



## Office of the Chief Inspector

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

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	08 May 2019
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0026906

## About the designated centre

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

Lourdesville Nursing home is located in the environs of Kildare town and close to many areas of interest including the Curragh, Curragh race course, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. Bedroom accommodation over two floors, includes single and twin bedrooms with one multi occupancy bedroom. The first floor is accessible via a passenger lift and a stairs. Communal accommodation includes a large dining/day room, conservatory, quiet room, small dining room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre accommodates 46 residents, male and female, over the age of 18 of varying dependencies, for long and short term stays. Twenty four hour nursing care is provided to cater for various needs including, dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post operative care. The registered provider is a sole trader and employs approximately 31 staff.

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

Current registration end date:	30/09/2020
Number of residents on the date of inspection:	44

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
08 May 2019	10:50hrs to 18:45hrs	Paul McDermott	Lead
08 May 2019	10:50hrs to 18:30hrs	Angela Ring	Support

## Capacity and capability

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 ensure that the systems of governance and management in relation to fire safety and building maintenance were effective and ensured that the service provided is safe.

The last inspection of this centre was on 19 February 2019 during which concerns regarding fire safety in the centre were identified. Following that inspection a number of queries relating to fire safety in the centre were raised with the provider.

The responses received from the provider failed to assure the Chief Inspector that the provider had adequate systems and structures in place to ensure residents living in the centre were protected from the risk of fire and this inspection of the premises was arranged.

This was an unannounced risk inspection of the premises by two inspectors of Social services, one of whom is a specialist estates and fire safety inspector.

Due to the combined fire safety risks associated with the design and layout of escape routes within the premises, the dependency levels of the residents, the lack of assurance on the likely fire performance of bedroom doors, a single escape stairs serving part of the first floor of the centre, the lack of adequate emergency lighting and the lack of assurances that the residents can be evacuated in a timely manner, the inspectors had significant concerns regarding the safety of residents in the centre.

It was of concern to the inspectors that the governance and management systems in place had not identified the issues relating to fire safety that were identified during the course of this inspection.

Following a review of the premises, the documentation available for inspection including training records, maintenance records, various fire safety provisions and fire drill records, the inspectors were not assured that appropriate management systems were in place to ensure the service provided was safe, therefore immediate compliance plans were issued to the provider the day after the inspection to address the issues of most concern. However, the provider's response to the immediate compliance plans did not provide adequate assurance to the Office of the Chief Inspector and were therefore not accepted. In addition to the above measures, a referral was also made to the local fire authority requesting their review of the safety of the premises.

## Regulation 15: Staffing

Not all aspects of the regulation were reviewed. It was noted that there were only three staff on duty at night time. The provider stated that there were additional staff available from nearby accommodation on an unrostered 'on call' arrangement if their assistance is required in an emergency, however this was on an informal basis.

Due to the physical size and layout of some compartments within the premises and the lack of any compartment evacuation drills, the Inspectors were not assured that the number of staff on night duty would be able to conduct a safe and effective phased evacuation of the building.

Following this inspection, the provider informed the Chief Inspector that he would increase the night time staffing level to four staff as part of the response to the immediate action plan.

Judgment: Not compliant

## Regulation 16: Training and staff development

Not all aspects of the regulation were reviewed. A review of training records confirmed that most staff had attended fire safety training, however, two staff members had yet to receive fire safety training.

The provider was unable to produce a breakdown of the content of the fire safety training provided. It was also confirmed that training had not been provided to address the evacuation needs of all residents in the centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

In consideration of the fire safety matters identified during inspection, the inspectors were not assured that appropriate management systems were in place to ensure that the service provided was safe, appropriate to the needs of the residents and effectively monitored by the provider.

There was no documented process for identifying and mitigating fire risks in the

centre, observed fire risks were not being identified, documented or mitigated by the provider.

The fire safety strategy for the centre was not implemented and was not well known by management.

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.

'Fire procedure plans' displayed did not accurately reflect the current building layout and use of rooms and spaces and indicated that several doors throughout the premises were fire exit doors despite the lack of exit lighting or signage indicating the use of the doors for evacuation.

Appropriate training was not provided to reflect the assessed evacuation needs of some of the residents.

The provider failed to identify and implement a safe system in place for for daily checks of doors and exits. Although a record of daily checks for 'fire resisting doors and exit doors' was available which showed that doors were checked and deemed to be safe each day, inspectors noted that this record was signed by the same member of staff each day for a month despite the person only working five days per week. This did not provide assurance that safe systems were in place for checking fire exits and doors as the records was completed retrospectively and should only be logged when they have actually been carried out.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

Not all aspects of the regulation were reviewed. While there was a policy and strategy for fire safety management it was not fully implemented in practice. For example:

- There was no documented process for identifying and mitigating fire risks in the centre.
- There was no premises specific risk register.
- The daily and weekly inspections were not carried out in accordance with the fire safety strategy.

Judgment: Not compliant

## Quality and safety

In view of the fire safety concerns identified during this inspection, inspectors were not assured that fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation in the event of a fire.

Due to the combination of sub-standard doors, undivided doors and extensive ceiling mounted services and attic access hatches the inspectors were not assured that effective fire containment was provided throughout the building that may result in uncontrolled fire and smoke spread throughout the premises.

The inspectors were concerned at the lack of proactive responses to the fire safety concerns raised during, and since the last inspection. Inspectors observed that there was still a lack of awareness and concern about fire safety in the centre. Specific examples in this regard relate to the lack of compartment evacuation fire drills or consideration of the evacuation of all residents.

Staff spoken with had participated in individual room fire drills, however, they had never participated in a full compartment evacuation drill.

A fire detection and alarm zoning floor plan of the building was displayed next to the fire alarm panel. Fire extinguisher servicing was up to date. The provider confirmed that the fire detection and alarm system is fully addressable and a repeater panel is provided in the rear of the premises.

## Regulation 17: Premises

Not all aspects of the regulation were reviewed, however, it was clear that some aspects of the premises required improvement to conform with Schedule 6 of this regulation with particular regard to:

- Maintenance and repair checks failed to identify significant deficiencies in the likely performance and operation of doors throughout the premises.
- It was observed that while some bedrooms had been refurbished, it was observed that others required refurbishment and in some cases were very cold.

Judgment: Substantially compliant

## Regulation 26: Risk management

Improvements were required to risk management to ensure that all risks were identified, assessed and measures put in place to control the risks identified.

The inspectors were particularly concerned about the level of fire safety risks that had not been identified or proactively managed, in particular the risks regarding:

- The inadequacy of the plans for the safe and effective evacuation of the centre.
- Defective doors and inadequate fire containment measures throughout the centre.
- Inadequate fire protection of the internal stairs.
- Inadequate arrangements for the evacuation of all residents.

Judgment: Not compliant

## Regulation 28: Fire precautions

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.

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

- Documented risk assessments were not used to identify or manage fire hazards and risks throughout the premises.
- The emergency gas cut off switch for the kitchen equipment was externally located next to the key coded kitchen door meaning that in an emergency, staff would need to leave the kitchen to cut off the gas supply.
- Despite assurances having been given that only oxygen concentrators are in use on the premises and that oxygen cylinders were only being used during resident transfers to and from the premises, inspectors observed a portable oxygen cylinder left unattended in a resident's bedroom. No signage was in place to alert staff or residents of the use of oxygen in the bedroom.

The registered provider did not provide adequate means of escape.

- The distances between cross corridor doors along escape corridors appeared to be excessive, in some cases up to 30m in undivided length, with no apparent mitigating measures in place.
- A number of final exit doors were key locked, with keys located in break glass units next to the doors. In many cases the final exit doors open back into the building, against the direction of escape.

- In several locations, unlocked, non-fire protected storage presses containing dry medical goods were located along escape corridors. Armchairs, wheelchairs and dining chairs were stored along the escape route from the first floor of the centre.

The registered provider did not provide adequate emergency lighting and emergency exit lighting.

- Adequate directional escape lighting had not been installed along escape corridors to clearly indicate the route to be followed to the nearest final exit or to indicate a final exit door.

The registered provider did not make adequate arrangements for maintaining the means of escape.

- Door closers fitted to bedroom doors required adjustment. It was observed that in many cases the final stage of door closing was very abrupt, with the potential to cause injury while in other cases the doors were not closing fully.
- The panic bar was broken and out of position on a final exit door located along an escape corridor.

Adequate arrangements had not been made for maintaining all fire equipment or building services.

- Records indicated that the inspection and certification of the Fire Detection and Alarm system is sporadic in nature, with up to 8 months duration between documented inspections which exceeds the recommendations of the Irish Standard Document.
- The provider confirmed that the Emergency lighting system had not been inspected or maintained in accordance with the relevant Irish Standard since 2014.
- The provider confirmed that the electrical installation throughout the centre has not been inspected or tested.
- An ELCB board \ old style fuse board located within the kitchen, behind the kitchen door was in a very poor state of repair. The provider was unable to confirm if this panel was live or decommissioned.

Adequate arrangements had not been made for testing fire equipment.

- Contrary to the fire procedures and strategy no daily checks or weekly testing of the fire detection and alarm system or other fire equipment were being carried out or documented

All staff had not received suitable training in fire prevention and emergency procedures.

- Two staff that commenced working in the centre in February \ March had not received formal fire safety training.
- Staff training had not been provided for full range of resident evacuation assistance needs that are required in the centre.

- 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.

- While occasional single room evacuation drills were being carried out, usually as part of annual formal training provided by an external consultant, in house bedroom evacuation drills were completed but records of only two of these drills were available for inspection. The provider confirmed that simulated compartment drills that reflected the evacuation strategy for the centre had never been carried out.
- Drill reports did not include a commentary on the outcome of the drill that would enable a review by management to verify that persons working in the centre were adequately prepared for the evacuation of the premises.

Adequate arrangements had not been made for detecting fires.

- Despite assurances been given that the fire detection an alarm system provided L1 coverage throughout all parts of the centre it was observed that Fire detection was not provided in some store rooms, bathrooms, ensuites or along some of the fire escape corridors.

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). It was observed that some doors along escape routes were not closing and catching properly. Door stops were coming loose from some fire doors, while intumescent strips were missing from others. Some bedroom doors were propped open with bed tables.
- A conservatory area and a visitor seating area directly opened onto escape corridors.
- 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.
- The stairs from ground to first floor was inadequately enclosed at first floor level.

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

- Some Break glass units are located almost 1.5m above floor level which is above the recommended height

Inspectors were not assured that adequate arrangements had been made for evacuating all persons in the centre in a timely manner with the staff and equipment resources available.

- 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 escape routes within one particularly large compartment (Zone C) necessitated the direct passage for normal circulation and emergency evacuation assistance through a dining room. If a fire occurred in the dining room the residents in bedrooms 1 to 12 would be isolated from the remainder of the compartment and from the remainder of the centre. To evacuate the residents from bedrooms 1 to 12, staff would need to access the compartment from outside the building. Access from outside the building is only possible through doors fitted with either internally mounted panic bars, or key locked handles, the keys for which were located in break glass units, next to the doors, inside the premises. The provider confirmed that they had not planned for or considered the potential difficulties associated with the evacuation of this part of the building.

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

- The bedroom for a high dependency resident was on the first floor of the building in an area from where escape may become limited to the use of a single escape stairs.

The fire safety management plan displayed in the reception area is not up to date and did not reflect the current premises layout.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0026906

Date of inspection: 08/05/2019

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Additional Staff have been rostered for Night Duty in accordance with Hiqas request – on an ongoing basis.</li> <li>• We are adopting a new training programme in conjunction with Fire point (Greg Duggan).</li> <li>• Ongoing training of staff on a two monthly basis with inhouse Fire Wardens Room Evacuation and Compartment Evacuation and fire drills in general.</li> </ul> <p><i><b>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</b></i></p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• We are now able to show a breakdown of all aspects of Fire Training.</li> <li>• A new Fire Safety Folder is in place showing all the daily, weekly checks.</li> <li>• Booklet in print for all new staff referring to Fire Safety, Fire Drills &amp; Evacuation procedures</li> </ul> <p><i><b>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</b></i></p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Pending consultation from Fire Consultant and Fire Officers report, based on this, A new Risk Assessment Plan is in progress.</li> <li>• Fire safety strategy for the centre – Daily, Weekly, and two monthly check lists now implemented and contained in a purpose “ Fire Safety Folder” which is held at the reception desk, to be signed and dated daily.</li> <li>• Fire drills in conjunction with Fire Point and in-house safety officers will be carried out regularly with all staff preparing them for various scenarios within the centre.</li> <li>• Fire Procedure Plans: Floor plans have been updated to reflect the current layout of the building. Exit lighting and signage has been upgraded and certified.</li> <li>• Fire Point have conducted two compartment fire drills and evacuations on the 14th and 21st May 2019, This will be continuous every two months.</li> <li>• We now have a Purpose Fire Safety Folder in place documenting daily, weekly, and monthly checks signed and dated by the relevant staff.</li> </ul> <p><b><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• Purpose Fire Safety Folder is now in place</li> <li>• Daily, weekly, monthly checks being carried out are documented, dated, signed.</li> </ul> <p><b><i>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</i></b></p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Maintenance and repairs have been carried out on doors throughout the premises. Deficiencies identified in other areas have been replaced and rooms are being refurbished on an ongoing basis.

- While deemed by the inspector some rooms were cold, it is the general practice of the Centre to open all windows when cleaning the rooms to allow fresh air to circulate.

***This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.***

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- In conjunction with the Fire Consultant and Fire Point effective evacuation of the centre have been put in place.

- Maintenance and repairs have been carried out on doors deemed defective and inadequate by inspectors.

- We are awaiting Fire Consultant and Fire Officers report on Fire Containment measures throughout the Centre.

- Arrangements have been made with Curragh Lawns Nursing Home in the event of Emergency Evacuation from the Centre.

***This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.***

Regulation 28: Fire precautions

Not Compliant

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

- Risk Assessment Template is at present in the process of being up-dated liaising with Fire Officers and Fire Consultant.

- There are three "Cut Off switches re Gas Cooker at present.

(1) Behind Cooker

(2) Over "Exit" door

(3) Outside "Exit" door.

- Keycode has been removed from back door.

- Oxygen Cylinders: A storage facility is now in place outside the Centre adjacent to exit door, Keys will be carried at all times by Nurse on Duty.
  - Awaiting Fire report from Kildare Fire Officers and Fire Consultant in relation to statement on what measures to take place “No apparent mitigating measures in place”.
  - Awaiting Fire Officers report & Consultants report in relation to “Fire Exit doors opening back into building against direction of escape.
  - Awaiting Fire Officers & Consultant Report. We have assessed storage presses in corridors and we are waiting final report from Fire Officer
  - Risk Assessment Template is at present in the process of being up-dated liaising with Fire Officers and Fire Consultant.
  - Room 30: All wheelchairs, armchairs will be removed from first floor.
  - Emergency Lighting has been upgraded and certified
  - Adequate directional lighting has been upgraded and certified.
  - Door closers have been adjusted accordingly.
  - Panic Bar is repaired and in full working order.
  - All records up to-date.
- Purpose File Safety Monitoring has been put in place documenting all inspections which will include all daily, weekly and monthly inspections and certification.
- Emergency lighting has been inspected and certified.
  - ELCB Board - located behind the kitchen is in the process of decommissioning by Melia & Whyte Electrical contractors - deemed safe at present.
  - Fire Safety strategy now in place as previously outlined in report.
  - All staff have now received suitable Fire Training and New Staff Induction Training.
  - All documented in Purpose Fire Safety Manual.
  - Learning outcomes and recommendations are now documented and recorded in Purpose Fire Safety Manual.
  - Evacuation Training on 14th. and 21st. May  
compartment Evacuation drills and Fire Drills have been carried out and report in file. We will continue two monthly in-house training by Fire Wardens which will be documented in Manual.
  - L1 coverage fire dectectors, pending Fire Consultants report.

- Maintenance and repairs have been carried out on doors throughout the premises. Deficiencies identified in other areas have been replaced and rooms are being refurbished on an ongoing basis.
- Conservatory area: awaiting Fire Consultant & Fire Officers report. Presently two fire doors are on the escape corridor.
- Attic Access Hatches: At present sourcing Fire "Attic" access doors. Awaiting Fire Consultant & Fire Officers report.
- Stair: Awaiting Fire Consultant and Fire Officers report. Report to date has not been received.
- Break Glass: Break Glass units have been moved to recommended level.
- From 14th. May arrangements have been put in place for all compartment evacuation in a timely manner and documented in our Purpose Fire Safety Manual.
- Strategy now in place depending on location of fire for the supervision in the case of emergency the safest route from fire the will be determined according to the source of the fire.  
Escape route in relation to Zone C while we have identified and assessed this zone two possible new exit areas have been identified as an escape route. Awaiting Fire Officers and Fire Consultant report.
- Re High Dependency Bedroom we are awaiting Fire consultants assessment and fire Officers report on same area.
- Fire Safety Management Plan has been updated.

***This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.***

## 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 15(1)	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.	Not Compliant	Orange	08/05/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	21/05/2019
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		

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	10/05/2019
Regulation 23(d)	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.	Substantially Compliant		
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant		
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Not Compliant	Orange	

	identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	
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	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	
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	
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	

	testing fire equipment.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	
Regulation 28(1)(e)	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.	Not Compliant	Red	10/05/2019
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	10/05/2019
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	