## Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kinsale Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000584</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rathbeg, Kinsale, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 477 2202</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mary.nolan5@hse.ie">mary.nolan5@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Patrick Ryan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>Niall Whelton</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</td>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 May 2016 09:40  
To: 10 May 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This report sets out the findings of an announced follow-up inspection of Kinsale community hospital following an application by the provider to vary their conditions of registration. The centre was registered with restrictive conditions due to ongoing issues in relation to the premises and fire safety. As part of the inspection inspectors met with the person in charge, the Clinical Nurse Manager 2 (CMN2), residents, relatives and numerous staff members. Inspectors observed practices and reviewed the premises and operational documentation to inform the application to vary process. The fire and estates inspector reviewed the current fire safety procedures.

The person in charge and staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing good care for the residents. The inspection was focused on the actions from the previous inspection undertaken on the 29th September 2015. The actions in relation to policies and procedures had been rectified. Although there had been a very high quality renovation of parts of the building which enabled a number of residents to relocate from the first floor to the ground floor, many of the actions required from the previous inspections relating to the premises were not completely remedied and these are outlined in detail in the report. A number of the fire safety precaution issues identified in the registration renewal inspection were remedied. The provider nominee had submitted an up-to-date fire safety report by a suitably qualified person to HIQA. This provided assurances that the remedial work completed in Kinsale Community Hospital regarding fire safety was adequate to mitigate the serious fire safety deficiencies identified in the Cork County Council report of 10 June 2014.
However, improvements were also required in relation to some fire safety practices. The fire alarm panel did not reflect the recent modifications to the building and therefore did not provide adequate detail in relation to the location of the alarm activation. Personal evacuation plans did not contain adequate detail, records of fire drills did not contain adequate detail, and a review of fire resistant doors was required to ensure they would perform as required in the event of a fire.

In summary, the inspectors identified aspects of the service requiring improvement to ensure compliance with the Regulations, and a number of these were identified in previous inspection reports. These improvements included:

- premises issues:
  - multi-occupancy bedrooms
  - some bedrooms could only be accessed internally via other bedrooms
  - some bathrooms and toilets were only accessible through a series of bedrooms
  - location/accessibility of sanitary facilities
  - lack of private space
  - lack of communal space.

- updating personal evacuation plans
- documentation of fire drills.

- training

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2009.
Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
On the previous inspection it was noted that the required policies under Schedule 5 of the Regulations were not comprehensive and they did not inform practice. Also the review date had expired for a number of policies, for example, the admissions policy review date was November 2011; the communication policy revision date was July 2011; accepting transfers to the centre was last reviewed in June 2011.

On this inspection the inspectors saw that all the schedule 2 policies had been reviewed and updated in October 2015 with a review date of October 2018. These were available on both areas for staff and staff confirmed that they were aware of their content.

Although records in relation to moving and handling training were available during the inspection, it was difficult to establish from the records if all staff had up-to-date training in resident moving and handling.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Previously it was identified that the health and safety and risk management policy was not up-to-date. This was now remedied and it contained all the items as listed in the Regulations in conjunction with details on the identification and prevention of risks, the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. Inspectors noted a rail running along the edge of the window in the new extension that required a risk assessment as it could be a trip hazard.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks and hand hygiene gel dispensers and the inspector observed that opportunities for hand hygiene were taken by staff. Staff had completed training in infection prevention and control and hand hygiene.

However there were some items of torn equipment including a commode cover and protective padding on a toilet that required replacement as they did not meet the requirements of infection prevention and control.

On previous inspections, inspectors identified serious fire safety deficiencies which were detailed in the Fire Officers’ report dated 10th June 2014. Extensive work to the ground floor had been carried out. This included an extension and alterations to a portion of the ground floor. Ancillary accommodation including a prayer room, mortuary and physiotherapy room had been altered to provide new bedroom accommodation. Since the last inspection, it was found that the occupancy at first floor had reduced to nine residents, with high dependency residents relocated to the ground floor. The inspector found that the four bedded unoccupied rooms at first floor level did not have an adequate means of escape for use as bedrooms. If the rooms are to be used for any purpose to accommodate residents, a comprehensive assessment of the means of escape for that purpose should be carried out by a suitably qualified person. This would include an assessment of the external escape stairs for suitability of use.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. The fire detection and alarm system was provided with a main panel adjacent to the reception and additional repeater panels located on the first floor. The system was capable of identifying the location of an activated device. While the system was able to identify the location of a device which has been activated, it appeared that the system had not been updated to reflect the upgraded layout of the ground floor.

The drawings displayed around the centre depicted the zones of the fire detection and alarm system. The fire resisting construction within the centre did not align with the zones of the fire detection and alarm system for the purposes of phased evacuation. For example, the zones at first floor, namely zone 11, zone 12 and zone 13, appear to subdivide the first floor into three areas. The building layout of the first floor of the designated centre appears to be subdivided into two areas separated with fire resisting construction. This may lead to unnecessary delay and confusion in an emergency.
situation.

Records showed that the emergency lighting, fire fighting equipment and the fire detection and alarm system were being serviced at the appropriate times. It is noted that faults with the fire detection and alarm system were recorded in the fire safety register and reported to the appropriate company for service. The inspector noted that the records indicated that exits were being checked daily, but not at weekends.

There was a fire procedure in place within the centre. This was displayed throughout the centre in both written and drawing format. However, the drawings displayed were not updated to include the modifications to the building at ground floor level. The extent, size and location of fire compartments necessary for phased evacuation were not clearly defined on the drawings displayed around the centre.

The inspector found that the needs of residents in the event of a fire were assessed by way of Personal Emergency Evacuation Plans (PEEPs). It is noted that a new resident was admitted on the day of inspection, and the inspector found that an assessment was made of the residents needs and had been included in the records of the Personal Emergency Evacuation Plans on the day of admission to the centre. However inspectors found that improvements were required to the personal emergency evacuation plans, as the assessments were incomplete and did not include detail on the means of transfer of non mobile residents to the appropriate evacuation aid in the event of a night time evacuation. It was also noted, that the procedures had not been explained to residents in some instances.

Fire drill records were available indicating that fire drills were being carried out in the centre as part of the fire safety training for the centre. The most recent records available for the evacuation of the centre, show that they were carried out during daytime conditions with between seven and eight staff participating. The records for the most recent drill did not specify, where it was carried out or how many residents were involved. It was found, that a drill replicating night time conditions was carried out on 7th July 2015. In this instance, it was not clear, in which compartment the drill was carried out. It is noted that drills are carried out under the supervision of an external fire safety contractor, and although this is considered good practice, independent drills carried out in house with staff only would also be beneficial in replicating a real fire event and improving on any deficiencies identified in training.

During the inspection the fire detection and alarm system was activated as a result of a resident pressing a break glass call point. Although a staff member observed the call point being activated, inspectors observed the response to the alarm as being prompt and controlled. Of those observed, all fire doors connected to the fire detection and alarm system released and shut adequately.

The provider had made necessary arrangements for fire safety training to be provided to staff. Documentation available to the inspector demonstrated that fire safety training was carried out every six months. Although the training was carried out over a number of sessions to cater for the number of staff, inspectors could not determine from the records, that all staff had attended fire safety training.
In general, the inspectors found that the centre was subdivided with construction which would resist the passage of fire in most cases. It was noted that the ceiling within the ground floor linen room was damaged. It was also observed that there were holes in the wall between the hot-press room and the pharmacy, at first floor level, which breached the line of fire resistance. The majority of fire doors were furnished with the appropriate features comprising a fire door. It was noted that an audit of fire doors throughout the centre would be required to identify any deficiencies of fire door assemblies. A number of doors had excessive gaps, in particular the cross corridor door subdividing the first floor corridor. A store room at ground floor level, which opens off the assisted bathroom, was not provided with a self closing device. The store room adjacent to the lift at first floor level did not appear to be enclosed in fire rated construction.

There were two internal protected escape stairways, serving the first floor. It was noted that the top step in each case was positioned in very close proximity to the door swing, creating a potential risk of falling in an emergency situation.

**Judgment:**
Non Compliant - Moderate

### Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This centre was originally built in the 19th century and it had been refurbished and upgraded throughout the years to provide residential, respite, convalescence and palliative care to the older population of Kinsale and the surrounding areas. Part of the centre had been completely renovated since the last inspection to provide two new three bedded bedrooms, one two bedded bedroom, one single bedroom and a sluice room. All of these bedrooms have large en-suite bathrooms with disabled access showers, toilets and wash-hand-basins. The bedrooms were equipped with wardrobes, bedside lockers and locked storage space. The corridor outside the bedrooms was wide with very large windows creating an area of light and space and residents were seen to sit in the areas enjoying the views out. Residents and relatives were very complimentary about the newly renovated area.

Although the newly renovated part of the centre was upgraded to a very high standard there remained significant limitations within the physical environment in the other parts
of the centre which negatively impacted on the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. For example, some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms.

Other issues previously identified on inspections with regards to the limitations of the premises included:

1) not all of the four-bedded rooms were suitable in size to meet residents’ needs, and impacted on the privacy and dignity of the residents sharing these rooms
2) there was little room between some beds and limited space to personalise the area or to receive visitors
3) wardrobes were not adequately sized in the bedrooms for residents to store their clothes and personal possessions
4) there was just one communal room on the ground floor for sitting, dining and recreational space for all residents.

The centre had capacity to accommodate 40 residents, however, the maximum number of residents that could be accommodated in the communal room at meal times was 15 for all residents from both floors and this would depend on the types of assisted seating residents were using. This provision of dining and sitting space was totally inadequate to meet the needs of the residents. The dining experience for residents also required review in that the majority of residents had their meals by their beds. However for the residents who did attend the dining room, the tables were not set and residents were served their meals on trays on the dining tables and the trays were not removed to provide a more conducive dining experience. There was no dining room available for residents on the first floor so they were not provided with adequate sitting, recreational and dining space other than a resident’s private accommodation as required by the regulations.

There were two other seating areas, one on each floor and although these were homely in appearance they were very small. The inspectors noted visiting taking place in the four bedded bedroom in the morning when residents were getting up and dressed this practice did not protect the privacy and dignity of all residents in the room and other areas should be used.

Sluice rooms were inspected and inspectors observed that the sluice room in the newly renovated area there were commodes inappropriately stored which were blocking access to the sluicing facilities and the room was totally overcrowded. The inspectors also saw mattresses and other equipment inappropriately stored in bathrooms. Storage for residents clothing was also identified as an issue on previous inspections in the lack of wardrobe space and the inspectors saw that wardrobes were small in size and even the fitted wardrobes but into the newly renovated part of the centre were noted to be mainly single wardrobes and a missed opportunity was there to put in place larger wardrobes. Inspectors noted a number of bags of personal laundry on top of wardrobes and by the sides of beds which staff said relatives were collecting to take home to wash. Inspectors felt that laundry stored in this way did not lend itself to a homely environment and also found there was a general lack of personalisation of bedrooms and bedroom spaces.
Inspectors saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, specialist beds, clinical monitoring equipment and specialist seating provided for residents’ use. There was a functioning call-bell system in place. Servicing records were seen for equipment which were found to be up-to-date. However there were some items of torn equipment including a commode cover and protective padding on a toilet that required replacement as they did not meet the requirements of infection prevention and control. This was actioned under outcome 8 Health and safety. Inspectors also noted there were a number of areas where paint was off the walls and radiators and required redecoration.

The centre had installed circuit-television cameras (CCTV). All cameras were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation.

The external gardens were well maintained and residents stated they enjoyed the garden during the fine weather and looking out at the garden in the cold weather. There was access to the garden via doors off the dining/sitting room. The inspectors saw one resident enjoying the garden during the inspection. The person in charge informed the inspectors that they were currently engaged with a project to convert part of garden to a dementia specific sensory garden and they had engaged residents in the planning process.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kinsale Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000584</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10/05/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/06/2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although records in relation to moving and handling training were available during the inspection, it was difficult to establish that all staff had up-to-date training in resident moving and handling.

1. Action Required:
Under Regulation 21(5) you are required to: Retain the records set out in paragraphs

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Records of Moving and Handling are maintained in a training matrix, and are available for inspection.

Proposed Timescale: 09/06/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors noted a rail running along the edge of the window in the new extension that required a risk assessment to be completed on it as it could be a trip hazard.

2. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A risk assessment of the rail has been carried out, and while it is acknowledged that it may pose a risk, it also serves as a safety feature to prevent residents from walking too close to the glass wall/window, which goes to 6 inches from the ground.

Proposed Timescale: 09/06/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some items of torn equipment including a commode cover and protective padding on a toilet that required replacement as they did not meet the requirements of infection prevention and control.

3. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
The items identified have been removed for the unit, and staff have been encouraged to
be vigilant, and report any defects of equipment immediately.

**Proposed Timescale:** 09/06/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Each internal escape stairs was arranged such that the top step in each, were in very close proximity to the swing of the door, creating a potential risk of falling in an emergency situation. A warning strip to the nosing of the top step or signage identifying the risk were not provided.

4. **Action Required:**
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
A warning strip has been attached to the top step of each staircase to lessen the risk of fall or injury to resident, staff or visitor.

**Proposed Timescale:** 09/06/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While there were records available for fire safety training, the inspector could not determine from the records, if all staff member had attended fire safety training.

5. **Action Required:**
Under Regulation 28(1)(d) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
Fire Safety records have been organized to show clearly which type of Fire Training was attended. In addition, detailed training of Fire prevention and emergency procedures, evacuation procedures, building layout and escape routes, location of fire alarm points, first aid, fire fighting equipment, fire control techniques, and the procedure to be followed if the clothes of a resident caught fire, will be covered within the annual Fire Training bundle.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill records required more detail in order to ensure both inspectors and the provider that all concerned are aware of the procedures in place to facilitate evacuation in a timely fashion.

A review of the residents’ personal emergency evacuation plans showed that the evacuation needs of residents were insufficiently detailed.

6. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire drill records will include detail to include the exact location of the evacuation, the methods used, and the number of residents involved.
Fire drills will be carried out every 4 months, to include drills carried out in-house as well as those facilitated by the external fire safety contractor.

The Personal emergency evacuation procedure in place for each resident will indicate the means of transfer of the resident from the bed to the appropriate evacuation aid, in the event of a night time evacuation. This procedure will be explained to the resident.

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire resistant doors throughout the centre required review in order to ensure that they have all the features necessary to ensure they can perform as required in the event of a fire.

The enclosure to a number of store rooms was not imperforate and contained holes or damage to plasterboard linings.

The fire detection and alarm panel had not been updated to reflect the new layout of the upgraded ground floor.

7. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
An audit of all fire doors will be carried out to ensure that they have all the features necessary to ensure that they can perform as necessary in the event of a fire. The enclosure to storerooms will be repaired. The fire alarm panel will be updated to reflect the new layout of the upgraded ground floor.

**Proposed Timescale:** 31/07/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire resisting construction within the centre did not align with the zones of the fire detection and alarm system for the purposes of phased evacuation.

8. **Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**
The zones of the fire alarm system will be updated to co-ordinate with the compartments within the building, to facilitate identification of safe areas of refuge by staff, in the event of a fire.

**Proposed Timescale:** 31/07/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The drawings displayed around the centre did not identify the extent, size or location of fire compartments necessary for progressive horizontal evacuation. The layout on the drawings did not reflect the recent building modifications undertaken.

9. **Action Required:**
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
The drawings identifying the layout of the centre, and the different fire compartments will be updated to reflect the recent building modifications, and will be displayed in each
Proposed Timescale: 09/06/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Issues identified on inspection with regards to the limitations of the premises included:

1) not all of the four-bedded rooms were suitable in size to meet residents’ needs, and impacted on the privacy and dignity of the residents sharing these rooms. Visiting also took place in these rooms which did not protect other residents privacy.
2) there was little room between some beds and limited space to personalise the area or to receive visitors
3) wardrobes were not adequately sized in the bedrooms for residents to store their clothes and personal possessions
4) there was just one communal room on the ground floor for sitting, dining and recreational space for all residents from both floors.
5) some multi-occupancy rooms could only be internally accessed via other multi-occupancy rooms.
6) some parts of the centre were not suitably decorated in that paint was off the walls and radiators.

10. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
1. A design team was appointed in 2015, plans are completed for an extension to Kinsale CH and for the overall renovation of the remainder of the building, to make the complete premises HIQA compliant, the timeframe for this December 2020.
2. Renovation of the ground floor is complete which has provided 2 x 3 bed, 1 x 2 bed rooms, and 1 single room, this has allowed for the transfer of 9 higher dependant residents from the first to the ground floor.
3. Paint and decorate the premises.
4. Renovate an unused 4 bedded bedroom on the 1st floor to provide a dining room for residents, as a temporary measure while waiting for new building.
5. Renovate an unused 2 bedded bedroom on the 1st floor to provide a sitting room for residents, as a temporary measure, while waiting for new building.

Proposed Timescale: 31/12/2020