



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

Issued by the Chief Inspector

Name of designated centre:	Dromcollogher and District Respite Care Centre
Name of provider:	Dromcollogher & District Respite Care Centre Ltd
Address of centre:	Coolaboy, Dromcollogher, Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2020
Centre ID:	OSV-0000415
Fieldwork ID:	MON-0029969

About the designated centre

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

Dromcollogher and District Respite Care Centre is a 20-bedded facility that provides short-term respite care to people that are mainly over the age of 65 years of age. It is a single storey facility located in the village of Dromcollogher. The centre provides 24-hour nursing care, predominantly to residents that are admitted from home and return to home following their stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 July 2020	11:00hrs to 16:00hrs	John Greaney	Lead
Monday 13 July 2020	11:00hrs to 16:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The centre had closed to admissions due to the COVID-19 pandemic so there were no residents in the centre on the day of the inspection.

Capacity and capability

This was an announced inspection carried in response to an application to renew the registration of the centre. The inspectors found that some improvements had been made in relation to fire safety and in reducing the number of beds in the multi-occupancy rooms. However the provider had failed to fully address the non compliances identified on previous inspections in order to bring the service into regulatory compliance. As a result significant non compliances were found in relation to regulation 23 Governance and Management, Regulation 17 Premises and Regulation 28 Fire Precautions.

The centre was previously registered to accommodate 20 residents in two single, one five-bedded, one six-bedded and one seven-bedded room. In addition this inspection included an assessment by an inspector of social services with specialist knowledge of fire precautions. This was in respect of following up a number of assurances in relation to fire safety precautions that had been requested by the Chief Inspector following the previous inspection in March 2020.

The registered provider had arranged for a fire safety assessment of the premises and this was reviewed as part of this inspection. Whilst the provider's response identified areas for improvement with the fabric of the building, the report did not encompass the specific assurances that were sought by the Chief Inspector. These included evacuation strategies and an assessment of the means of escape in the centre. Details of the findings in relation to Regulation 28, Fire Precautions, are contained within the Quality and Safety section of this report.

The centre is registered to provide respite care to residents for a period of one to three weeks. Due to the COVID-19 pandemic and in compliance with public health guidance, the centre ceased taking admissions in March 2020 and as a result it closed temporarily. There were no residents in the centre on the day of the inspection. As a result of the COVID-19 pandemic, guidelines have been issued by the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) on the prevention and management of COVID-19 in residential care facilities. The guidance states that all residents transferred or directly admitted to a residential care facility must be accommodated in a single room for 14 days after

arrival in the centre. Due to the limited number of single rooms in this designated centre and the high number of new residents admitted each week, the provider would not be able to comply with the guidance and maintain full capacity.

Since the last inspection in March 2020 the provider had made plans to reduce the number of residents in the multi- occupancy bedrooms. The provider intended to maintain the current bed capacity of 20 beds by converting offices to single bedrooms. The outcome would be a reduction of one bed in the seven-bedded room and one bed in the six-bedded room and the addition of two single rooms. However inspectors found that despite this reduction the reduction in beds would still not meet the current recommendations in relation to physical distancing required to prevent the spread of COVID-19.

In addition the centre would not be in compliance with the regulations which state that by 1 January 2022, no bedroom shall have more than four residents. The inspectors found that the provider did not have any plans for the centre to be reconfigured to meet the regulation by the specified date of January 2022.

Subsequent to the last inspection the person in charge resigned and at the time of this inspection the provider was conducting a recruitment campaign for a new person in charge. Discussions with the registered provider representative on the day of the inspection indicated that candidates had expressed interest in the post but an offer of employment had not yet been accepted. As a result there was no person in charge in the designated centre as required in the regulations.

Regulation 14: Persons in charge

Since the previous inspection in March 2020 the person in charge resigned. On the day of this inspection a new person in charge had not been appointed. Inspectors were informed by the provider that every effort was being made to recruit a new person in charge. The regulations require that there shall be a person in charge of a designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

As stated previously, the person in charge had resigned her position. While a recruitment campaign had been conducted a new person in charge had not been appointed on the day of the inspection. As a result the provider did not have a clearly defined management structure in place that identified roles and

responsibilities for all areas of care provision.

In addition records showed that the provider was in breach of the registration conditions of the designated centre. A condition of the registration is that the designated centre shall be operated at all times in accordance with and shall provide only the services set out in its Statement of Purpose. The Statement of Purpose states that the centre provides affordable temporary respite care to older people for a period of between one to three weeks. It also states that in some cases the period of respite may be extended beyond three weeks in extenuating circumstances. In the twelve month period from March 2019 to February 2020 records showed that 45 residents stayed in excess of the three weeks with one resident staying in excess of 16 weeks. It is acknowledged that this was done in the best interests of the residents. The multi-occupancy nature of the bedrooms, however, did not provide a suitable environment for residents to live for extended periods.

Inspectors found recurrent non-compliance with Regulation 17, Premises. The current layout of the centre meant that residents were predominantly accommodated in multi-occupancy bedrooms of five, six and seven beds. Based on the observations of the inspectors, the recent reduction of two beds in two of the multi-occupancy rooms did not achieve the required physical distancing between beds as required under the current guidance, (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

In addition to the infection control concerns, the regulations require that by 1st January 2022, no bedroom shall have more than four residents. The provider did not have a plan to ensure that the designated centre would be compliant with the regulations by the specified date in January 2022.

The inspectors also found that the provider had failed to ensure compliance with Regulation; 28 Fire Precautions and Regulation 9; Resident's Rights. As with Regulation 17 the provider did not have appropriate systems in place to ensure that the service provided was in compliance with the statutory regulations and was safe and appropriate for residents accommodated in the designated centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose contains all of the information required by the regulations. While the Statement of Purpose complied with Regulation 3 in terms of the information contained in the document, the centre did not always operate in accordance with the Statement of Purpose. This is addressed under Regulation 23 in

this report.

Judgment: Compliant

Quality and safety

The overall aim of Dromcollogher Respite Care Centre is to provide short term care, of between one to three weeks, to residents and in so doing alleviate pressure on carers. It was identified on previous inspections that the centre would not be suitable for long-term care due to the high number of multi-occupancy bedrooms. However with the current infection prevention and control restrictions in place (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) and the limited space between beds in the multi-occupancy rooms, inspectors found that these bedrooms were unsuitable for short-term admissions due to the risk of the introduction and spread of COVID-19.

In addition to the risks posed to infection prevention and control practices by the design and layout of the premises, these issues also had a negative impact on the privacy and dignity of residents accommodated in the multi-occupancy rooms. For example in one bedroom there are doors between beds that lead to an office, a bathroom and a sluice room. At night time, when residents are sleeping, accessing these areas and in particular the nurses' office would cause a disturbance to residents as they slept.

While the centre was empty on the day of inspection, the systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided would be safe and in compliance with Regulation 28 when any residents were admitted. The registered provider had ensured that the fire alarm system, emergency lighting and fire fighting equipment were all serviced at the appropriate intervals. However inspectors were not assured that the fire safety arrangements in place were adequate to ensure prompt, safe and effective evacuation of residents in the event of a fire.

- Inspectors noted the Fire and Emergency plan which was in place at the time of inspection was dated 2015. Inspectors were told a new fire safety management procedure was being developed and would be in place prior to welcoming residents back to the centre however this was not available at the time of the inspection.
- Although the current means of escape and evacuation strategies may be feasible, given the non-conventional layout of the building the existing arrangements required review to ensure the safety of residents. For example access to bedrooms is not directly from a bedroom corridor but through either the reception or dining room. The escape strategy would rely

on specific evacuation procedures for staff to assist residents to evacuate should a fire start in these access areas. As a result to evacuate each of the three large multi-bedded rooms would require staff to repeatedly re-enter the reception area. This would not be feasible should a fire start in the reception area

- Furthermore, the extent and size of building fire compartments was not clear, which would also inform the evacuation strategy
- A fire safety assessment had been carried out since the last inspection. The report included a series of recommendations for improvements to ensure that adequate fire safety precautions were in place in the designated centre. Examples include the replacement of a number of fire doors, additional fire detectors in the attic area, some fire sealing of penetrations through fire barriers, proposed walls to separate the oil storage area from the generator and from the boiler room and reference was made to door locks to the bedrooms. Inspectors were told that fire doors identified for replacement were on order. It is acknowledged that the report was only completed a number of days prior to this inspection but there was no clear time frame for the completion of the outstanding actions.

As a result the inspectors determined that these works should be completed prior to admitting residents back into the centre.

Regulation 17: Premises

The centre had been unoccupied since March 2020 and was generally bright and clean throughout and kept in a good state of repair. The sitting room was bright and had adequate seating for the number of residents that the centre could accommodate. However, it would be difficult to accommodate all residents while maintaining current recommendation of two metres social distancing. The dining room was adequate for 20 residents, however, inspectors found that the room is quite small and would not facilitate all of the residents to sit together at one sitting whilst maintaining the required social distancing restrictions.

The interior of the centre was decorated in a tasteful manner. The reception area, dining room, sitting room, other communal areas and bedrooms were generally homely. A variety of comfortable seating was provided in the day rooms and in the entrance area. Small wardrobes were provided at each resident's bed space and there was adequate space for storage of personal belongings for residents accommodated on a short-term basis.

Bedroom accommodation in the centre comprised two single bedrooms, one five-bedded room, one six-bedded room and one seven-bedded room. Following the outbreak of the COVID-19 pandemic the provider had removed one bed from the seven-bedded room and one bed from the six-bedded room and created an addition

two single bedrooms from office rooms. This had allowed the provider to maintain the occupancy of 20 residents. An independent living house adjacent to the centre was being converted into office space. However inspectors found that even with the removal of one bed from each of the multi-occupancy rooms the available space and layout of these rooms did not comply with the need for social distancing required in the current guidance to prevent and contain an outbreak of COVID-19 in the designated centre.

In addition the location of doors between beds leading to toilets, showers, the sluice room and the nurse's station did not ensure the residents privacy and dignity whilst they were in their bedroom. For example the door to the nurses' station was located adjacent to one resident's bed and could only be accessed by entering that resident's bed space.

Some toilets did not have locks on the doors and the provider was requested to review the locking mechanism to ensure that residents could have privacy in the toilet but staff could also access residents in the toilets in the event of an emergency. The provider was also requested to review the raised toilets seats as the inspector noted that one of them had rusted.

Judgment: Not compliant

Regulation 27: Infection control

Current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) requires that all new admissions are isolated in a single room for a period of 14 days following admission. This is a precautionary measure to minimise the risk of an outbreak of COVID-19.

Inspectors found that due to the number of beds in multi-occupancy bedrooms and the high number of residents admitted each week for short term care it would not be possible for the provider to meet the requirements of this guidance. In addition the provider would not be able to cohort residents should a resident test positive for the virus. As a result the layout of the current premises increased the risk of an outbreak within the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate

precautions to ensure that residents would be protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- Candles were noted to be used in the chapel and large day room without any assessment of the risk available.
- The storage of oxygen cylinders. On the day of inspection, it was not known where the oxygen cylinders were stored. Assurance is required in relation to the appropriate storage of oxygen cylinders. Advice from a fire safety expert should be sought in this regard and appropriate risk assessment.
- The electrical installation in the centre requires assessment. When turned on, the lights in one of the multi-bedded room intermittently flickered on and off.
- A time bound plan was not available for the completion of recommendations identified in the fire consultants report.
- Inspectors noted the absence of appropriate signage to identify the location of fire alarm call points.

Inspectors were not assured that adequate means of escape was available from all parts of the centre:

- There were three large multi-bedded rooms which required staff going through an enclosed reception area to assist residents to evacuate. While there were exits from each room, as the residents dependencies would vary, they would likely require the assistance of staff to evacuate. In the event that the access through the reception was unavailable due to the effects of fire, staff did not have a means to enter these rooms from the outside as there were no externally facing fastenings.
- There was a single room located remotely with access through the dining room. External access to this room had been provided since the last inspection, however an additional lock was on the door, so that it could be opened from the outside with a key. This risk had not been identified and there was not a system in place to ensure staff would have a key, nor was it included in the evacuation procedures for the centre.

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

- Evacuation procedures did not reflect the observed non-conventional configuration of the large multi-bedded rooms and access to them for evacuation. The evacuation procedures should be reviewed prior to residents returning to the centre.

Adequate arrangements had not been made for maintaining the means of escape

and maintenance checks did not identify observed issues:

- Inspectors reviewed documentation in terms of regular in house fire safety checks in the centre. There were daily, weekly and monthly checklists which included checks for the fire detection and alarm system panel, escape routes, fire doors and so on. While this is considered good practice and the checks were logged as required, improvement was required to ensure the checks were of adequate extent, frequency and detail. For example, inspectors noted a fire door which had a hole beside the lock, others with gaps around the door and smoke seals were noted to have been painted over in some cases.
- There was large amounts of timber panelling to the ceilings of the chapel, large day room and the reception. Assurance is required that appropriate treatment paint had previously been applied to these surfaces to prevent the spread of fire along the surface.

Adequate arrangements had not been made for containing fires:

- A number of fire doors had been identified by the fire consultant for replacement or repair.
- A number of penetrations through the ceilings were observed, such as attic access hatches, extract fans, speakers and recessed lights. Confirmation is required as to whether a fire rated ceiling is required, and if so confirmation that the penetrations are adequately fire sealed is required.
- The extent, size and locations of fire compartment boundaries were not clear.

Following a review of the fire drill reports, inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner:

- The drill exercises did not reflect the evacuation of a full bedroom. Four residents were evacuated from a seven bedded room. Furthermore, without knowing the extent of the fire compartment boundaries, it was not clear how many residents would be required to be evacuated during the initial stage of an evacuation.

While it was observed that the procedures to follow were displayed, the drawings displayed would benefit from further information such as boundaries between fire compartments and pertinent fire information and the location of fire hazards.

Judgment: Not compliant

Regulation 9: Residents' rights

There were no residents in the centre on the day of the inspection. A review of the

premises identified some issues that would compromise the rights and dignity of residents in the centre;

In Ita's unit, which was laid out as a six bedded room, there were doors between each of the three beds on one side of the room.

- One door led to the nurses' office and could only be accessed by the member of staff walking through the resident's bed space as a result if the curtain was pulled around the bed when the resident was receiving personal care, it would be necessary for staff to open the curtains to walk through the resident's private space and enter the nurses' office.
- The second door led to a toilet and shower and the third door led to a toilet and sluice room. As these rooms would be regularly accessed throughout a 24 hour period there was a significant risk that residents accommodated in these beds would be disturbed when they were in bed, including during the night.

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
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dromcollogher and District Respite Care Centre OSV-0000415

Inspection ID: MON-0029969

Date of inspection: 13/07/2020

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>We are interviewing a suitable candidate in mid-September who has vast experience and who satisfies the requirements for the post. She has informally met the Board of Directors and has expressed her interest in the position, pending assurance on the reopening of the Centre. If an offer of employment does not arise from this interview, we will contact the two recruitment agencies we had used prior and resume a recruitment campaign.</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> <p>We are interviewing a suitable candidate in mid-September who has vast experience and who satisfies the requirements for the post. She has informally met the Board of Directors and has expressed her interest in the position, pending assurance on the reopening of the Centre. If an offer of employment does not arise from this interview, we will contact the two recruitment agencies we had used prior and resume a recruitment campaign.</p> <p>Our Statement of Purpose states that our residents can stay longer than 3 weeks in exceptional circumstances in the event of human need, which has been our ethos since we opened in 2002. In these circumstances residents will be accommodated in single bedrooms with en suite facilities.</p>	

A site visit from an Infection Prevention & Control CNM2 from the HSE on the 12th August last gave rise to a new configuration of beds within the large multi occupancy rooms. She is advising 3 beds in the former 7 bedded room, 3 beds in the former 5 bedded room, and 4 beds in the former six bedded room. In her opinion the 2 single rooms already in operation prior to our closure were acceptable, as are the 2 single rooms which had been converted from office space. She has advised to use one single room for isolation thus allowing for 13 beds in total, and one empty single room. This configuration addresses the physical distancing requirements to prevent the spread of Covid-19.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 A site visit from an Infection Prevention Control CNM2 from the HSE on the 12th August last gave rise to a new configuration of beds within the large multi occupancy rooms. She is advising 3 beds in the former 7 bedded room, 3 beds in the former 5 bedded room, and 4 beds in the former six bedded room. In her opinion the 2 single rooms already in operation prior to our closure were acceptable, as are the 2 single rooms which had been converted from office space. She has advised to use one single room for isolation thus allowing for 13 beds in total, and one empty single room. This configuration addresses the physical distancing requirements to prevent the spread of Covid-19. A set of architect's plans reflecting this scenario will be submitted to HIQA once received.

The proposed new configuration and number of beds/residents in the Centre at one time addresses the size of the dining room. It is proposed that the residents in each multi occupancy bedroom will be within a 'pod'. They would come in on the same date, leave on the same date, and eat together observing the social distancing restrictions. A proposed corridor from reception to the lower corridor in Ita's room ensures that there will no longer be any member of staff traversing this room to access the sluice, toilets, showers, laundry or office.

We will ensure locks are put on doors of all toilets which can be accessed from the outside by a staff member in the event of an emergency by 25/09/2020. A review of the raised toilet seats will be conducted by the 25/09/2020.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

It is proposed that the residents in each multi occupancy bedroom will be within a 'pod'. They would come in on the same date, leave on the same date, and eat together observing the social distancing restrictions.

It is proposed to reduce the bed numbers in the multi occupancy rooms as follows: 3 beds in the former 7 bedded room (Ita), 3 beds in the former 5 bedded room (Bridget), and 4 beds in the former six bedded room (Patrick). 4 single bedrooms are proposed: 2 single rooms already in operation prior to our closure and the 2 single rooms which had been converted from office space. It has been advised to leave one single room empty for isolation thus allowing for 13 beds in total, and one empty single room.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- We will be using only battery powered candles upon our re-opening, no candles will be lit in the meantime.
- Oxygen cylinders will be stored in a 60minute fire rated well ventilated room. Location to be decided by the 28/09/2020.
- Electrical assessment will be conducted once advised electrical works have been completed.
- A time-bound plan for completion of recommendations in our Fire Safety Report was provided on the 24/08/2020
- Appropriate signage to identify the location of fire alarm call points has been delivered. They will be erected by the 28/09/2020.
- Works on access to the 3 multi occupancy bedrooms from outside has begun and will be completed by 4/09/2020
- A manual key override will be fitted to those bedroom doors which can be accessed externally, in the event that the external keypad fails to open the door. The nurse on duty will carry the key on their person at all times. A green break point box will be fitted on the inside of these doors.
- The manual thumb lock on the single bedroom off the dining room will be removed by 28/08/2020
- New evacuation procedures were submitted on the 24/08/2020, addressing the scenario of a fire occurring in reception
- Additional fire checks will become part of the daily/weekly/monthly checklist ensuring adequate extent, frequency and detail is provided. Templates will be drawn up by 28/09/2020
- The timber linings in the Reception, Day Room and Chapel were treated with Zero Flame Fire Retardent paint in 2017. We will repaint these surfaces with the same prior to reopening, we have sourced a local painter who will do this painting for us. We will arrange this task immediately prior to reopening to avoid dust particles sticking to the paint.
- The new fire doors as highlighted in the Fire Safety Report have been ordered and take 6 weeks to receive. A limerick-based company is providing a quote for the repair of the

other doors in the report. This quote has been delayed due to annual leave.

- All services penetrating the ceiling spaces including access hatches shall have a 30minute fire rating
- Our fire safety consultant will submit confirmation of the compartment boundaries by means of a detailed floor plan by 14/09/2020, he is awaiting Granted Fire Cert from Limerick County Council.
- From now on, fire drills will be conducted reflecting a full bedroom, with knowledge of the compartment boundaries and how many residents will need to be evacuated in the initial stages.
- New drawings which are displayed throughout the Centre will be erected, showing additional detail such as boundaries between fire compartments, location of fire hazards and other fire information. These will be complete by 12/10/2020

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A proposed corridor from reception to the lower corridor in Ita's room ensures that there will no longer be any member of staff traversing this room to access the sluice, toilets, showers, laundry or office. It is proposed that Ita's would become a 3 bedded room. Plans for same will be submitted once they are received from our architect.</p>	

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant		30/10/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant		13/11/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	30/10/2020

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/10/2020
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	30/10/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/10/2020
Regulation	The registered	Not Compliant		30/10/2020

28(1)(b)	provider shall provide adequate means of escape, including emergency lighting.		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.	Substantially Compliant	Yellow	30/10/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	11/09/2020
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	Orange	12/10/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/10/2020
Regulation 28(2)(iv)	The registered provider shall make adequate	Not Compliant	Orange	11/09/2020

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	12/10/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/10/2020