Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Hillcrest House Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Hillcrest Nursing Home Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Long Lane, Letterkenny, Donegal</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>22 October 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000346</td>
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<td>Fieldwork ID:</td>
<td>MON-0022792</td>
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About the designated centre

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

Hillcrest House Nursing Home is a designated centre registered to provide 24 hour health and social care to 34 male and female residents. It provides long term, respite and end of life care including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity.

The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend the day and there is an outdoor courtyard garden that is easily accessible and safe for residents to use independently.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>34</th>
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

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<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>23 October 2019</td>
<td>09:00hrs to 15:00hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
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<tr>
<td>22 October 2019</td>
<td>12:30hrs to 18:30hrs</td>
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<td>22 October 2019</td>
<td>12:30hrs to 18:30hrs</td>
<td>Ann Wallace</td>
<td>Support</td>
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<td>23 October 2019</td>
<td>08:00hrs to 15:00hrs</td>
<td>Ann Wallace</td>
<td>Support</td>
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<td>25 October 2019</td>
<td>10:00hrs to 15:30hrs</td>
<td>Paul McDermott</td>
<td>Support</td>
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<tr>
<td>25 October 2019</td>
<td>10:00hrs to 15:30hrs</td>
<td>Ann Wallace</td>
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What residents told us and what inspectors observed

Residents said this was a well run home and they felt safe, relaxed and were content living in it. They described it as homely.

They were happy with the choice and standard of food provided to them. They said the food was always fresh, tasty and cooked to perfection. They were provided with varied choices at mealtimes and said there was always plenty of food on offer.

Relatives said the staff always put the resident first. Both relatives and residents described staff as kind, supportive, attentive and cheerful. They felt this attributed to the positive atmosphere in their home. They said staffing levels were excellent.

Inspectors observed good communications between all staff disciplines and residents. Residents told inspectors they enjoyed the activities and that there was a good variety to choose from, including frequent trips out of the centre to restaurants, cinema and places of interest to them. They loved the groups coming into the centre particularly the mother and toddler group.

Inspectors spoke with relatives visiting residents who confirmed there were no restrictions on visitors. They also said that they were always made feel welcome, offered tea or coffee and sometimes a meal. They felt like they were made to feel like one of the family.

The residents said they would speak with the person in charge, the registered provider representative or any of the staff if they had a complaint but those spoken with had no complaints about the service they received.

Capacity and capability

The inspectors found that significant improvements were required in the overall governance and management of the designated centre in order to bring the centre into regulatory compliance. The provider's initial response to address the immediate actions required following the two day inspection was not adequate and necessitated a third day of inspection in the designated centre.

The governance team was made up of the provider and person in charge. They were aware of their roles. However, the provider did not demonstrate appropriate knowledge of their responsibilities as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For example, on this inspection the designated centre was found to be non compliant under a number of regulations and records showed that
the provider had not acted on information in relation to significant fire safety concerns in the designated centre that had been identified in February 2019.

Inspectors found that fire safety and other risks were not being effectively managed. For example, a fire safety report had been issued to the provider following a fire inspection and audit which was carried out in February 2019. The report highlighted a number of significant concerns in relation to fire risks and the safety of the residents in the designated centre. Records showed that only a small number of these risks had been addressed by the provider. As a result, residents were exposed to an unacceptable level of risk in the event of a fire occurring in the designated centre.

These concerns were brought to the attention of the provider at the close of the two day inspection and an immediate action plan was issued to the provider. The response to the immediate action plan did not provide the Chief Inspector with assurances that residents were safe in the event of a fire. This prompted a third day of inspection, with the Estates and Fire inspector attending the centre, and a second immediate action plan being issued to the provider.

Following a walk about of the premises and a review of the relevant documentation inspectors also found that risk management processes were not in place to effectively protect residents from the risks associated with;

- Environmental risks identified in the centre
- Infection control practices
- Poor maintenance of the premises.

Rosters showed that during the day there were sufficient staff with the knowledge and skills to meet the residents' needs. However staffing levels at night required review as there were insufficient staff on duty to evacuate residents safely in the event of a fire emergency. This was addressed immediately by the provider who rostered a second carer onto the night duty rota from 23 October 2019.

Although records were made available to inspectors during the inspection a number of records were difficult to obtain and some documents such as fire drill records and resident's personal emergency evacuation plans were not available to inspectors.

Staff had access to mandatory training in key areas such as manual handling, fire safety and safeguarding of residents. Staff had good knowledge in safeguarding and moving and handling, however, staff who spoke with the inspectors were not clear about the procedure to follow in the event of a fire emergency.

Overall complaints were well managed in the designated centre. The complaints procedure was on display in the centre and residents and their families knew how to raise any issues or complaints that they had with managers and staff. Residents and families told inspectors that they were able to raise any concerns or issues that they had with managers and staff and that these were addressed promptly.

All policies other than the health and safety policy were available for review.
**Regulation 14: Persons in charge**

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake the role. She had been employed as person in charge since late November 2018 was a registered general nurse with a post registration management qualification. The person in charge was supported by the provider representative and a well-trained team of staff.

Judgment: Compliant

**Regulation 15: Staffing**

There was a registered general nurse on duty at all times. The staffing levels and skill-mix on day duty were adequate to meet the needs of the 34 residents. However, the staffing levels on night duty were not adequate to ensure all residents could be evacuated from the centre in the event of a fire. This was discussed with the provider representative and person in charge at the feedback meeting and they agreed to put a third member of staff on night duty starting from 23 October 2019.

Judgment: Not compliant

**Regulation 16: Training and staff development**

The person in charge or a senior staff nurse were on duty each day and they supervised the delivery of care. Staff had a knowledge of the Health Act, and relevant regulations and standards. They had access to copies of all three documents.

All staff had up-to-date training in manual handling, safeguarding and fire safety. They had also completed training in managing behaviours that are challenging. Staff nurses had completed training in medication management, falls prevention, managing the nutritional needs of the elderly and clinical auditing.

Judgment: Compliant

**Regulation 19: Directory of residents**

A directory of residents was established and maintained in the centre. It contained
all of the information required by the regulations.

Judgment: Compliant

**Regulation 21: Records**

Although most of the records required under Schedules 2, 3 and 4 were made available to the inspectors, the following records were not available for inspectors to review:

- Schedule 3 (6) - A copy of correspondence to or from the designated centre relating to each resident
- Schedule 4 (10) - A record of each of the fire practices, drill or test of fire equipment (including fire alarm equipment) conducted in the designated centre and of any action taken to remedy any defects found in the fire equipment.

Other documents that were not accessible to inspectors included maintenance records, water temperature checks and a record of the last service of the boiler.

Judgment: Substantially compliant

**Regulation 22: Insurance**

There was a contract of insurance in place which included cover against injury to residents. The contract also included cover against other risks, including loss or damage to a resident's property.

Judgment: Compliant

**Regulation 23: Governance and management**

Inspectors found that significant improvements were required in the governance and management of the centre.

There was a management structure in place which consisted of the person in charge and the provider representative.

Although the designated centre had sufficient staff on duty during the day, inspectors were not assured that there were enough staff on duty at night to protect
the residents in the event of a fire emergency.

Inspectors found that there were effective management systems in place to ensure that the health and social care needs of the residents were met. However the management systems and oversight of key areas such as premises, infection control, risks and fire safety were not adequate and did not ensure the safety and well-being of the residents. For example:

- The inspectors found that the centre was not well maintained and staff reported that maintenance issues and replacement of equipment were not dealt with promptly by the provider.
- The provider had failed to take appropriate actions to ensure that the significant fire risks brought to their attention in February 2019 had been addressed.
- There were no records of maintenance checks such as water temperatures and cleaning schedules. In addition the fire equipment checks were incomplete.

An annual review had been completed and the review included a quality improvement plan for 2019. However the plan did not address the improvements that were required to the premises and did not include the fire safety actions that were required to ensure the safety of the residents.

Judgment: Not compliant

**Regulation 24: Contract for the provision of services**

A contract of care outlining the terms and conditions of each resident's stay were completed following admission. Those reviewed included the fees to be charged, potential additional charges and if the resident was in a private or semi-private bedroom. They did not reflect the number of the bedroom to be occupied by the resident. A sample of contracts was reviewed by the inspectors. The records showed that contracts were signed by the resident and/or their next-of-kin.

Judgment: Substantially compliant

**Regulation 3: Statement of purpose**

The statement of purpose had been reviewed in November 2018. A copy was available to residents and the contents reflected the services and facilities available to residents. However, more detailed information was required in relation to each room in the centre and its purpose, to ensure that it reflected the floor plans. For example, the main kitchen for the designated centre which was located
off site in the neighbouring centre was not included in the statement of purpose.

**Judgment:** Substantially compliant

### Regulation 31: Notification of incidents

Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

There was an effective policy in place to manage complaints or concerns received by staff in the centre. The person in charge was the named person to manage complaints. An independent appeals process and availability to contact external agencies such as the office of the ombudsman was also included in the policy.

Residents and relatives who spoke with the inspectors were clear on their rights and knew the procedure to follow should they wish to complain.

**Judgment:** Compliant

### Regulation 4: Written policies and procedures

Most of the policies and procedures required under Schedule 5 were available for review. Although the provider submitted an up to date health and safety statement for inspection, the health and safety policy was not available.

**Judgment:** Substantially compliant

### Quality and safety

Inspectors found that significant improvements were required to ensure the safety of residents and staff in the designated centre. Regulations relating to risk management, infection control and fire safety were found to be non compliant. Due to the level of concern regarding the fire safety risks, the inspection was extended...
to a third day to enable the Estates and Fire inspector to complete a fire safety inspection. Following the inspection, the Chief Inspector issued two immediate action plans to the provider and a referral was made to the local fire authority.

Inspectors found that residents received a good standard of person centred care. However, some improvements were required to the provision of health care in relation to medical reviews on admission and following incidents such as falls. Nursing assessments were completed on admission. These were detailed and reflected the residents' current needs. The needs identified on assessment were addressed in person centred care plans.

Inspectors found that staff worked hard to ensure residents received a quality service in which their abilities and potential were maximised and their choices were respected. Residents were complimentary about the care and support that staff provided for them.

The staff promoted the rights for each resident. Each resident’s privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. They participated in residents meetings, had access to a residents' guide and an advocate. The quality of interactions between staff, residents and relatives were good and demonstrated genuine warmth and respect.

Residents really enjoyed the variety of meaningful activities that were available to them. Community groups came into the centre and the residents went out on outings to areas of interest.

The centre was generally found to be well-lit and warm. Some interior improvements had been made to the centre since the last inspection. Despite this, inspectors found further investment in the premises was required to ensure the centre met the requirements of Regulation 17, its stated purpose and the privacy, dignity and well-being of each resident.

The communal rooms were spacious and homely with an open fire in one of the three communal sitting rooms. The dining room was accessible to residents. The size and layout of the twin and single rooms were suitable to meet the needs of the residents accommodated in them. However, three of the single bedrooms only had sky lights. A high number of the bedrooms had en-suite facilities with showers. However, the showers in rooms 1 to 11 were not being used by the residents as there was no running hot water in these en-suites.

The external courtyard was independently accessible to residents from the conservatory area. There was no garden furniture in the courtyard at the time of the inspection.

**Regulation 10: Communication difficulties**
Residents with communication difficulties were facilitated to communicate freely. Inspectors observed that care practices enabled these residents to communicate freely and were recorded in the resident's care plan. The communication care plans were resident specific and reflected the care being delivered to these residents.

Judgment: Compliant

### Regulation 11: Visits

Arrangements were in place for residents to receive visitors in private. There were no restrictions on residents receiving visitors; however, visitors were asked to respect mealtimes. There was a visitors' sign in book at the front door.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control of their personal possessions. They had access to an adequate amount of storage space in their bedroom which included a lockable area. Laundry services were provided to residents and the processes in place ensured residents had their clothing laundered and returned to them in a prompt manner.

Judgment: Compliant

### Regulation 13: End of life

Residents' physical, emotional, social, psychological and spiritual needs relating to end of life care were documented in dedicated care plans. These were regularly reviewed in consultation with the resident and their relative where their involvement was requested by the resident.

Judgment: Compliant

### Regulation 17: Premises

The premises did not meet the regulatory requirement. The following issues were
identified on inspection:

- The facilities provided for cleaning staff were not fit for purpose. There was no cleaning room
- There was no storage room for equipment
- There was no hairdresser's sink available in the hairdresser's room
- The floor of the laundry was not sealed
- There was no wash hand basin in the laundry and no hand-wash or drying facilities
- Three bedrooms, two upstairs (room 14 and 12A) and room 16 downstairs had windows situated in the roof or located at a high point on the wall. When seated or in bed, the resident would only see the sky through the skylight. In addition the skylight in room 16 was difficult to open and did not provide adequate ventilation in the room.

**Judgment:** Not compliant

### Regulation 18: Food and nutrition

Residents had access to a choice of food and drinks, including fresh drinking water. The meals were freshly prepared in the main kitchen which was located next door in the neighbouring centre. Food was transferred safely across to the centre's dining room and was served hot. Inspectors found that the meals available to residents met their needs. There were enough staff available to support those residents who needed support and supervision at meal times. Residents were encouraged to eat independently and staff offered discreet support and encouragement to these residents.

Snacks and drinks were available to residents between meals, however the presentation of this service required review.

**Judgment:** Substantially compliant

### Regulation 20: Information for residents

A guide was available to residents. It included a summary of the services and facilities available to them. It also included the terms and conditions relating to them residing in the centre, the complaints procedure and the arrangements for visits.

**Judgment:** Compliant
**Regulation 25: Temporary absence or discharge of residents**

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available, maintained, and shared between providers and services. However, a copy of the nursing transfer letter sent from the designated centre with the resident was not always kept in the resident's record and this area of practice required review.

**Judgment:** Compliant

**Regulation 26: Risk management**

A risk management policy and a risk register were in place. However, improvements were required in the process for hazard identification and the action plans in place to mitigate risks. For example, the risk register did not include the following risks identified by inspectors on inspection:

- Fire safety risks as addressed under Regulation 28
- No hand rails in a number of shower rooms
- No hand rails beside a number of toilets
- No access to soap at wash hand basins
- Use of an unstable high seat used by residents' in the visitors toilet
- No running hot water in hot water taps in rooms 1-11. No system in place for monitoring water temperatures
- No system in place to run the water in unused showers on a regular consistent basis to prevent potential contamination of the water system.

Records showed that appropriate health and safety checks were not carried out on the environment and on equipment used in the centre to ensure the safety of residents.

**Judgment:** Not compliant

**Regulation 27: Infection control**

Infection control practices were poor. The following issues were identified on inspection:

- No cleaning room available to cleaners
- Inconsistencies in processes being followed by cleaning staff, for example the
frequency of changing water in mop bucket
- Wash hand basins in centre were not clean
- Unlabelled toiletries in shared en-suites and in communal bathrooms
- Communal towels in use in shared en-suites and in communal bathrooms
- Large bins in use in communal bathrooms and in the conservatory area were dirty
- Staff did not have access to adequate hand washing facilities and this resulted in inspectors observing poor hand hygiene practices. There were no audits conducted on infection control or hand hygiene practices.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or ensure that adequate systems were in place to ensure the safe and effective evacuation of residents. Significant improvements were required to comply with the requirements of the regulations and to ensure that residents and staff were protected from the risk of fire.

The service was non-compliant with the regulations in the following areas:

Inspectors were not assured that adequate precautions were being taken against the risk of fire. For example:

- In February 2019 the provider was made aware of significant fire risks throughout the centre and failed to address the identified risks. At that time they were advised that the first floor of the premises was unsuitable for use by non-ambulant persons who required assistance to escape. At the time of this inspection it was observed that the bedrooms on the first floor were occupied by non ambulant persons
- There was no fire safety risk assessment, or similar risk identification system, in place to identify, record, plan and manage fire hazards and risks in the centre
- Inspections carried out by staff were not identifying issues observed by inspectors, such as doors not closing properly.

Inspectors were not assured that an adequate means of escape was provided throughout the centre. For example:

- The internal escape stairs, the escape corridor at first floor level, and the escape corridor in the original part of the centre at ground floor level were inadequately fire protected
- The travel distances between cross corridor doors along escape corridors was excessive with no apparent mitigating measures in place
• Electrical distribution boards were located along escape corridors in non fire rated enclosures
• Non-fire protected, unlocked storage presses containing dry medical goods and linen were located along some escape corridors
• The compartment boundaries used for phased evacuation were not clearly defined.

Inspectors were not assured that the emergency escape lighting, and emergency exit signage provided throughout the centre was adequate. For example:

• Adequate emergency lighting had not been installed along escape corridors to clearly illuminate the route to be followed to the nearest final exit.

Adequate arrangements had not been made for maintaining the means of escape and maintenance checks did not identify observed issues. For example:

• Some door closers fitted to bedroom doors and cross corridor doors required adjustment to prevent them causing injury. In other cases the doors were not opening or closing fully.

Inspectors were not assured that adequate arrangements had been made for reviewing fire precautions:

• Fire precautions in the centre were not reviewed to address the significant fire safety risks identified in February 2019
• Inspectors observed that the policies around smoking in the centre were not being implemented.

Adequate arrangements had not been made for testing the fire equipment:

• Testing of the fire detection and alarm system, emergency lighting or other fire equipment was not being documented.

Inspectors were not assured that adequate fire training had been provided:

• All staff had received some fire safety training. However, the provider could not give a clear breakdown of the content of the fire safety training provided, so as to confirm that all training described by the regulations had been provided
• Learning outcomes or recommendations for future learning or training were not recorded on fire drill reports thereby reducing the opportunity to maximise learning from drills and the review fire training and fire precautions.

Inspectors were not assured that persons working in the centre were adequately prepared for the procedure to be followed in the case of fire and for the safe and timely evacuation of residents:

• Fire Drill reports did not include enough information to provide assurance that staff were adequately prepared for the evacuation of the premises or to identify the need for additional fire training or revisions to the fire precautions
or procedures

- The provider confirmed that simulated compartment drills that reflected the evacuation strategy for the centre had not been carried out.

Adequate arrangements had not been made for detecting fires:

- The fire detection and alarm system is not an L1 category
- It was observed that fire detection was not provided in all areas of the centres, such as the first floor landing area and linen stores.

Adequate arrangements had not been made for containing fires:

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery) and glazed screens. It was observed that some doors along escape routes were not fitted with intumescent strips or smoke seals and were not closing and catching properly. In other cases there were large gaps between doors and frames and between the door leaf and floors
- A considerable number of attic access hatches, extract fans and other services were mounted in the ceilings, documentation was not available to confirm that they had been adequately fire sealed
- There was uncertainty regarding the locations, or the fire containment integrity of fire compartment boundaries
- The first floor of the premises had not been divided into separate fire compartments
- High risk rooms such as the kitchen were not adequately fire separated from other parts of the centre with fire resisting construction
- It was observed that fire stopping had not been provided where required i.e. around building services.

Adequate arrangements had not been made for giving warning of fires:

- Despite the size and complex layout of the centre, repeater panels had not been provided for the fire detection and alarm system, thereby delaying the response to a fire
- It was observed that the fire alarm zones are poorly configured, with some zones spanning across more than one building compartments, and in other cases there were two alarm zones within the same compartment. Some zones also extended across parts of both the ground and first floor levels. These scenarios will delay the identification of the source of a fire and the parts of the building that require immediate evacuation.

Following a review of the fire drill reports and from interviews with staff members, the inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- It was noted that there were only three staff on duty at night time. The fire procedure described how one staff member would stay in the reception area to coordinate the evacuation thereby reducing the number of staff conducting
the evacuation to just two staff. Inspectors noted that there were up to 11 residents to be evacuated from some compartments

- Fire drills did not prepare staff for the scenarios that are likely to be encountered by them in the event of a fire in the centre
- Some of the building compartments were very large and complex in terms of their physical size, layout, evacuation requirements and the number of residents accommodated within them. No compartment evacuation drills had been completed to demonstrate the adequacy of the evacuation procedure. The post evacuation supervision of residents had not been considered
- The fire alarm panel was located along an escape corridor, remote from the main entrance or nurses' office, within one of the larger building compartments. This may delay the coordination and commencement of evacuation.

The Inspectors were not assured that adequate arrangements had been made for the safe placement of residents in the centre:

- In February 2019 the provider was advised that the first floor of the premises was unsuitable for use by non-ambulant persons requiring assistance to escape. During the inspection it was observed that the bedrooms for three high dependency residents were on the first floor in an area from where escape may be difficult and where residents will have to pass along inadequately protected escape corridors and stairways.

Due to the level of concern regarding the fire safety risks identified during the inspection, an immediate verbal referral was made to the local fire authority. This was followed up with a written referral after the completion of the inspection.

Judgment: Not compliant

**Regulation 29: Medicines and pharmaceutical services**

Medications were being administered in accordance with best practice guidance, as directed by the prescriber and in accordance with any advice provided by the resident's pharmacist.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Residents' assessments were completed and person-centred care plans were put in place to reflect the assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being
involved in the development of their care plan and their review.

**Judgment:** Compliant

### Regulation 6: Health care

Residents had access to members of the allied health care team including physiotherapy, occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. Referrals were made promptly. However access to the residents' general practitioners (GPs) required improvement. Inspectors found residents were not always assessed by their general practitioner (GP) within 48 hours of admission, post a fall or when transferred back to the centre after a stay in the local acute hospital.

Residents had their weight and other aspects of their health monitored regularly. There was 100% uptake of flu vaccination among residents in October 2019. Residents had access to and were facilitated to attend national screening programme appointments.

Improvements were required to ensure that nursing care was delivered to a high standard of evidence-based nursing care. For example, inspectors found that some practices in relation to the management of incontinence and the prevention of pressure sores required improvements. This was addressed by the person in charge during the inspection.

**Judgment:** Not compliant

### Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Residents who sometimes displayed behaviours that challenge had detailed person centred care plans in place which identified triggers and de-escalation techniques that worked for the resident in question. Inspectors observed good skilled interaction being used to reduce the incidence of behaviours that challenge (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This resulted in a low level of responsive behaviours.

**Judgment:** Compliant

### Regulation 8: Protection
Measures were in place to protect residents from abuse. There was a safeguarding policy which reflected how the centre prevented, detected and responded to abuse.

All staff had safeguarding training in place and those who spoke with inspectors had a good knowledge of what constituted abuse and were familiar with the centre's safeguarding policy.

Pensions managed on behalf of two residents were not being managed in accordance with best practice guidelines published by The Department of Employment Affairs and Social Protection. The processes required review to ensure that they were in line with the national guidance and that residents were safeguarded against potential financial abuse.

Judgment: Not compliant

**Regulation 9: Residents' rights**

There were opportunities for recreation and activities. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

They had access to an environment which enabled them to undertake activities in private. They were offered choices in all aspects of their day-to-day life and their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the internet.

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:

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<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
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<td>Regulation 15: Staffing</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:
An additional healthcare assistant has been rostered onto night duty from 23rd October 2019 to assist in the event of an evacuation. Planned and actual staff rosters available to view on request/inspection – Completed 23/10/2019
Protocol in place to contact staff from The Lodge in event of emergency at night
In event of emergency evacuation 5 staff are available to assist
Staffing levels will be reviewed periodically in line with any changes to the current resident profile and/or their dependency level. These reviews will also take account of any changes to the residents’ Personal Emergency Evacuation Plans (PEEPs) – Completed 10/11/2019

<table>
<thead>
<tr>
<th>Regulation 21: Records</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:
Records of Fire Drills practiced;
Servicing of Fire Panel; Emergency Lighting and Electrical Installation have been submitted to the Authority in response to Immediate Action plan on 08/11/2019
Records of Fire drills completed with Fire safety consultant have been forwarded to the Authority on 23/11/2019
Records of Water temperatures are being completed weekly and are available to view on request/inspection.
Recording of water temperatures is ongoing and will take place weekly  
Completed 26/10/19

Maintenance records boiler servicing available for inspection  
Completed  23/10/2019

Maintenance Schedule and Records have been updated to include a copy of the last service,   
Completed.  25/10/19

Facilities Manager has been appointed to oversee the assessment; recording and implementation of corrective actions in relation to buildings and maintenance. 
Completed 18/11/19

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
As discussed with the Authority on 12/11/19 we have strengthened our Governance and Management team through the appointment of a Facilities Manager on 15/11/19 which will operate between both registered centres. The Facilities Manager is responsible for the overall operational management of Health and Safety; Building and Equipment Maintenance; Risk Management; Fire Safety and general accommodation services, in line with the corresponding legislative requirements. The Maintenance; Catering and Housekeeping staff all report into the Facilities Manager. The Statement of Purpose has been updated to reflect the new management structure and the reporting relationships and will be submitted with the application to renew registration.

Hillcrest House immediately engaged the services of an Architect and a Fire Engineer to conduct a full assessment of fire safety and required structural works in line with the response to the Immediate Action Plan submitted to the Authority on 30/10/19. A detailed report has been sent to HIQA (and the local Fire Authority) by 21/11/2019. Correspondence with and between each Regulator is ongoing.

The quality improvement plan within the Annual Review for 2019 has now been updated to list the specific improvements in relation to Fire and Premises and any outstanding works will be incorporated into the 2020 quality improvement plan.

March 31/2020
<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contracts of Care have now been amended to include the specific bedroom number that residents have agreed to occupy</td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been updated to provide a more detailed floor plan and narrative – listing the size and primary function of each room in the centre. Copy available to view on request/inspection</td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 4: Written policies and procedures</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Health and Safety Policy now in place and available to view on request/inspection</td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: ‘This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.’</td>
<td></td>
</tr>
</tbody>
</table>
An Architect has been engaged to review the Fire Safety requirements of the centre as a priority. An overall upgrading of premises is also planned, subject to adequate resources being available to include a review of the three bedrooms highlighted.

Full details of the planned upgrade will be furnished to the Authority when available.

In the interim the following measures have been taken or are in progress:

- Provision of dedicated cleaning room on ground floor
  Work will be completed by 16/12/2019

- Installation of Wash hand basin and hand drying facilities to laundry
  Completed

- Resealing of laundry floor
  Work to be completed by 04/01/2019

- Skylight Room 16
  Work to be completed by 16/12/2019

<table>
<thead>
<tr>
<th>Regulation 18: Food and nutrition</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</td>
<td></td>
</tr>
<tr>
<td>Service under daily review</td>
<td>Completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td></td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td></td>
</tr>
<tr>
<td>The Risk Register has now been updated to include all of the risks identified on inspection.</td>
<td>Completed 12/11/2019</td>
</tr>
<tr>
<td>The Facilities Manager will keep the Risk Register updated and under review to ensure corrective actions are implemented.</td>
<td></td>
</tr>
<tr>
<td>Hot water has been restored to bedrooms 1-11 – this was a human error within the week</td>
<td></td>
</tr>
</tbody>
</table>
previous to the inspection during facilities works where the hot water pump had been
switched off but forgotten to be switched on again. Completed
24/10/2019

There is now a system in place to check water temperatures on an ongoing basis and for
weekly flushing of unused sanitary facilities
This has been added to the maintenance audit schedule

Completed 24/10/19

Hand rails have been ordered for all toilets and shower areas and will be in place by
December 06th 2019

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
<tr>
<td>Dedicated cleaning room to be provided on ground floor to be completed by 16/12/2019</td>
<td></td>
</tr>
</tbody>
</table>

There is an adequate supply of towels. Towels are no longer stored in residents’ shared rooms. Residents will be supplied fresh towel for each single use and removed for laundering after use. Cleaning schedules have been reviewed to include also removing any towels from shared rooms/bathrooms, where required.
This will be reiterated to staff, family members and via residents’ committees to reinforce the procedures.

Completed

Cleaning schedule has been updated to include wash hand basins 11/11/19

Toiletries for Residents’ Personal use clearly labelled – Completed 28/10/19

Cleaning procedures have been reiterated to all cleaning staff and an audit of cleaning practices/cleaning schedule will occur monthly effective 25/11/2019

Infection control and to include hand hygiene training to be arranged which will be followed up by Audit, to monitor compliance effective and ongoing 18/11/2019

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As per responses to Immediate Action plan, we have engaged the services of an Architect and a Fire Engineer to ensure full compliance with HIQA and the local Fire Authority and to conduct a full risk assessment of Fire Safety and remedial works required.

A summary of the actions taken to date or in progress include:
• Personal Emergency Evacuation Plans (PEEPs) in place for all residents and communicated to staff         Completed 25/10/19
• Three residents relocated from 1st floor (one to adjoining centre and remaining two residents to temporary ground floor accommodation) to enable remedial works to be completed These 1st floor bedrooms will not be used until structural works completed and have been approved for use by HIQA. Statement of Purpose updated to reflect this. Residents relocated on 29th and 31st October respectively.
• Staffing levels increased for night shift to 3 staff with the addition of a healthcare assistant to assist in the event of an evacuation         Completed 23/10/19
• Safety checks/ Certification of Fire Panel; Emergency Lighting and Electrical Installation have taken place         Completed 31/10/19
• Fire Alarm upgrade to L1 category specification  This upgrade is planned as part of the ongoing remedial works complete by March 21st 2020
• A number of simulated Fire Drills have been practiced for each compartment/ zone/ day and night time conditions and records now include a section for staff to highlight learning from the drill including additional training required or any revision to fire precautions or procedures        Completed 29th and 30th Oct 2019
• Further drills for full compartment of 11 residents Completed in house Details with Authority
Further reviews/ practices of drills with 11 person compartment are Ongoing with Fire Safety engineer the reports of which will be forwarded to Authority after training completed on 23/11/19
• Additional evacuation chairs x 2 purchased and in place 23/10/2019
Ski-pads /ski sheets on order in respect of individual PEEP These have been ordered on 23/11/19 in consultation with the Fire safety officer
• Emergency Evacuation Policy and Procedures updated to incorporate arrangements in place with adjoining registered centre (The Lodge) in the event of a full evacuation Completed 30/10/19
• Fire Awareness Update Training/ Drills for all staff completed 16th and 23rd November 2019 Records have been forwarded to the Authority
• Fire Warden Training for 8 staff members including staff from all departments/ day and night Completed 18/11/2019 Records with the Authority

• Remedial works to compartmentalize to be undertaken as agreed with the Authority and in conjunction with Architect/ Fire safety Engineer To complete March 2020

<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 6: Health care: Whilst every effort is made to secure GP assessment/ review on admission and post-incident, the issues we are experiencing are reflective of the national problem and which is highlighted in the HIQA Annual report for 2018. We have again engaged with our GP practices to outline specific timelines as highlighted within the regulations. We will continue to review access to GPs as part of the residents’ individual assessment and care planning review. I have spoken to GPs and have reiterated the Regulations and will continue to monitor the situation I do not have any jurisdiction over GP practices I will refer residents to GP practice as required by Regulations Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 8: Protection: A separate company bank account will be opened for Hillcrest Nursing Home Ltd to enable the Department of Social Protection to directly transfer the money from the pensions of the two residents we are operating as a Pension Agent In progress Completed by 30/12/2019</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>10/11/2019</td>
</tr>
<tr>
<td>Regulation 17(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>16/12/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall,</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>16/12/2019</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Clause</th>
<th>Description</th>
<th>Compliance</th>
<th>Colour</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 18(1)(c)(i)</td>
<td></td>
<td>The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>02/12/2019</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td></td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/11/2019</td>
</tr>
<tr>
<td>Regulation 21(6)</td>
<td></td>
<td>Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/11/2019</td>
</tr>
<tr>
<td>Regulation 23(a)</td>
<td></td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Purpose</td>
<td>Status</td>
<td>Color</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
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<td></td>
</tr>
<tr>
<td>23(b)</td>
<td>The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
<td></td>
</tr>
<tr>
<td>23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/03/2020</td>
<td></td>
</tr>
<tr>
<td>23(d)</td>
<td>The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2020</td>
<td></td>
</tr>
<tr>
<td>24(1)</td>
<td>The registered provider shall</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/10/2019</td>
<td></td>
</tr>
</tbody>
</table>
agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.

| Regulation 26(1)(d) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. | Not Compliant | Orange | 06/12/2019 |

| 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. | Not Compliant | Orange | 16/12/2019 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Not Compliant | Orange | 31/03/2020 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Orange | 31/03/2020 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 31/03/2020 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 31/03/2020 |
| 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. | Not Compliant | Red | 31/10/2019 |
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.

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Requirement</th>
<th>Compliance</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>28(1)(e)</td>
<td>The registered provider shall 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.</td>
<td>Not Compliant</td>
<td>Orange</td>
</tr>
<tr>
<td>28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
</tr>
<tr>
<td>28(2)(ii)</td>
<td>The registered provider shall make adequate arrangements for giving warning of fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where</td>
<td>Not Compliant</td>
<td>Red</td>
</tr>
</tbody>
</table>
necessary in the event of fire, of all persons in the designated centre and safe placement of residents.

<table>
<thead>
<tr>
<th>Regulation 03(1)</th>
<th>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.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>28/11/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 04(1)</td>
<td>The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2019</td>
</tr>
<tr>
<td>Regulation 6(1)</td>
<td>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Créimhseachais from time to time, for a resident.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>Regulation 8(1)</td>
<td>The registered provider shall take all reasonable</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/12/2019</td>
</tr>
</tbody>
</table>
measures to protect residents from abuse.