



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

Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Announced
Date of inspection:	30 January 2024
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0042354

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 16 residents and the designated dementia unit, Lee suite accommodates 21 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and wash hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Tuesday 30 January 2024	09:30hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff. Residents spoke positively about the management and staff in the centre. The inspector met with the majority of the 38 residents living in the centre and spoke with ten residents in more detail. The inspector also met with six visitors during the day.

On arrival to the centre, the inspector noted that the exterior of the centre had been recently painted and the surrounding lawns and area were well maintained. Following an introductory meeting, the person in charge accompanied the inspector on a walk around the centre. The inspector observed that staff were wearing facemasks due to the high rates of respiratory illness in the local community. During the walkaround the inspector saw that staff were assisting residents to get ready for the day's activities.

Abbeylands nursing home is a single storey building and is registered to accommodate 50 residents in 16 single bedrooms and 17 double bedrooms. All bedrooms have en suite shower and toilet and hand wash sink with the exception of one single room which had a hand wash sink only. The centre was divided into three suites namely, the Funcheon, the Blackwater and the Lee suites. The Lee Suite was designated for residents living with dementia. Overall, the centre was warm and clean through out. The inspector saw that some of the bedrooms and communal spaces had been painted since the last inspection and some bright new armchairs had been purchased for some of the communal rooms. However, some woodwork and walls in a number of residents' rooms required repainting. The inspector saw that some hold open devices on a number of bedroom doors and a dining room door were broken and required replacement. The privacy curtain in the twin rooms had yet to be reviewed since the previous inspection. This is further outlined in the quality and safety section of this report.

Bedrooms in the centre were observed to be personalised with residents' personal possessions, photographs and memorabilia. The inspector saw new chests of drawers in many residents rooms to increase storage for residents' clothes and belongings. Residents who spoke with the inspector confirmed that their rooms were cleaned every day. The inspector saw that two bedroom window curtains were off the hooks and required attention, this was addressed by maintenance staff on the day of inspection. Corridors in the centre displayed arts and crafts created by residents which brightened up the spaces. Communal rooms such as the day rooms had large smart TVs for residents use. Residents could freely access the internal garden, however due to the weather, not many residents were using this space on the day of inspection. The centre also had a hair salon for residents and this was used by the hairdresser who attended the centre every week. A number of clinical hand wash sinks had been installed in the clinical treatment room and on the corridors in the centre since the previous inspection. However, there was no signage

above these sinks to remind staff how to effectively wash their hands.

The inspector saw that the mid-morning drinks round had a selection of yogurts, home baked scones and fruit on offer for residents. The inspector observed the lunch time meal in both dining rooms and the evening meal in the main dining room. The dining experience at lunch time was a sociable one for residents, with the majority of residents living in the centre, choosing to eat in the dining rooms. There were enough staff to assist residents who required it and the inspector saw that residents were assisted in an unhurried and respectful manner. In the dining room for the dementia unit, old time music was playing, adding to the social experience of the meal. Residents were offered a choice at each meal time and food appeared wholesome and nutritious. A number of residents told the inspector that the soup was delicious.

During the inspection, the inspector saw residents engage in activities led by the centre's activity co-ordinator. Residents appeared to enjoy card games and puzzles, as well as an exercise session led by the physiotherapist. Care staff also assisted residents with one-to-one activities such as chats and walks around the centre. One resident who smoked, told the inspector that staff never hesitated to take them to the smoking room when they wished to go. The inspector saw that there was a schedule of activities available over the week and mass was celebrated by a local priest every Friday, where relatives and residents could attend together. Residents had access to TVs, radio and newspapers in line with their capacity.

The inspector saw that residents' meetings were held regularly in the centre and residents views were also sought through surveys. Feedback in relation to management of laundry had been received and the provider had arranged for the laundry to be outsourced in the weeks before the inspection. The supper time had also been moved to the later time of 5 pm in response to residents' feedback.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, 13 surveys were received. Overall, residents and relatives conveyed that they were happy living in the centre and described staff as excellent and kind.

Visiting was unrestricted in the centre and visitors who spoke with the inspector were full of praise for the nursing and care staff working in the centre. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff.

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 an announced inspection, carried out over one day by an inspector of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre. Although significant improvements in compliance were found on this inspection, some further action was required with regards to complaints procedure, infection control, premises and fire safety. These findings will be detailed under the relevant regulations.

The centre was owned and operated by Abbeylands Nursing Home and Alzheimer Unit Limited who is the registered provider. The company had a board of directors, one of whom was the person representing the provider and was actively involved in the operational management of the centre. The person in charge was an experienced nurse and was supported in her role by one full time and one part-time assistant general manager, a clinical nurse manager, nursing staff, healthcare assistants, activity, catering and household staff.

There was an appropriate number and skill mix of staff in the centre having regard for the assessed needs of the 38 residents living in the centre. There was a minimum of two registered nurses rostered 24 hours a day, seven days a week. The management team outlined that there was an ongoing recruitment in the centre to fill vacancies as they arose. There was a comprehensive schedule of both face-to-face and online training available for staff in the centre appropriate to their role. Staff were knowledgeable regarding their roles and responsibilities and there was good supervision of staff.

There were clear lines of authority and accountability, with each member of the team having their role and responsibilities defined. There were good processes for communication between team members. The management team held regular meetings and minutes of these meetings provided to the inspector indicated that key clinical and operational issues were discussed and actioned.

A comprehensive annual review of the quality and safety of care provided to residents had been prepared in consultation with residents. The inspector saw that the directory of residents was maintained in line with regulatory requirements.

The person in charge monitored key clinical risks to residents such as restrictive practices, falls, antimicrobial usage, MDROs, skin tears and pressure ulcers each month and these were discussed with the centre's management team. There was a schedule of audits in place in the centre and the inspector saw that practices such as medication management, nutritional assessment, infection prevention and control and care planning were audited by the person in charge. Action plans were developed to address any areas that required improvement. The inspector found that the systems in place to ensure oversight of fire precautions and infection control required strengthening as outlined under Regulation 23 governance and management.

Complaints were discussed with the person in charge on inspection and records

were reviewed. The inspector found that complaints were recorded and actioned in the centre by the person in charge and where required, improvements were implemented. For example, in response to a number of complaints regarding the management of residents' clothes, the provider had outsourced the management of laundry to an external provider. As this practice was implemented in January 2024, its effectiveness was under review. The provider had a complaints procedure in place and some changes were made to the policy to reflect the changes to the regulations in March 2023. However, some further action was required in relation to complaints procedure as detailed under Regulation 34 complaints procedure.

Regulation 14: Persons in charge

The person in charge was full time in position in the centre since 2010. They were knowledgeable regarding their role and statutory obligations. It was evident to the inspector that they were well known to residents and were well informed regarding residents assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector saw that there was an appropriate number and skill mix of staff working in the centre, having regard to the needs of the 38 residents living in the centre and the size and layout of the centre. A review of rosters showed that there was a minimum of two registered nurses working in the centre 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with both face-to-face and online training appropriate to their role. From a review of the training matrix and from speaking with staff, it was evident that staff were up-to-date with mandatory training such as fire safety, manual handling, managing responsive behaviour and safeguarding vulnerable adults. Staff were also provided with face-to-face training on end of life care.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents, maintained at the centre, recorded the information required to meet regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place required action to ensure more effective oversight of the quality and safety of the services in relation to infection control practices, fire precautions and premises as further outlined under regulation 17, 27 and 28.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the records of incidents and accidents occurring in the centre and saw that required notifications were submitted in line with regulatory requirements. Quarterly notifications were also submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre, however, it required updating to meet the requirements of the regulation updated in 2023 to ensure that written responses provided to complainants included the outcome from investigation of complaint, any learnings and details of the review process available to complainants.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the residents received good quality care and support from the staff. There was a person-centred approach to care, and residents' well-being and independence were promoted. While the provider had taken significant action to address fire safety and infection control issues identified on the previous inspection, further action was required to ensure that residents safety and privacy and to comply with the regulations as outlined further in this report.

Staff supported residents to maintain their independence where possible, and residents' healthcare needs were well met. Residents had good access to general practitioner (GP) services and were reviewed regularly and as required. Residents also had good access to health and social care professionals such as dietetics, physiotherapy and speech and language therapy and occupational therapy. A physiotherapist who attended the centre two days a week and was onsite the day of inspection. The inspector saw that the physiotherapist provided both individual assessments and a group exercise class in the centre. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

The inspector reviewed a sample of care plans and found that nursing staff completed a comprehensive assessment of residents' health, personal and social care needs on admission. Validated assessments tools to assess residents' risk of falls, malnutrition and pressure ulcers were completed by staff and used to inform care plans. The inspector saw that care plans were person-centred and detailed to provide good guidance on the care needs of residents.

The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection. Staff and management working in the centre, promoted a restraint free environment and there were low numbers of residents allocated bed rails on the day of inspection, in line with reported quarterly notifications.

Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice. Meetings were held with residents and records reviewed showed a high attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and activities.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. In general, the premises was warm and welcoming with plenty communal spaces and easily accessible outdoor spaces for residents' use. The inspector saw that a number of bedrooms, communal rooms and the exterior of the centre had been painted. New armchairs had also been purchased for some of the day rooms. However, further action was required in relation to premises as the privacy curtains remained unchanged and storage and other issues required

action as outlined under Regulation 17; Premises.

The inspector saw that there were sufficient resources in place to ensure daily and deep cleaning of residents' rooms and premises could occur. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning checklists, flat mops and colour coded cloths to reduce the chance of cross infection. Since the previous inspection, a number of clinical handwash sinks, in line with recommended guidance had been installed by the provider. Antimicrobial usage was closely monitored in the centre and improved oversight of residents with MDROS was evident. The clinical nurse manager was enrolled in a link nurse course for infection control and was due to start the programme in the coming weeks. However, the inspector noted that equipment in use in the centre was not being cleaned effectively and further action was required to ensure compliance with the regulation as outlined under Regulation 27; Infection control.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. However, some action was required as outlined under Regulation 28 Fire precautions.

Regulation 10: Communication difficulties

From a review of residents records, it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 11: Visits

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors who spoke with the inspector were complimentary of the care provided to their relatives and confirmed that there were no restrictions in place to visiting.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that the provider had increased storage space for many residents by purchasing extra chests of drawers for a number of bedrooms. The system for management of residents' laundry had been outsourced in response to feedback from residents regarding the onsite management of their clothes. This system was implemented in January 2024.

Judgment: Compliant

Regulation 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. From a review of a sample of records it was evident that residents were afforded the opportunity to outline their wishes in relation to their care at the end of their lives.

Judgment: Compliant

Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- Storage in the centre required review as the activities room and the end of life room were cluttered with equipment and supplies.
- A number of residents' bedrooms were missing chairs.
- A bedroom door was chipped and required repair.
- Paintwork on walls and skirting boards in a number of residents rooms were chipped and marked.

Privacy curtains in the shared rooms did not ensure residents' privacy and dignity was promoted at all times as they did not completely enclose the resident's personal space when closed, this was a repeat finding.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A review of two residents records, who had been transferred to hospital, showed evidence that all relevant information about the resident had been provided to the receiving hospital.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre. The centre's risk register was maintained and reviewed regularly by the management team.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action;

The environment was not managed in a way that minimised the risk of transmitting a health-care-associated infection. This was evidenced by;

- a number of commode inserts and urinals on a storage rack within the dirty utility room were visibly unclean. Ineffective decontamination increased the risk of cross infection.
- Two shower seats in resident's bathrooms were rusted and could not be effectively cleaned.

Hand hygiene signage over the recently installed clinical hand wash sinks was not in place, to prompt staff to practice hand hygiene effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following findings in relation to fire safety management required action;

- The door holding devices on a number of bedroom doors and a dining room door were broken and required repair.
- A pushbar was missing from one side of two exit doors in the centre.
- The exit door from the oratory required review to ensure it opened outwards in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident to the inspector that recorded care plans were person centred and were detailed enough to direct care for staff. Validated tools were used to support clinical risk assessments. The findings from these risk assessments were used to develop care plans. The inspector saw that care plans were updated in line with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre had good access to medical and health care in line with their assessed needs. A local GP attended the centre once a week and a physiotherapist was onsite twice a week. From a review of health care records, it was evident that residents who were referred for assessment and treatment from social and health care professionals such as occupational therapists, dietitian and speech and language therapists received it, and their recommendations were implemented by nursing and care staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector saw that the person in charge strove to promote a restraint free environment. There was a low level of restraint in use in the centre and there was evidence of alternatives to bed rails such as crash mats and low-low beds in use in the centre. Staff were provided with face-to-face training in managing responsive behaviours and the inspector saw that staff engaged with residents in a respectful and dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and supported in this centre. Regular residents' meetings were held and residents feedback was actioned by the provider. Residents views on the running of the centre was sought through surveys. Residents had access to advocacy services when required. The inspector saw that there was a schedule of activities available for residents such as bingo, relaxation gym, card games and arts and crafts. An external musician attended the centre once a week. Residents' religious rights were supported in the centre and mass was celebrated by a local priest every week.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0042354

Date of inspection: 30/01/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The bedpan washer was serviced on 07/02/24 and part replaced on 27/02/24. We have set up an annual service contract with the bed pan washer provider.</p> <p>Our newly appointed IPC link practitioner/Person in Charge will do regular audits to ensure compliance.</p> <p>2 The chapel door was altered to open outwards on 12/02/24. The mag lock is on order and the installation is scheduled to be completed by 31/03/24.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure was updated in accordance with the regulation on 07/02/24 and is on display since that date.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. All outstanding maintenance and painting works will commence on 27/03/24 and will</p>	

be completed by 05/04/24 .

2. The privacy curtains have been ordered and the estimated date of delivery is 19/04/24. All bedrooms will be fitted by 30/05/24.

3. The activity and end of life rooms were cleared out by 08/03/24

Regulation 27: Infection control

Substantially Compliant

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

1. The bedpan washer was serviced on 07/02/24 and part replaced on 27/02/24. We have set up an annual service contract with the bed pan washer provider.

Our newly appointed IPC link practitioner/Person in Charge will do regular audits to ensure compliance.

2. The remaining 14 shower seats have been ordered and the fitting is scheduled to be completed by 31/03/24.

3. The hand hygiene signage over the recently installed sinks are in place since 31/01/24.

Regulation 28: Fire precautions

Substantially Compliant

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

1. The door holding devices in two bedrooms and the dining room were replaced on 07/02/24.

2. The two push bars on exit doors will be installed by 30/04/24.

3. The chapel door was altered to open outwards on 12/02/24. The mag lock is on order and the installation is scheduled to be completed by 31/03/24.

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.	Not Compliant	Orange	30/05/2024
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.	Substantially Compliant	Yellow	31/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2024

	associated infections published by the Authority are implemented by staff.			
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	30/04/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	07/02/2024