



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

Issued by the Chief Inspector

Name of designated centre:	Dunabbey House
Name of provider:	Health Service Executive
Address of centre:	The Spring, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	31 July 2024
Centre ID:	OSV-0000590
Fieldwork ID:	MON-0043401

About the designated centre

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

Dunabbey House is a single storey, purpose built centre and has operated as a designated centre for dependent persons since 1974. The centre is currently registered for 28 residents. Accommodation provided consists of 22 single bedrooms and three twin bedrooms. A number of bedrooms have shared bathrooms and additional bathroom and toilets are located in close proximity to bedroom accommodation. The communal accommodation consists of one large sitting room as well as a number of smaller sitting rooms. There is a large dining room, an oratory, a small sunroom at the entrance which was very popular with residents. There are suitable paths for residents' use and an enclosed garden area with planted raised flower beds, pots and plenty of comfortable garden seating. There is one long bedroom corridor contained a number of large windows that caught the sun light. Each window had a cushioned seating area that facilitated residents to look out at the enclosed garden area, creating a pleasant place for sitting and reflection. The centre is located close to all amenities in Dungarvan town including shops, churches and restaurants. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. The admission policy states that residents have to be within a low to high dependency level. Pre admission assessment is carried out by a member of the hospital management team to ensure the resident meets the admission criteria for Dunabbey House. It offers care to long-term residents and to short-term residents requiring respite care. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 31 July 2024	09:35hrs to 17:45hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Dunabbey House. Residents spoken with were highly complimentary of the centre and the care they received. One resident informed the inspector that in terms of care and attention, "you couldn't get better". When it came to the staff that cared for them, multiple residents sought to inform the inspector about the "wonderful" staff that cared for them and how "kind and thoughtful" the staff were. Visitors who spoke with the inspector provided equally positive feedback, referring to the high level of care received and describing the staff as "excellent". Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with most residents and spoke in more detail to nine residents and two visitors to gain an insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre's reception area contained a seating area inside the front door, where residents were seen chatting and enjoying the sunshine throughout the day. The centre was bright, airy, welcoming, and pleasantly decorated throughout. Resident artwork and photographs of residents and staff enjoying group activities and outings were displayed on the walls of the centre's corridors. The centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a large sitting room, two smaller sitting rooms, a large dining room, an activation room, and an oratory. The large and smaller sitting rooms were comfortable and inviting with domestic features, such as a fish tank, piano, bookshelves, ornaments and delph dressers, providing a homely environment for residents. The provider had recently reconfigured the waiting area to install a nurse's station where resident records were seen to be securely stored. The person in charge informed the inspector this reconfiguration facilitated more contact with residents and their visitors throughout the day by the nursing team. Some other rooms in the centre were seen to have changed purpose and function since the last inspection, which is discussed further in the report.

Within the centre, there were three twin bedrooms and 22 single bedrooms. En-suite toilet and wash hand basin facilities were available in two of the twin bedrooms and two of the single bedrooms. Jack and Jill toilet and wash hand basin

facilities were shared between a further twin and single bedroom. All other residents occupying the remaining 19 single bedrooms had access to shared toilet and shower facilities. Bedrooms had comfortable seating and were personalised with family pictures and items from home, such as paintings, bedding and ornaments. Bedrooms had a television, locked storage and call bell facilities. Residents whom the inspector spoke with were pleased with their personal space.

The centre's internal garden was clean, tidy, and pleasantly landscaped. It had comfortable seating, garden decorations, raised flower beds, and potted plants and flowers. Externally, the centre's grounds were clean, tidy, and well-maintained, with level paths around the centre and bench seating at the front of the centre. The centre had closed-circuit television (CCTV) installed externally.

On the morning of the inspection, residents were up and dressed in their preferred attire and appeared well cared for. The centre had an activities coordinator who worked Monday to Friday. The person in charge informed the inspector that residents could participate in weekend activities in an adjacent centre if they wished. A varied programme of activities was displayed on the notice board outside the sitting room. On inspection day, individual and group-based activities were observed taking place in the centre. In the morning, residents initially participated in the rosary in the sitting room, followed by an exercise class. After lunch, the residents enjoyed bike exercises in the activation room. When group activities were not taking place, the activity coordinator was seen to support one-to-one activity. One resident proudly showed the inspector their artwork, which the activity coordinator supported. Several residents relaxed in their bedrooms, watching television, listening to the radio, and reading papers and books according to their preferences. Residents who spoke to the inspector expressed satisfaction with the entertainment, activities and outings available.

Residents had access to radios, television, computer and internet services. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's communal areas, their bedrooms, or one of the two smaller sitting rooms. Roman Catholic Mass was celebrated in the centre twice weekly. Outside of mass, the centre's oratory provided a space for prayer and quiet reflection.

Lunchtime at 1.00pm was a sociable experience, with most residents eating in the dining room. Meals were freshly prepared in the kitchen of a neighbouring healthcare facility. The menu, with three main courses and dessert options, was displayed in the dining room. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed their satisfaction to the inspector about food quality, quantity and variety.

While the centre was generally clean and in good repair, certain parts of the centre, including a resident's bedrooms and the large sitting room, were found to have evidence of extensive insect infestation. Other bedrooms were seen to have dead insects and bait traps. A resident and staff informed the inspector that insect

infestation was an annual recurring event. A resident expressed their discomfort and unhappiness with this situation. While the person in charge contacted a specialist company to treat the bedroom area actively affected on the day of inspection, further assurances were required that this issue be addressed in all parts of the centre and into the longer term. Externally, the storage of the centre's large-capacity plastic wheeled bins required review. The inspector observed four large bins directly outside residents' bedroom windows.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that Dunabbey House was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices. While management systems were in place, some actions were required to ensure that all areas of the service met the regulatory requirements.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and review the registered provider's compliance plan from the previous inspection. The registered provider progressed with the compliance plan, and improvements were identified in many areas, including residents' assessment, care planning, and infection control procedures. On this inspection, some further actions were required regarding Regulation 17: Premises, Regulation 28: Fire precautions and Regulation 21: Records.

The registered provider for Dunabbey House is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the manager of older persons services, who represents the provider for regulatory matters. The person in charge worked full time and was supported in their management of the centre by a clinical nurse manager, a team of staff nurses, healthcare assistants, activities coordinator, administration, catering, household and technical services staff.

There was documentary evidence of communication between the manager of older persons services and the person in charge. Community nursing unit governance meetings took place every second month. Similarly, within the centre, there was evidence of communication between the person in charge, the nursing team, and other staff. Multiple meetings and committees were in place to monitor the quality and safety of care delivered to residents, including clinical nurse manager meetings, ward meetings, household meetings, a restrictive practice committee, and a quality

and patient safety committee. These meetings and committees examined key areas such as health and safety, infection, prevention and control, incidents, safeguarding, regulatory compliance, fire safety, staff training and management.

The provider had management systems to monitor the quality and safety of service provision. The provider had an audit schedule examining key areas, including falls, care planning, medication management, infection prevention and control and the environment. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider had a risk register for monitoring and managing risks in the centre. The provider had oversight of incidents within the centre and had systems for recording, monitoring, and managing related risks. The provider also monitored weekly key performance indicators and monthly quality care metrics relating to wounds, antibiotic usage, falls, nutrition and hydration, and restraint usage. Notwithstanding these good practices, management systems required review as the provider had made changes to the purpose and function of a number of rooms in the centre without applying to the Chief Inspector of Social Services in advance.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review. The registered provider reviewed and updated the centre's complaints policy and procedure to align with regulatory requirements.

Staff files were reviewed. All staff files contained Garda Siochana (police) vetting and identification. However, there were some gaps regarding the documentation required to ensure safe and effective recruitment practices, which will be discussed under Regulation 21: Records.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there was a registered nurse in the centre. There were a number of staff absences in the centre; however, these were covered by agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received a comprehensive induction covering key aspects of care and procedures in the centre, including health and safety, complaints management, falls prevention, restraint, infection

control, and fire safety. This induction was followed by a staff appraisal process where the person in charge regularly reviewed the staff members' skills and performance. The provider had a comprehensive training programme supporting staff in their roles. Mandatory training on safeguarding vulnerable adults, infection control and managing behaviour that is challenging was fully compliant. One staff member required refresher training in fire safety, but the person in charge was aware of this, and there was a planned course to occur.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

A review of four personnel files found evidence of the staff member's identity, professional registration and An Garda Síochána (police) vetting disclosures. However, the personnel files did not contain all of the documentation required under Schedule 2. For example, two personnel files did not contain a full employment history. Because of this, assurance could not be provided that there was a reference from the staff member's most recent employer on file.

Records required in Schedule 3, such as correspondence concerning three residents transferred to the hospital and a referral of one resident to an external healthcare professional, were not kept in the designated centre in accordance with the regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems and oversight in the centre were not sufficiently robust to ensure the service was effectively monitored. The registered provider was in breach of Condition 1 of their registration as they had made changes to the purpose and function of a number of rooms. These changes were not identified on their floor plans and in the statement of purpose submitted to the Authority. The provider had not informed the Office of the Chief Inspector and had not applied to vary condition 1 of the centre's registration. The changes made included the following:

- an office had changed function to a treatment room
- an office had changed function to a housekeeping room
- a toilet facility had changed function to a male staff changing room
- the waiting area had been reconfigured to install a nurse's station

Judgment: Not compliant

Regulation 30: Volunteers

The person in charge confirmed that the centre does not have persons working on a voluntary basis. Should this position change, the person in charge understood the regulatory requirements for volunteers to have Garda vetting, to receive support and supervision, and to have their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently on notice boards throughout the centre and within the residents' information guide, available at reception. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so. Staff were knowledgeable about the centre's complaints procedure. The complaint's officer maintained a record of complaints received, how they were managed, the outcome of complaints investigations, and actions taken upon receipt of a complaint.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by supportive and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspector they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were required to ensure safe and effective care delivery concerning the upkeep of the premises and fire precautions.

Overall, the premises' design and layout met residents' needs. The centre was inviting and pleasantly decorated to provide a homely atmosphere. There was an on-site laundry service and well-maintained internal and external grounds. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, some areas required maintenance and

repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Concerning fire precautions, the centre was undergoing an improvement programme regarding the fire detection system on inspection day. The inspector observed that new fire doors had been installed in the corridors. Preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training and evacuation drills in the centre. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. There was a system for weekly checking of the fire alarm, means of escape, fire safety equipment, and fire doors. All doors to bedrooms and compartment doors had automated closing devices. A number of fire doors were checked on the inspection day and found to be in good working order. All escape routes and assembly points were accessible and free from obstructions. The centre had a small number of residents who chose to smoke. The designated smoking area had the necessary protective equipment, including a call bell, fire blanket, smoking apron, fire extinguisher and fire retardant ashtray. Notwithstanding these good practices, some further actions were required to ensure that residents and staff were adequately protected in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, was showing signs of wear and tear. The paint was scuffed on some walls, chipped on doors, door frames, and skirting boards.
- Several radiators and associated pipes were heavily rusted.
- Many of the ceilings were in poor condition, and a large number of cracks were evident.
- The flooring in the dining room was damaged.
- There was evidence of insect infestation in several bedrooms and the large sitting room.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents transferred to and from hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the resident's return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

Overall, there was effective management and monitoring of infection prevention and control practices within the centre. The centre had two infection prevention and control link nurse practitioners who supported staff to implement effective infection prevention and control practices. The centre was clean and the storage was well-organised. The centre used a tagging system to identify equipment that had been cleaned. Staff were observed to have good hand hygiene practices. Hand sanitisers and personal protective equipment were readily available and used appropriately by staff.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions against the risk of fire. For example:

- Two portable oxygen cylinders were stored on a bedroom corridor, adjacent to the smoking room and at the emergency exit doors. The storage of the portable oxygen in this location was not on the provider's risk register.
- While the provider had a system for the weekly inspection of the fire alarm, fire doors, means of escape and fire fighting equipment, there were gaps in the records, and the checking appeared to predominantly rely on one person, which is not a sustainable system.
- Four large-capacity plastic wheeled bins were located directly against the wall of the centre and outside residents' bedroom windows. This presents a risk that if a fire starts in these large bins, it could spread to the designated centre.
- A significant deposit of grease and dirt was visible in one of the cooker extractor hoods in the centre's kitchen.

Action was required to ensure the provider had adequate arrangements to evacuate all persons in the designated centre, for example:

- The centre's displayed evacuation procedures and fire policy referred to external evacuation as the centre's evacuation strategy, while evacuation drills were practising progressive horizontal evacuation.
- There was also confusion among some staff spoken with about the centre's evacuation strategy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who require specialist

medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had twice weekly religious services available. Residents could communicate freely, and they had access to telephones, a computer, and internet services throughout the centre. Residents also had access to independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunabbey House OSV-0000590

Inspection ID: MON-0043401

Date of inspection: 30/07/2024

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: <ul style="list-style-type: none"> • The centre is completing a full review of staff personnel files to ensure compliance under Schedule 2 with a particular focus on employment histories. • A record of healthcare referrals/correspondence/transfer documentation relating to all residents will be maintained in resident's medical file as per Schedule 3. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The provider will submit the requisite applications for the variation of change to the purpose and the function of the room. All changes were completed for service improvement and infection prevention and control purposes. The requisite changes to the centre's floor plans and Statement of Purpose will also be submitted without delay. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • A programme of general maintenance, repairs and painting is on-going throughout the 	

premises and will be closely monitored to address the issues raised including scuffed paint, rusted piping, ceiling cracks and dining room flooring.

- Pest control services are under contract and actively managing the noted ants. They are available seven days a week and offer a same-day call-out service.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A risk assessment has been conducted on the storage and location of medical oxygen in consultation with the HSE Fire Officers who have confirmed the oxygen is stored appropriately in the corridor alcove. Further enhancement to the safe storage of the portable oxygen is being undertaken, with a 30 minute rated fire door being installed the week of 9th September to enclose and safeguard this storage area.
- Dunabbey House was recently inspected National Health and Safety Function (Audit and Inspection Team) on 16th July 2024 on the subject of "safe storage and handling of medical gas cylinders" and was deemed compliant. This included review of risk assessment and storage
- Daily and weekly fire checks are in place to ensure compliance with good fire prevention practice and to inspect fire alarms, fire doors, means of escape and firefighting equipment. These checks are then subject to monthly audit by the Person in Charge.
- All waste management bins have been relocated away from the perimeter of the home. The erection of a permanent concrete compound will facilitate all waste in a better safer location.
- The cooker extractor hood has been deep cleaned- completed 19/08/2024.
- Fire management procedures have been reviewed and up-dated & reflected in the Fire Policy for both staff/residents and visitors. The updated fire policy has been disseminated to all staff and all staff have been briefed on the centre's evacuation strategy.
- All staff are fully compliant in Fire training and regular fire drills are taking place and are audited by the Person in Charge.
- Fire is a standing item on the centre's governance meetings to ensure oversight of regular drills.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2024
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	Not Compliant	Orange	13/09/2024

	effectively monitored.			
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	31/10/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	09/09/2024