 residents living in Terenure Nursing home were able to converse in detail about the care and services provided. Both residents were complimentary in their feedback and expressed satisfaction about the standard of care provided. Both residents' spoken with stated that they were well looked after and that the staff were available to assist with their personal care. 28 residents were living with a cognitive impairment or had a diagnosis of dementia and were unable to fully express their opinions to the inspectors. However, these residents appeared on the day to be content, appropriately dressed and well-groomed. Visitors who spoke with the inspectors were complimentary of the care and attention received by their family member. Residents appeared to enjoy a good quality of life and were observed engaging with staff and partaking in meaningful activities. Residents were supported by a kind team of staff.

As part of the phase one building works the provider had reduced the occupancy from 47 to 41 beds and had applied to further reduce the occupancy to 31 beds to allow for phase two building works to begin. On the day of inspection the dining room and day space 1 were available as communal space for the 30 residents living in the centre. The inspectors observed that the available communal space was not sufficient for the number of residents living in the centre. In particular for residents who were living with a cognitive impairment or dementia and who walked with purpose, this available communal space was very limiting. The space available was 2.8sqm per resident which is less than the 4sqm suggested in the national standards.

Terenure Nursing Home is a two storey designated centre. Access to the first floor was by stairs or lift. Bedrooms comprised of both single and twin occupancy bedrooms, some with en-suite facilities and others with shared toilets and bathrooms. Residents living in these bedrooms were supported to personalise their rooms with pictures, photographs and personal items. There was adequate storage in the residents' bedrooms for the storage of their clothes and belongings, and a lockable unit was available for all residents who wished to use one.

As part of phase two building works a number of residents living on the ground floor will be required to relocate to four double occupancy bedrooms on the first floor which had been renovated and reconfigured as part of phase one building works.

These bedrooms did not have wash hand basins. Reconfiguration of the first floor included the addition of a lobby area outside room 32 which meant that the existing stairwell was now very close to the door of the lobby posing a safety risk to residents. This stairwell was an evacuation route for residents who would be living in bedroom 32. This is discussed further in this report under Regulation 17: premises.

The registered provider had in its engagement with inspectors committed to installing a high quality temporary modular building that would augment the communal space available to residents during the construction works. However; on the day of the inspection this was not in place.

A new communal space had been created on the first floor, a fire corridor wall had been installed as part of phase one works on the first floor outside of bedrooms 21, 22 and 23 to make the space. It was observed that access to this space was through two doors leading to bedrooms 21, 22, and 23. Both doors had a large clear glass panels which would have a negative impact on the privacy and dignity of the residents living in those rooms, who would use the corridor to access a shared bathroom. This was brought to the attention of the provider on the day of inspection.

There was a calm atmosphere in the centre throughout the day of the inspection. Some residents were observed enjoying each others company in the day room while other residents were observed sitting in their rooms. Staff were observed attending to residents requests for assistance, and polite and respectful conversation was observed between residents and staff. The day room was busy during the live music entertainment in the morning.

Residents had access to an enclosed garden area and patio area to the rear of the centre. The doors to both the garden area and patio area were open and were easily accessible. The back garden area was attractive with a large raised bed, level paving and outdoor furniture provided for residents use.

A laundry service was provided for residents on the site of another designated centre which was part of the Grace Health-care group. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service. The centre had contracted its bed linen and towels laundry service to a private provider.

Residents whom the inspectors spoke with were very complimentary of the home cooked food and the dining experience in the centre. Both residents' spoken with stated that the quality of food was good. Menus were displayed on a board outside the dining room. There was a choice of main meal and desert on the day. The inspectors observed the dining experience in the dining room at dinner time. The dining room seated 20 residents and was busy. The dinner time meal was appetising and well presented.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. Following the previous inspection the centre had increased the frequency of the resident's committee meetings. It was evident from the minutes of these meetings viewed that the person in charge and registered provider

representative had discussed building works with the residents and their families.

Residents' spoken with said they were happy with the activities programme and told the inspectors that the activities suited their social needs. The activities programme was displayed near the dining room. The inspectors observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. Many residents were walking around the corridor areas of the centre and others were reading newspapers, watching television, listening to the radio, engaging in conversation and enjoying live music entertainment.

At the time of inspection there were no residents who smoked. There was a designated smoking area in the patio area to the rear of the centre. The inspectors observed that this area was used as an area where staff could smoke.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The findings of this inspection were that actions were required by the registered provider to ensure that there were effective management systems in place to deliver a safe service for residents.

This was a focused inspection to follow up on an application to vary conditions 1 and 3 of the centres registration. The provider had made changes to the footprint of the centre and had applied to reduce the registered beds in the centre from 47 to 31 to allow for phase two building works to begin. The inspectors also followed up on areas of the compliance plan submitted by the provider following the inspection of the centre in December 2023.

The registered provider for Terenure Nursing home is Willoway Nursing Home Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group and had two directors. The person in charge reported to the registered provider. The person in charge worked full-time Monday to Friday in the centre and was supported by a clinical nurse manager. In addition the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, and maintenance staff. The inspectors were informed at the time of inspection that one nurse and three healthcare assistants were rostered to work night duty as the occupancy of the centre had reduced from 41 in December 2023 to 31 in May 2024 and when the occupancy of the centre increased as the building works progressed the centre would revert to having two nurses and two healthcare assistants on night duty.

Improvements were found in the oversight of staff training in the centre. Staff had

access to education and training appropriate to their role. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, and infection prevention and control.

The management of fire safety within the centre required significant improvement. Notwithstanding the works completed within phase one of the works, which would improve fire safety for residents in that area, fire safety issues were continuing to pose a risk to residents at the centre. Inspectors noted that some issues which had been highlighted previously, which had been identified in the compliance plans for inspections carried out in March 2022, February 2023 and December 2023 from the provider, had not been actioned. For example: issues relating to storage and fire detection under a stairs had been a repeated finding from the previous two inspections. These issues are discussed further under regulation 23: Governance and Management and Regulation 28: Fire precautions.

There was a schedule of meetings in the centre. Records of senior management meetings, clinical governance meetings and staff meetings which had taken place since the previous inspection were viewed. Management meetings and staff meetings had taken place monthly in the centre since the previous inspection. Minutes of meetings were detailed and included discussion of audits, training, complaints, noise levels during the works and planned refurbishment works. There were quarterly quality and safety meetings at group level which included discussion of key performance indicators (KPI's) by the person in charge such as falls, skin tears, weights, pressure sores, and restrictive practice. There was a schedule of audits in the centre. Since the previous inspection falls audits, infection prevention and control audits, care planning audits, restrictive practice device audits and medication management audits had been completed. The annual review for 2023 had been completed. It set out the improvements completed in 2023 and improvement plans for 2024.

The registered provider had commenced a plan of works to renovate, reconfigure and extend the premises to ensure residents had sufficient communal space and adequate bedroom space. These works were planned to take place over four phases of building works. The registered provider had provided a plan of works to the office of the Chief Inspector on the 18th January 2024, 14th February 2024 and 13th March 2024 outlining the phases of the building works, time lines, an outline of the impact the building works would have on residents, and a communication strategy plan for the residents, staff and families. On the day of inspection phase two plans were discussed with the provider and a further review was required to ensure that the residents rights and safety would be protected during the planned works.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary conditions 1 and 3 of their registration. At the time of inspection, phase one building works on the first floor were almost completed. These included:



- Bedrooms 21, 22, 23 and 32 had been reconfigured.
- A treatment room had been re-purposed as a shared bathroom with a shower, toilet and wash hand basin with a small store room.
- A store room had been re-purposed as a staff canteen room and staff changing area.
- The bathroom adjacent to room 32 had been redecorated and included a shower, toilet and wash hand basin.
- A lobby area had been created outside bedroom 32 and the adjacent shared toilet which separated the landing to the stairwell and lift.
- A new communal space had been created in the area which was previously day space 4. This space allowed for two small communal areas within this space. The area adjacent to the fireplace allowed for the placement of seating to watch television and the second area could allow for a sofa, or a number of armchairs with a coffee table or a large table with chairs.

The provider had applied to reduce the occupancy of the centre to 31 beds. However; accurate floor plans were still awaited by inspectors to reflect phase one works completed in the centre.

Judgment: Substantially compliant

### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider had ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were a minimum of two registered nurse in the centre by day and one registered nurse on night duty while the centre was at a reduced occupancy of 31. The provider had given a commitment that the skill-mix of two registered nurses and two health care assistants would return on night duty when the centre increased occupancy following completion of phase two works.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Training records reviewed by the inspector indicated that staff had completed mandatory training. Staff were supervised in their work and received regular feedback from management, regarding their performance.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- Areas of non compliance were noted on this inspection which were repeated from previous inspections. An under stairs storage area had a cleaning trolley, and did not have a smoke detector in place. This was a repeat finding, and one which the provider had committed to a plan to address the issue on two previous inspections. Following the March 2022 inspection the provider had committed to provide safe building services by March 2023 and following the December 2023 inspection the provider had committed to provide safe building services by February 2024. This is further detailed under Regulation 28: Fire precautions.
- The registered provider had not progressed the installation of additional communal space in the form of an high quality external modular unit as set out in plans submitted to the Chief Inspector. On the day of the inspection there was no evidence that there were any plans in place to install this unit.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose document required some minor revisions to ensure it contained all information set out in Schedule 1. For example;

- A staff area and storage space on the second floor, and a kitchen exit door observed were not listed on the floor plan narrative or the floor plans for the building.

Judgment: Substantially compliant

### Quality and safety

The inspectors found that residents had a reasonably good quality of life living in Terenure Nursing Home. Resident's health needs were well catered for. Building works were underway to improve the premises, including the addition of further communal space. On this inspection improvements were required to comply with

resident's rights, premises, infection prevention control and fire safety.

A programme of appropriate activities was available to residents on the day of inspection. The inspectors saw a number of different activities taking place throughout the day of inspection, for example; live music entertainment and live streamed Mass. The residents had access to SAGE advocacy services. The advocacy service details and activities planners were displayed in the reception area. Formal residents' meetings were facilitated for residents and family members of residents living with a cognitive impairment. There was evidence that refurbishment and building works were discussed at residents meetings. In particular builders hours of work, noise levels and planning for summer time day trips were discussed with residents and their families.

The centre was generally clean, tidy and mostly well maintained. Alcohol gel was available, and observed in convenient locations throughout the centre. Staff were observed to have good hygiene practices. On the day of inspection the inspectors were informed that housekeeping resources had increased in line with the commencement of building works. The management of dust from building works had been incorporated into the centres regular cleaning programme. A clinical wash hand basin had been installed as part of phase one building works. There was evidence that infection prevention and control (IPC) was discussed at staff meetings in the centre. There were records of a hand hygiene, equipment, sharps, antimicrobial and environmental audits. The centre had an antimicrobial stewardship register and the person in charge had good over sight of antibiotic usage. There was an up to date IPC policy. Improvements were required in infection prevention and control which is discussed further in this report under Regulation 27.

The phase one reconfiguration building works had been finished to a high standard. Areas within the reconfiguration works which were almost completed required attention to ensure that the bedrooms, and the communal space would comply with the requirements of regulation. These are discussed further under Regulation 17: Premises.

Inspectors reviewed arrangements in place at the centre to protect residents from the risk of fire. The centre was laid out to ensure that there were appropriate exits available to evacuate residents, however, obstructions to escape routes were noted on this inspection, including bolt locks on exit doors, and furniture obstructing an escape route. The furniture was removed from the escape route on inspection and assurances were received the day following the inspection that the bolt locks were removed. Fire safety is discussed further under regulation 28; fire precautions.

## Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre were appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3:

- A room adjacent to the day space on the ground floor was registered as a family room, however, it was used as an activities coordinators office. This limited the residents access to a private visitors space.

Following the phase 1 renovations parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Bedrooms 21, 22, 23 and 32 did not have wash hand basins.
- A area of the corridor floor adjacent to the shared bathroom beside bedroom 21 was not clearly marked to alert residents to the incline.

Bedrooms in a section of the ground floor continued to present difficulties due to their size and configuration. Manual handling equipment if required was not accessible to the residents living in these rooms.

The registered provider had not progressed the installation of an external modular unit to function as additional communal space during the course of the construction works.

Judgment: Not compliant

### Regulation 27: Infection control

The inspectors observed practices that were not in line with the National standards and guidance for the prevention and control of associated infections. Oversight in this area required improvement as evidenced by the following:

- Soiled linen was stored in a trolley in the shared bathroom between bedrooms 8 and 9 which posed a risk of cross contamination.
- Incontinence wear was stored in four outside garden shed type structures and some incontinence wear packaging was open which posed a high risk of contamination and risk of transmission of infection.
- A cabinet in the sluice room on the first floor was damaged with exposed (medium density fibreboard) MDF. This posed a risk of cross contamination as staff could not effectively clean the residents wash hand basin units.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire, for example:

- Oxygen concentrators were in use in the day space by residents. The use of

these devices gives rise to an oxygen enrichment in the area. There was no signage to reflect the use of oxygen, to ensure that no additional fire risk is introduced at these times, as this increases the risk of fire.

- There was an electrical fuse panel fitted in a sluice room on the ground floor. This fuse panel was not fitted within an appropriate cabinet to contain a fire that may occur.
- Loose electrical fitting were in place in a hot press along a corridor on the ground floor at the lift lobby. Inspectors could not be assured that these electric installations were secured appropriately to the wall, or that they were active.

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

- Exit doors were partially blocked on the escape route from the ground floor day space, and the route to the exit door in the family room, which was used by activities staff.
- Exits from the centre were locked with keys. These doors would not open automatically in the event of a fire. One main entrance door had two sets of locks fitted, and while there was a break glass box adjacent to the door, this had a key for just one of the locks. This could cause delays to evacuation in the event of a fire.
- Bolts were fitted to the inside of an exit door on the ground floor. Another compartment door on the corridor on the first floor was screwed shut. This had been done to secure the area during reconfiguration construction works, and had been risk assessed for this, however, this was not required and the route through this door was identified on exit plans from the adjacent areas.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- Extensive fire drills were being carried out at the centre, however, evidence of particular high risk concerns was not being addressed in fire drills. For example:
  - The use of evacuation aids was trialled in fire drills, however, it was repeatedly noted that staff were unsure of their appropriate use. Mattress and ski-sheet evacuation was required for many of the residents due to the various levels of dependency, and a detailed understanding of their use is required in order to ensure that evacuation can be completed effectively and in a timely manner in the event of a fire.
  - The reconfigured area of the centre did not have fire drills completed to ensure that staff understood the changes in the evacuation routes in this area. This would also ensure that staff understood the requirement to maintain a secondary means of escape through the reconfigured day space.
  - A plan to relocate residents from within the centre to the reconfigured

rooms on the first floor, identified residents with high dependency levels to be placed in room 32. This room had been assessed by the provider as requiring residents to have low dependency level and to be capable of self evacuation in the event of a fire. This is due to the location of the room, and a single means of escape down a stairs to the outside. The placement of high dependency residents in this room, was contrary to the risk assessment, and would impact on the ability of staff at the centre to evacuate all residents safely in the event of a fire.

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

- Appropriate devices for the detection of fire and smoke were not in place in:
  - An electrical riser room on the ground floor.
  - An under stairs room which housed a cleaners trolley in stairs 3. (this is a repeat finding)
  - Bathrooms opening onto the protected escape route as required by category L1 alarm status.
  - Bedroom doors were fitted with chain type closing devices, which did not have a fire rating available for them.
  - Two fire detectors were covered in the reconfigured first floor area. (Both covers were removed immediately by staff at the centre when this was identified).
  - Inspectors observed that a fire alarm repeater panel was not working.
- Containment measures were compromised by doors in some areas being held open with wedges. This included office 2, and a compartment door on the first floor which led into the stairs.
- Non fire rated cupboards were fitted in the lift lobby on the ground floor. There were no containment of fire smoke and fumes measures in place within the cupboards or the doors to these cupboards. Service penetrations within the hot press on one side were not sealed as they passed through the ceiling.
- A storage space under a stairs was used to store kitchen goods. This storage space was not contained in fire rated construction, which posed a risk of fire, fumes and smoke spreading to the escape stairs from below. This would impact on the evacuation of residents in room 32 above, as this bedroom door opened directly onto this stairs.
- A cleaners trolley, and cleaning materials were stored in a room under stairs three. This storage space was not protected from the escape stairs area with appropriate fire rated construction. This would impact on the escape route for residents in the event of an evacuation due to a fire. This was a repeat finding from previous inspections.

Judgment: Not compliant

Regulation 9: Residents' rights

Further assurances were required to ensure that the residents' right to privacy and dignity was not upheld. For example;

- Two doors with large vision panel windows between the newly installed corridor and communal space on the first floor required review as residents who will be accommodated in rooms 21, 22 and 23 would be observed from the communal space walking to the toilet.
- The screening on the doors from bedrooms 12, 14,16 and 18 leading to the patio area at the rear of the centre required review so as the residents privacy and dignity could be maintained.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0043628

Date of inspection: 20/05/2024

## 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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>Accurate floor plans were submitted to the regulator following the inspection.</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>A review of non-compliances was completed following inspection and all issues were addressed.</p> <p>An app to vary was submitted to reduce occupancy to ensure there was sufficient communal space for the residents- therefore reducing the requirement for additional communal space while phase two is ongoing.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  An updated statement of purpose was submitted to the regulator with the narrative of the staff area, storage space and kitchen exit door.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A review of the communal space was completed. Phase 2 of the works has commenced and will be completed by May 2025. This will address the issues surrounding the communal space. In the interim occupancy has been reduced to address the communal space.</p> <ul style="list-style-type: none"> <li>- Bedrooms 21, 22,23 and 32 have all had handwash basins inserted.</li> <li>- The floor adjacent to shared bathroom with the incline has been clearly highlighted.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>- The soiled linen was removed, and feedback given to staff to prevent this from occurring again.</li> <li>- The incontinence wear where the packaging had been opened have been removed. No open packages will be stored in these sheds moving forward.</li> <li>- The sluice room will be reviewed and refurbished during phase 2.</li> </ul>	
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"> <li>- Signage has been reviewed and updated in relation to oxygen concentrators. Staff have been informed of the importance of appropriate signage in the centre.</li> <li>- The fuse board in the sluice room on the ground floor, has been made redundant and a new location for an upgraded fuse board has been identified in phase 2 of the works.</li> <li>- The remedial works in relation to the loose electrical fittings had been addressed within 48 hours of the inspection.</li> </ul>	

- The issue around the blocked fire exit was addressed immediately on the day of inspection.
- There is a master key in place for all doors which staff have on person every shift. The doors with 2 locks in question, had one of the locks removed to avoid confusion or delays during evacuation.
- The bolts have been removed following inspection and correct evacuation signage has been updated and displayed throughout the building.
- Additional training in relation to fire evacuation equipment and drills have been completed by a fire competent person.
- Fire drills on the newly reconfigured part of the building has been completed and will be ongoing for the phase 2 of the building works.
- The plan to relocate the resident has been updated to ensure the correct dependency is considered for the relocation.
- A review of the fire detection within the home has been completed- the areas in which require further detection in the areas not under construction will be addressed as a priority.
- The doors with the chain lock will be replaced during phase 2.
- The fire alarm repeater panel has been replaced.
- All wedges have been removed from the centre.
- The service penetrations have been attended too- the cupboards will be replaced during phase 2 of the works.
- The contents of the store will be removed.
- The trolley is stored with no chemical solutions all cleaning solutions will be placed in appropriate storage.

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 doors have privacy frosting this was completed following inspection.
- The frosting for rooms 12,14, 16 and 18 had frosting in place on the day of inspection.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Substantially Compliant	Yellow	30/06/2025

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
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	30/06/2025
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.	Not Compliant	Orange	30/06/2025

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	30/06/2025
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 implemented by staff.	Substantially Compliant	Yellow	30/06/2025
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.	Not Compliant	Orange	30/06/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2024
Regulation 28(1)(e)	The registered provider shall	Not Compliant	Orange	31/08/2024

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/07/2024
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 the rights of other residents.	Substantially Compliant	Yellow	01/07/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	01/07/2024



	practical, ensure that a resident may undertake personal activities in private.			
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