Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0038789

About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 35 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

The following information outlines some additional data on this centre.

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
Wednesday 15 February 2023	09:00hrs to 18:10hrs	Fiona Cawley	Lead
Wednesday 15 February 2023	09:00hrs to 18:10hrs	Claire McGinley	Support
Thursday 16 February 2023	10:10hrs to 17:15hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed. On the day of the inspection, staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

Holy Family Nursing Home was a two-storey purpose-built facility located in a rural area, near the village of Killimor, County Galway. The designated centre provided accommodation for 46 residents. Bedroom accommodation was provided on both floors and comprised of single and twin occupancy rooms, a number of which were ensuite. Both floors were serviced by an accessible lift.

The premises had undergone an extensive programme of refurbishment over the past two years, including a new extension which opened in early 2022. The provider had recently refurbished the original building to provide additional bedroom accommodation and communal space for residents. There were no residents accommodated in this area on the day of the inspection which was inspected on the day prior to the bedrooms being registered as part of the designated centre. The area comprised of an additional 24 bedrooms (single and double ensuite) and a refurbished lounge. The décor was bright and modern throughout, and all areas were appropriately furnished to create a comfortable environment. Resident bedrooms provided adequate space for residents to store their personal belongings. Bathroom and toilet facilities were wheelchair accessible throughout the area.

Following an introductory meeting, inspectors completed a tour of the designated centre with the person in charge. A number of residents were in bed while others were up and about in the communal areas and dining rooms. Some residents sat together in the lounges watching TV, listening to music, and reading. Other residents were observed sitting quietly, relaxing and watching the coming and goings in the centre. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day. While staff were busy attending to residents throughout the centre, care delivery was observed to be unhurried and respectful. There was a comfortable atmosphere, and polite conversations were overheard between residents and staff. Inspectors observed that personal care and grooming was attended to a satisfactory standard.

Inspectors interacted with a large number of residents and spoke with a total of thirteen residents on the day of the inspection. Residents told inspectors that staff were good to them and that they were satisfied with life in the centre. One resident told inspectors that 'everything was perfect', another resident said that they had everything they needed and that they 'wanted for nothing'. One resident described how they liked to spend their day and told inspectors that they had plenty of choice. Residents told inspectors that they always got assistance whenever they needed it from staff who were 'always very nice and kind'. There were a number of residents

who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

The centre was clean, tidy and generally well maintained. Inspectors observed that bedrooms were bright and spacious, and many were personalised with items of personal significance, including ornaments and pictures. There were a number of communal areas provided for residents which included lounges, dining rooms, visitors' rooms and a quiet room. These areas were appropriately furnished to create a homely environment. Residents also had unrestricted access to bright outdoor spaces which contained a variety of suitable seating areas and garden furniture.

The centre was bright, warm and well ventilated throughout. Call bells were available throughout the centre and inspectors observed that these were responded to in a timely manner. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely.

There was one corridor on the ground floor of the centre that was not part of the recent refurbishment plan. The area contained a number of resident bedrooms, a smoking room, laundry room and a sluice room. Inspectors observed that this area was not decorated or maintained to the same standard as the rest of the centre. In addition, the sluice facility required significant improvements. This will be discussed further under Regulation 17: Premises.

A new laundry facility was built as part of the refurbishment programme and provided a large spacious area with a clear one way system to maintain segregation of clean and dirty laundry.

There were opportunities for residents to participate in recreational activities of their choice and ability. There was an activities schedule in place seven days a week which included a variety of activities. Residents who spoke with inspectors were aware of the schedule and residents told inspectors that they were free to choose whether or not they participated.

Residents were provided with a range of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were complimentary about the food in the centre. The dining experience at mealtimes was observed by inspectors. Food was freshly prepared in the centre’s own kitchen and was observed to be well presented and there was a good choice available. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the lunchtime meal, and all interactions were respectful.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day. Inspectors spoke with three visitors who were happy with the

care received by their loved ones.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The purpose of the inspection was to follow up on the action taken by the provider to address the non-compliance from the last inspection in January 2022. Inspectors found that the provider had addressed the majority of actions required following the last inspection.

The inspection was also used to inform a decision in relation to an application to vary conditions of the registration of the centre, to register an additional 24 beds in a newly refurbished area of the designated centre.

This unannounced risk inspection took place over two days. There were 44 residents accommodated in the centre on the days of the inspection, and there were two vacancies.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The governance and management was well organised and the centre was well resourced to ensure the quality and safety of the services provided to residents were of a good standard. The management team was observed to have strong communication channels and a team-based approach.

The provider of this centre was Holy Family Nursing Home Limited. The company had one director who was also the person nominated to represent the provider. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge facilitated this inspection and they demonstrated an understanding of their role and responsibility. The person representing the provider was also involved in the day-to-day operation of the centre and provided a high level of management support to the person in charge. Both the person in charge and the provider representative were well known to the residents and were observed to be a strong presence in the centre. The person in

charge was supported in this role by an operations manager, a deputy director of nursing and a full complement of staff including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. There was an on-call system in place out of hours that provided management advice, if required.

The designated centre had adequate resources available to ensure residents received good quality care and support. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times on each floor and a team of health care assistants. Communal areas were appropriately supervised, and inspectors observed kind and considerate interactions between staff and residents.

There were policies and procedures available to guide and support staff in the safe delivery of care.

The provider had systems in place to ensure the records set out in the regulations were available, safe and accessible. However, inspectors found that staff files were incomplete and therefore, action was required to ensure full compliance with the regulation. This will be discussed further under Regulation 21: Records.

The provider had management systems in place to ensure the quality of the service was effectively monitored. Key aspects of the quality of resident care were collected and reviewed by the person in charge on a monthly basis and included data collection in relation to falls, weight loss, nutrition, complaints, medication and other significant events. There was a schedule of audits in place and the person in charge had carried out a number of audits which reviewed various aspects of the service including falls management, complaints, use of restraint, infections and weight loss. Where areas for improvement were identified, action plans were developed and completed. The person in charge was in the process of completing an annual review of the quality and safety of care in 2022.

The management team met with each other, residents and staff on a regular basis and discussed a range of relevant issues including resident care, staffing levels, infection control and the refurbishment programme.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

The recently refurbished area of the building had a sufficient number of escape routes and exits. External fire exits were enabled to be easily opened in the event of an emergency. A fully addressable fire alarm detection system was in place and was integrated with the rest of the building. Staff had carried out simulated fire drills to become familiar with the new layout and fire procedures, in preparation for being

registered as part of the designated centre. Inspectors found that additional escape lighting and directional signage was required on the external routes to ensure a safe passage of escape away from the building. Furthermore, some bedroom fire doors sampled did not close fully when released. This required a review to ensure bedroom doors would latch fully when released.

The provider was required to submit fire floor plans for the designated centre that indicated the extent of compartment and sub-compartment boundaries for the entire centre. This was to ensure that staff were aware of the scope of an evacuation, should a fire emergency occur.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Four staff files were reviewed and found not to have all the required information as

set out in Schedule 2 of the regulations. For example;

- one file did not have a Garda (police) vetting disclosure for the staff member
- two files did not contain the required up-to-date employment history
- one file did not have up-to-date photographic identification for the member of staff.

This is a repeated non compliance.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were good governance arrangements in the centre. There was a clearly defined management structure, with identified lines of authority and accountability. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of high quality care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

The systems in place to provide oversight in the areas of record management, the maintenance of the premises and fire precautions required strengthening to ensure full compliance with Regulation 23: Governance and management.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record of all complaints.

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the designated centre received care and support that was of an appropriate standard. While the provider had addressed a number of areas of non compliance since the previous inspection, action was required to ensure full compliance with Regulation 17: Premises, and Regulation 28: Fire precautions.

The design and layout of the centre was appropriate for the number and needs of the residents. However, some parts of the centre were found to be a poor state of repair and action was required to ensure the designated centre conformed to all matters, as set out in Schedule 6 of the regulations. This is discussed further under Regulation 17: Premises.

From a fire safety perspective, fire doors were fitted and maintained to a good standard in most parts of the existing centre, however inspectors observed a number of deficiencies in containment and the fire rating of some fire doors, which compromised the overall fire safety management in the centre. The existing centre was provided with emergency lighting, fire fighting equipment, fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed and up-to-date.

The centre had a very good fire safety culture. Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies and procedures, and had been involved in simulated fire drill evacuations. Residents personal emergency evacuation procedures were detailed and up-to-date, and the fire policy was a comprehensive document.

Inspectors reviewed a sample of five resident files. Following admission, a range of validated assessment tools were used to determine the needs of the residents including skin integrity, falls risk, nutrition, and manual handling needs. These assessments were used to develop a care plan for each resident which addressed their individual requirements. Care plans were initiated within 48 hours of admission

to the centre and reviewed every four months, or as changes occurred, in line with regulatory requirements. The care plans reviewed by inspectors were person-centred, holistic and contained the necessary information to guide care delivery.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There was a small number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out

Residents' rights were observed to be upheld. Inspectors found that residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, safety and respect and dignity. Satisfaction surveys were carried out with resident and relatives with positive results. Residents had access to an independent advocacy service.

The centre had arrangements in place to manage risk. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. An incident log was maintained that logged all incidents that occurred in the centre and included preventative actions.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection. The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

Inspectors observed that there was action required in one area of the centre, where the quality of the care environment did not reflect the rest of the centre, to ensure compliance with Regulation 17: Premises. For example;

- there were a number of maintenance issues including visibly damaged walls, doors and items of furniture in this area of the centre
- residents' bedrooms, communal showers and toilets required redecoration
- there was inadequate storage facilities available as there was inappropriate storage of resident equipment in communal showers and toilets.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements

of Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. Staff had access to infection prevention and control training, and procedures were in place for cleaning and decontamination of the environment and equipment used by residents. There was adequate personal protective equipment and hand sanitisers available throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of the inspection, improvements were required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for providing adequate means of escape including emergency lighting required improvement. For example:

- An emergency exit sign was missing above a designated fire exit door along a corridor.
- An emergency exit sign was indicated above a smoking room door and a door within the smoking room. Inspectors were informed that this was not a designated fire escape route or fire exit.

As a result, it was unclear were the fire evacuation route was and which direction of travel to take in order to access a designated fire exit. This posed a risk as it may cause confusion in the event of an evacuation.

Arrangements for maintaining fire equipment, means of escape and the building fabric required improvement:

- not withstanding the good condition of fire doors in the centre, inspectors noted deficiencies with some fire doors. For example, a laundry door was missing a smoke seal to prevent the passage of smoke, a sluice room door had a hole through the door and did not latch when in the closed position. This compromised the effectiveness to contain the spread of smoke and fire.
- a magnetic hold open device was noted to not engage when tested by the inspectors and non-fire rated ironmongery was fitted to some doors. The inspectors noted some corridor doors were missing portions of fire seals at the top of each door and some required adjustments as gaps were noted by

the inspectors. Deficiencies regarding fire doors were a repeated non-compliance identified on a previous inspection.
- inspectors were not assured that the ceilings in some areas of the centre were appropriately fire rated. For example, inspectors observed service penetrations through a ceiling in a laundry room and a hole was noted in a resident bedroom.
- assurances were required as to the fire rating properties of an attic hatch in a corridor. Deficiencies regarding fire rated ceilings were a repeated non-compliance identified on a previous inspection.

Arrangements for containing fire in the designated centre required improvement. For example:

- a door between a laundry room and a sluice room had been removed thus comprising the containment measures between these rooms. This was a repeated non-compliance identified on a previous inspection. As the laundry is a high risk room assurance is required in relation to the effective containment of this room.
- inspectors were not assured that there was adequate compartmentalisation in some areas of the centre to facilitate progressive horizontal evacuation. This was evidenced by the absence of 60 minute fire rated doors along corridors, which were located on some compartment boundaries. This meant that the fire compartment boundaries being used for phased evacuation may not be fully effective to contain fire
- the inspectors noted a kitchen fire door did not appear to achieve the required 60 minute fire rating for a high risk room.

Arrangements for the display of procedures to be followed in the event of a fire required improvement:

- inspectors noted floor plans on display at the main fire panel only included the ground floor plan and not the first floor plan. This could cause a delay in identifying the location of a fire in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was in place prior to admission to the centre. The care plans reviewed were individualised, and reflected residents' needs and the supports they required to maximise their autonomy and quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors found that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Family Nursing Home OSV-0000349

Inspection ID: MON-0038789

Date of inspection: 16/02/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All the staff files will be reviewed and ensured: all the staff have garda vetting disclosure - Ensured all staff have up to date CV with explanation of any gaps in employment, details of experience (if any) , and UpToDate photographic identification. Going forward , a process is in place to ensure all new staff files will be reviewed continuously for 3 months for completion and will ensure all the documents are in place by using the audit tool for compliance with regulation 21 (schedule 2) . Compliance is over seen by in-house management team and PIC . - Over-seen by RPR . - Completion date 30.04.2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Monthly management meetings will include agenda item and checklist review of critical compliance outstanding items and review risk of same to ensure management prevention and detection systems are enhanced	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A plan to upgrade the decoration for the area/wing covering rooms 55 to 62 in question.
• The common areas (corridor, shower rooms, toilets, store) have all been redecorated now
• 3 bedrooms have now been redecorated
• The remaining 5 bedrooms will be redecorated this year also
• The store room has been re-organised with additional shelving
• Equipment relocated away from communal showers and toilets

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• An emergency exit sign has been installed above designated fire exit as found in the inspection
• A corrected emergency exit sign has been installed above smoking room to indicate the correct direction to fire exit
• The laundry has since been decommissioned inside the building and a new laundry located in external building has replaced it. This removes laundry related fire risks from the main building complex
• The sluice room door will be repaired shortly. Completion date 31/5/2023
• The defective magnetic hold open device has now been repaired
• We have begun replacing non fire resistant iron monger in the impacted corridor area. Completion date 31/5/2023
• Missing fire seals from top of fire doors are in the process of being replaced and doors adjusted; Completion date 31/5/2023
• All ceiling gaps have been repaired now.
• The door between sluice and store room (previously the old laundry room) will be installed shortly. Completion date 31/5/2023 As mentioned above, the laundry has been fully relocated to a new external building and old laundry fully decommissioned
• Following checks, I can confirm that all the corridor and kitchen doors are 60 minute for doors
• Floor plans for both floors are now on display next to main fire panel
• Additional fire signage has now been installed i.e. Fire actions in case of fire, additional external emergency lighting and additional external directional signage to fire assembly points. Same to be checked by fire safety company every 3 months.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/04/2023
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	Substantially Compliant	Yellow	30/04/2023

	effectively monitored.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2023
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	31/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
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.	Not Compliant	Orange	31/05/2023