



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

Issued by the Chief Inspector

Name of designated centre:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	26 July 2024
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0044211

About the designated centre

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

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 72 residents. The registered provider is Costern Unlimited Company. Bedroom accommodation consists of three twin bedrooms and 66 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
--	----

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
Friday 26 July 2024	09:00hrs to 17:00hrs	Catherine Furey	Lead
Friday 26 July 2024	09:00hrs to 17:00hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Overall, Drakelands House Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. Inspectors met with many residents and spoke in depth with eight residents and three visitors in order to gain insight into the experience of those living there. Residents were positive about their experience of living in the centre and said that they were happy with the level of care and support provided. There was a large number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable.

On arrival to the centre, inspectors observed a relaxed and friendly atmosphere. While walking through the centre, inspectors saw that staff had a good rapport with residents and were assisting residents in an unhurried manner. It was evident to the inspectors that the management and staff knew the residents well as they were seen to adapt their approach in line with the residents' individual needs.

The centre is laid out over two floors, in two distinct wings, the Linden wing and the Laurel wing. Bedroom accommodation was mainly comprised of single bedrooms. The single rooms on Laurel wing all contained ensuite facilities, and the single bedrooms on Lindenwing, which were much smaller in size, did not contain ensuites, but did have access to shared toilet and bathing facilities, some of which had been upgraded since the previous inspection. Inspectors observed that some of the storage areas and sluice rooms in the centre required reorganisation and improved cleaning.

The centre was warm and bright throughout and there was a homely atmosphere. Wall-mounted alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Residents were observed in a number of communal rooms throughout the centre. Each communal area provided comfortable seating options. There was a spacious and bright dining rooms and lounges available for residents' use.

The internal courtyard was freely accessible from both wings and this area was well-maintained with mature shrubs and planting, accessible pathways and seating options. Since the previous inspection, staff no longer used this area to smoke, and this ensured that the area was promoted for resident use. Residents were observed using the outdoor areas independently and with the assistance and supervision of staff throughout the day. The roof garden on the first floor had a balcony which was of a safe height and incorporated a raised perspex screen which provided uninterrupted views overlooking the courtyard. The entrance to the centre also contained beautiful gardens with seasonal wild flowers which could be accessed by residents and visitors.

There was plenty of activities and days out scheduled. There was photographic evidence of activities and days out that residents enjoyed throughout the year displayed in the corridors. During the inspection, Mass was celebrated in the main sitting room, known as "the viewing area", which connected the two wings of the centre. This room was the main area used by most resident for activities and it had large windows overlooking Kilkenny city. Mass was well-attended by residents and visitors were welcome to attend also. In the afternoon, residents and staff read newspapers, sang songs and were observed to be enjoying a relaxed afternoon together.

Residents told inspectors that they felt safe in the centre and all residents who spoke with inspectors stated they would have no hesitation reporting or discussing a concern with any member of staff. Residents were very happy with the timing of their meals and the variety of food, snacks and drinks on offer. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their own room. Inspectors observed a coordinated system, of delivering meals to residents in their rooms, ensuring that they remained hot and appetising during travel. The food provided to residents was nutritious and there was plenty of choices available at each meal, and during the day.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the registered provider and management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, focusing on person-centred care. Where areas requiring improvement were identified by inspectors, the management team acknowledged the findings and expressed a commitment to improving compliance, in particular with regard to the oversight of infection control within the premises.

This was a one-day, unannounced inspection. The purpose of the inspection was to assess ongoing compliance with the regulations, following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in October 2022 was reviewed by inspectors. While some actions were completed, similar findings in relation to staff files, infection control procedures, the premises and fire safety were identified on this inspection.

Drakelands House Nursing Home is operated by Costern Unlimited Company is the registered provider of this designated centre since December 2021 and is part of the wider Trinity Care group who operates a number of other designated centres

nationally. The person in charge is supported in their role by an assistant director of nursing and a clinical nurse manager who both work full-time in the centre. The assistant director of nursing deputises in the absence of the person in charge. The clinical operations manager supports the person in charge in the clinical and operational oversight of the centre. A local team of staff nurses, healthcare assistants, activities, administrative, catering and domestic personnel complete the complement of staff supporting residents in the centre. Staff members spoken with told the inspectors that the management team were supportive and had a visible presence within the centre daily.

There were effective management systems in place to monitor the quality and safety of the service through a company-wide schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered including all aspects of residents' care and welfare, premises and facilities, and staffing requirements were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific time frame. Some of the issues identified during the inspection, as discussed throughout the report, required further oversight by management to ensure full compliance with the regulations.

The person in charge had prepared an annual review of the quality of care delivered to residents in 2023, and this included evidence of feedback and consultation with residents gathered throughout the year. There were established communication systems between management and staff, and regular staff meetings, governance meetings and health and safety meetings were held, ensuring that pertinent information was discussed and strategies to improve the service were devised. On a day-to-day basis, there were regular handovers of care between the staff, highlighting any areas of concern or risk that may have occurred and ensuring that staff were engaged in the daily delivery of care and support to residents.

The centre is registered to provide accommodation for 72 residents, and there were 66 residents residing in the centre on the day of inspection. Inspectors found that there was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. There was a minimum of two nurses on duty over 24 hours. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

The standard of overall record-keeping in the centre was good, with the majority of required files maintained in compliance with regulatory requirements, for example, records of fire drills, the directory of residents, and records of residents' daily treatment and care provided. Improvement was required to ensure that staff files met regulatory requirements, as discussed under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of staffing rosters and from observations of the inspectors, current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. Staffing levels and whole time equivalents aligned with those described in the centre's statement of purpose.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations, including the dates of admission and discharge, and contact details for next-of-kin.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by inspectors. This review evidenced that not all documents as required by Schedule 2 were maintained in the staff files;

- in one file, there was no reference from the staff member's most recent employer
- in a second file, there was an unexplained gap in the staff member's employment history.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While there were good systems in place to oversee the clinical and social care of the residents, these systems did not fully extend to the oversight of aspects of the premises and the maintenance of the residents' environment. As a result, some risks including risk of spread of infection in some areas of the premises, and risk of fire were not well-controlled. Environmental audits had not identified some of these deficits. Findings in this regard are detailed under Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of three residents' contracts of care were reviewed. All contained details of the services to be provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, up-to-date with relevant guidance and information, and made available to staff.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the care and support residents received living in Drakelands House was of high quality, which ensured that residents were safe and well-supported. It was evident that staff were committed to delivering person-centred care with residents supported to maintain their independence. Some areas required further review and attention to improve compliance with the regulations and to ensure best possible outcomes for residents. These included infection prevention and control procedures, fire precautions, and the organisation and maintenance of parts of the premises.

There had been a recent outbreak of COVID-19 within the centre, which had been well-managed with the input of the Public Health team. The management team completed regular infection control audits, including observational audits and audits of hand hygiene. Most areas of the centre were clean and tidy with good routines and schedules for cleaning and decontamination. Housekeeping staff had good knowledge of correct cleaning procedures. Nonetheless, some ancillary rooms, for example store rooms and sluice rooms were not maintained to the same level of cleanliness as the communal areas and residents' bedroom accommodation.

The previous inspection identified that the communal bathrooms and shower facilities on the Linden wing required review, as these contained some areas of broken tile, exposed cement surrounds, and rusting on shower chairs. The provider committed to upgrading these facilities and it was observed on this inspection that the showers had been updated to a modern, accessible type with new flooring. The premises was designed and laid out to meet the needs of the residents, and had sufficient communal space. However, the premises required review to ensure that the environment supported and promoted good infection control practices. Storage space within the centre was sufficient; however, these areas were not utilised effectively, and therefore contributed to the risk of cross-infection.

There were three twin bedrooms in the centre. The layout and configuration of these twin rooms did not fully meet the criteria outlined in the regulations, which specifies that the 7.4sqm floor space area for each resident shall include the space occupied by a bed, a chair and personal storage space. Two of these rooms did not fully meet this criteria. In one of the rooms, the layout of the room did not support the privacy of each resident. In the second room, one resident could not access the en-suite privately.

A regular maintenance schedule was in place to monitor fire safety equipment including the fire alarm system, fire extinguishers and emergency lighting. Staff completed regular fire training and this was planned for the following week for a number of staff. Simulated evacuation drills of different compartments were conducted at regular intervals and simulated various emergency scenarios. Inspectors identified some concerns in relation to fire doors, which required review, as described under Regulation 28: Fire precautions.

The inspectors saw evidence of end-of-life assessments and care plans for a sample of residents. These included details of their wishes and preferences at end of life. There was evidence of family involvement especially where the residents did not have capacity to make a decision themselves. Inspectors saw that residents

communication needs were routinely assessed, and care plans developed based on the residents' individual requirements, for example residents with hearing or sight impairments, or communication difficulties related to dementia.

A restraint-free environment was promoted in the centre. Alternative measures to bed rails, such as low profile beds and sensor alarms were trialled before applying bed rails. Consent was obtained when restraint was in use. Records confirmed that there was a system in place to monitor the safety and response of the resident when bed rails were applied.

Resident rights were found to be valued and upheld in the centre. Residents opinions were sought and respected through resident meetings and satisfaction surveys which were incorporated into the centre's annual report on the quality and safety of care delivered to residents. Residents were provided with a variety of recreational opportunities. There were systems in place to ensure that residents were safeguarded from different types of abuse and there was a good understanding amongst staff about what constitutes abuse, and what their obligations were with regard to preventing abuse occurring.

Regulation 13: End of life

Residents received end of life care based on their assessed needs and their own preferences. Individualised care plans were person- centred to address the physical, emotional, social and spiritual needs of the resident. Family and friends were incorporated into their end of life care plan with the consent of the resident.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations to meet the needs of the residents, for example;

While the overall premises met the needs of the residents, some areas were not kept in a good state of repair, for example:

- wear and tear to door frames and handrails throughout the corridors and bedrooms on Linden wing.
- the ceiling in a store room and sluice room had large leaks and holes in the plasterboard.
- some equipment was observed to be damaged, for example, hand towel dispensers were not in good working order.

Some communal areas were not being used as intended, for example; hoists and wheelchairs were stored in residents communal space and staff were using a lounge for lunch break and as a makeshift office area complete with a printer and computer.

- Two of the twin-occupancy rooms in the centre were found not to comply with the regulation as follows;
while the available floor space area meet the requirements of a minimum of 7.4m² per resident, the layout for each resident did not adequately include the space occupied by a bed, a chair, and personal storage space of that room
- the privacy curtains tightly enclosed the bedspaces which meant that residents did not have the necessary privacy to conduct personal activities in private.
- one twin room did not contain a wash-hand basin.

Judgment: Substantially compliant

Regulation 27: Infection control

Some aspects of the environment and the storage of equipment were not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- a storage room on Laurel wing was not well organised and was did not support good infection control practices. For example, there was no separation of clean and unclean or used items, such as weighing scales, wheelchairs and cushion. There was no system to identify what equipment was in use, and what was awaiting repair or replacement. Some of the stored equipment was dusty and dirty.
- there was a handwashing sink located in a store room but it was not easily accessible to staff as equipment was blocking the sink. This practice increases the risk of environmental contamination and cross infection.
- the sluice rooms did not support effective infection prevention and control practices. In particular, the sluice room on Linden wing was not fit for purpose, as the small design and poor layout meant that appropriate hygiene measures could not be assured. Inspectors observed sections of exposed flooring and exposed wood which could not be effectively cleaned. Commode buckets, urinals and bed pans were visibly stained and some of these pieces of equipment had fallen behind the bedpan washer and were difficult to retrieve. the area behind the bedpan washer was visibly dirty.
- partition curtains in a twin room were found to be visibly unclean. This posed a risk of cross-contamination.
- appropriate precautions were not put in place when caring for a resident with a known multi-drug resistant organism (MDRO).

Judgment: Not compliant

Regulation 28: Fire precautions

Adequate precautions in relation to the maintenance of fire doors were not consistently maintained;

Inspectors observed some bedroom and cross-corridor doors which had excessively large gaps between the floor and the bottom of the door. There were no fire-resistant seals at the base of the door, meaning that they would not sufficiently contain smoke in the event of a fire. Additionally, the free-swing door closure on the fire door in the clinical room was broken and a fire door between compartments on one corridor was not closing fully when activated by inspectors.

Arrangements for maintaining adequate means of escape required review to ensure that escape routes were clearly-defined;

There were floor plans and fire instructions displayed around the centre which were designed to aid in the evacuation of residents in the event of a fire. These plans did not clearly outline the specific fire compartments in the centre and did not identify the specific evacuation routes. For example, each map outlined the entire floor plan of the centre, and it was difficult to ascertain the primary and secondary escape routes from each compartment.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse:

- any incidents or allegations of abuse were subject to prompt investigation and review
- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the centre was acting as a pension agent for two residents. There was secure systems in place for the management of residents' personal finances
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a good level of personal detail. This detail informed individual social and activity care plans. A schedule of activities were available for residents.

Judgment: Compliant

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0044211

Date of inspection: 26/07/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: - The admin department and the PIC will carry out a review of HR files to ensure any gaps in CV’s are identified and that there is a reference from the employee’s most recent employer	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - An external fire audit is expected to be completed of all fire doors on the 07.10.2024 - The centre has recently implemented a new maintenance tracking tool which allows the PIC to oversee all works current in progress and completed - New cleaning audits are to be introduced. - An External company has reviewed fire escape plans and instructions on the 17.09.2024.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- There is ongoing maintenance and painting of doors and door frames. New snapfix maintenance system recently put into place identifies what areas are required to be included.
- The ceiling tiles have been replaced.
- The hand towel dispenser which was not working on the day of inspection – had the batteries replaced on the same day and is fully functioning.
- The store rooms have been reviewed for better access.
- The residents communal space now has laptop and a printer and for use by residents as an IT hub
- Twin room- The floor space has been reviewed by the maintenance manager and new curtains will be purchased to ensure adequate privacy for both residents (bedroom currently only has one person in the twin room)
- The twin room with no hand basin has been reviewed and wash hand basin will be fitted into the bedroom.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

- Outline how you are going to come into compliance with Regulation 27: Infection control:
- The storage rooms have been reviewed and rearranged for better access.
 - An identification system purchased and implemented on the 17.09.24 so staff can tag clean or dirty equipment.
 - Due to the small size of sluice on Linden wing the staff have been informed to be extra vigilant throughout the working day ensure no lids fall behind sluice. A new schedule has been implemented for the housekeeping staff – new daily cleaning schedule is now in place.
 - The exposed flooring identified due to a leak will have replacement flooring fitted on the 16.09.24
 - New commode pots have been purchased to replace the older ones .
 - The dividing curtains in the twin bedrooms are now on regular cleaning schedule.
 - Residents with MDRO will be moved to a single bedroom when a suitable room for the care needs becomes available. All staff are aware of the infection control precautions that are in place to prevent cross contamination.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- An audit by an external company will be completed of all fire doors on 07.10.24
 - The swing free fire door in the clinical room has been fixed.

- The compartment door on the corridor has been reviewed by maintenance manager and tested and no issues have been identified since inspection.
- The fire escape plans and instructions will be updated.

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	31/10/2024
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	30/09/2024
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	Substantially Compliant	Yellow	31/10/2024

	effectively monitored.			
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	30/09/2024
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	31/12/2024