



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

## Issued by the Chief Inspector

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Unannounced
Date of inspection:	16 August 2023
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0040568

## About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. Care provided includes palliative and mental health care. The facilities include the single storey purpose-built nursing home and secure garden/courtyards.

The accommodation comprises of 15 twin bedrooms, one twin bedroom en-suite, five single bedrooms and two single bedrooms en-suite.

There is a structured activity plan for residents taking place in the nursing home on a daily basis. Rosemount House also facilitates live music, pet therapy and special occasions by arrangement in the nursing home.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	34
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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
Wednesday 16 August 2023	10:00hrs to 18:30hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

Feedback from residents was that they were satisfied with the care they received, and that this centre was a good place to live. There was evidence that residents were provided with satisfactory standards of care and support by staff who were kind, caring and familiar with their needs.

This unannounced inspection took place over one day. There were 34 residents in the centre and four vacancies on the day of the inspection.

Following an introductory meeting with the person in charge, the inspector completed a tour of the centre. Rosemount House Nursing Home was a single-storey, purpose-built facility located in Gort, County Galway. The centre provided accommodation for 40 residents which comprised of single and twin bedrooms, and a variety of communal spaces. The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. Communal spaces were bright and appropriately furnished and, residents' bedrooms provided adequate space to store personal belongings. The building was well lit and adequately ventilated throughout. There was safe, unrestricted access to an outdoor garden area for residents to use, which contained a variety of flower beds and garden furniture.

The inspector observed that, while the premises was suitable to meet the day-to-day needs of residents, action was required in relation to a number of general maintenance issues which were also identified on previous inspections. On the day of the inspection, the inspector observed many areas of the centre that were poorly maintained and poorly organised. While the centre was generally clean and tidy, the level of cleanliness was inconsistent throughout the building.

The inspector spent time in the various areas of the centre chatting to residents and staff, and observing staff provide care and support to residents. The inspector observed that personal care needs were met to a satisfactory standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. It was evident that residents were supported by staff to spend the days as they wished. Throughout the day, various residents sat together in the main communal areas watching TV, listening to music and reading newspapers. Other residents were observed spending quiet time in their bedrooms, or mobilising freely through the building and outdoor area. Staff supervised communal areas, and those residents who chose to remain in their rooms were supported by staff throughout the day. There was a comfortable atmosphere, and polite conversations were overheard between residents and staff.

The inspector spoke with nine residents throughout the day. Residents' feedback was positive, with residents reporting that they were comfortable and well looked after by staff in the centre. One resident told the inspector that they were 'very comfortable' in the centre, while another resident said that they 'loved everything

and everywhere'. Another resident told the inspector that 'everything is hunky dory'. Residents told the inspector that they felt safe, and that they could freely raise any concerns with staff. Residents who were unable to speak with the inspector were observed to be content in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with two visitors who told the inspector that their loved ones were very well looked after by staff in the centre.

Residents were complimentary about the food in the centre, and they were provided with a good choice of food and refreshments throughout the day. Food was freshly prepared in the centre's own kitchen, and was observed to be well-presented. Staff members were available to support and assist residents at mealtimes, and when refreshments were served.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. The inspector observed group and one-to-one activities taking place at various times throughout the day. Residents were also provided with access to television, radio, newspapers and books.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability 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 inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous inspection in March 2023.

The findings of this inspection were that the provider did not have a clear organisational structure in place, with clear lines of accountability and responsibility identified. This weak structure impacted the providers ability to implement the actions required to address the issues of non-compliance identified on the previous inspection of the centre, particularly in relation to the premises. While the day-to-day service delivered to the residents was satisfactory, the governance and management of the centre was not providing sufficient monitoring and oversight to ensure that the quality of care and the service was consistent, safe and sustainable. The inadequate systems of governance and management impacted on the capacity of the provider to ensure compliance across multiple regulations including the

training and supervision of staff, maintaining appropriate records, policies, contracts and information for residents. Action was also required in the management of fire safety in the centre.

In addition, the centre's statement of purpose required review and updating to ensure it contained all the requirements of Regulation 3: Statement of purpose.

The registered provider of this designated centre was Rosemount Nursing home Limited. The company had two company directors, one of whom visited the centre daily but was not involved in the day-to-day management of the centre. Within the centre, the management team consisted of a general manager and a person in charge. The general manager had been recently recruited to the post and was a full-time presence in the centre. The person in charge, who facilitated the inspection, demonstrated a clear understanding of their role and responsibility, and was well known to residents and staff. They were supported in this role by a full complement of staff, including nursing and care staff, housekeeping, activity, catering and maintenance staff.

A review of the communication systems between the management team and the registered provider found that while there was an identified management structure within the centre, the lines of authority and accountability were not clear at a higher management level. For example, there was no clear pathway for the general manager or the person in charge to escalate risks to the registered provider. There was no record of governance meetings with the provider representatives. In addition, the management team in the centre could not clearly identify the persons representing the provider in the centre.

The person in charge was on call to provide management advice in the evenings and weekends when required. However, there were no systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. In addition, the person in charge did not have any additional clinical support to allow for consistent oversight and monitoring of the service.

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 and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

However, the housekeeping staff in place on the day of the inspection was not in line with the staffing outlined in the statement of purpose for the designated centre. There was one housekeeping staff on duty each day which was not adequate for the size and layout of the premises to ensure consistent levels of environmental cleanliness in the centre found on the day of the inspection.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents. However, not all policies were reviewed

and up to date, in line with regulatory requirements.

While staff had access to education and training appropriate to their role, the inspector found that some staff had not attended appropriate training sessions such as infection control and fire safety training. A review of training records and observations on the day of the inspection found that there was no system in place to evaluate the quality of the training provided and to ensure up-to-date training was implemented. The inspector observed that staff did not always demonstrate appropriate knowledge, particularly in relation to infection control and fire safety.

There were management systems in place to assess, evaluate and improve the quality and safety of some aspects of the service provided to residents. A range of clinical audits had been completed by the person in charge which reviewed practices such as falls management, care planning, and infection prevention and control practices. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. However, the inspector found that the risk management system was not robust as some of the known risks in the centre, identified on this and previous inspections had not been identified and therefore not appropriately addressed by the provider.

A review of the contracts for the provision of services found that there were a number of residents admitted to the centre did not have a contract in place as required by the regulation.

### Regulation 15: Staffing

There was insufficient housekeeping staff on duty on the day of the inspection taking into account the size and layout of the designated centre. There was only one housekeeper rostered daily which resulted in poor standards of environmental cleaning.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The inspector reviewed staff training records and found that a number of staff had not attended training appropriate to their role including fire safety training, managing behaviour that is challenging, manual handling and infection control. Staff demonstrated poor awareness of infection prevention and control practices and a small number of staff were unable to demonstrate adequate knowledge of what to do in the event of a fire.



Judgment: Substantially compliant

## Regulation 21: Records

A review of records in the centre found that records were not in line with the requirements of Schedule 2 and 4 of the regulations. This was evidenced by;

- Staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example;
  - one staff record did not include evidence of relevant qualifications or a record of current professional registration
  - two staff records did not include evidence of the person's identity including a recent photograph
  - one staff record did not include a vetting disclosure
  - three staff records did not contain written references
- three staff records did not include the date on which they commenced employment.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had failed to ensure that the designated centre had sufficient resources in place. This was evidenced by;

- there was no senior nurse role available to provide support to the person in charge in the clinical leadership and management of the centre.

The organisational structure in place was not clear on the day of the inspection and the current lines of authority and accountability were not clearly defined. There were no arrangements in place to ensure deputising arrangements in the absence of the person in charge.

A review of the management systems in place did not provide assurance that the service provided was safe, appropriate, consistent and effectively monitored. The provider had failed to take appropriate actions to ensure adequate oversight of the service. This was evidenced by;

- poor oversight of records management
- poor oversight of contracts for the provision of services
- inadequate fire precautions
- poor oversight of written policies and procedures
- ineffective communication systems as there was no evidence of any pathway to escalate risk or that any formal governance meetings had

taken place.

The provider had failed to complete the actions required following the previous inspection in respect of premises, as per the provider's own compliance plan submitted to the Chief Inspector.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

A review of the contracts of care found that a significant number of residents who were accommodated in the centre did not have a contract in place.

Judgment: Not compliant

#### Regulation 3: Statement of purpose

The statement of purpose required review to ensure it contained accurate information as required by Schedule 1 of the regulations.

The following information was not accurately included in the statement of purpose:

- the organisational structure of the designated centre
- arrangements for the management of the centre in the absence of the person in charge
- the arrangements for dealing with complaints.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

A number of policies required by Schedule 5 of the regulations were not updated in line with the regulatory requirements. For example;

- The prevention, detection and response to abuse
- Recruitment, selection and vetting of staff
- Risk management
- Fire safety management
- Complaints management

Judgment: Substantially compliant

## Quality and safety

Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Staff were observed to be kind and respectful to residents.

Notwithstanding the positive feedback from residents, the findings of the inspection were that non-compliances in relation to the governance and management of the centre continued to impact on the systems in place to ensure that residents were safe. This was evident on review of the premises and on the fire safety arrangements in the centre. The provider had failed to take action to address the issues of non-compliances in relation to premises, found on the previous inspection. As a result, the quality of the care environment was poor. The detail of the on going non-compliance is further discussed under Regulation 17: Premises. In addition, while the provider had fire safety management systems in place to ensure the safety of residents, visitors and staff, action was required to ensure full regulatory compliance. This will be discussed further under Regulation 28: Fire precautions.

The inspector reviewed a sample of eight residents' files. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. An individualised care plan was developed for each resident within 48 hours of admission to the centre. Individual care plans reviewed by the inspector contained person-centred information that was updated to reflect residents' changing needs, and to provide guidance to staff on the supports required to maximise the residents' quality of life. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

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

There were a number of residents who required the use of bedrails and the inspector found that there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that risk assessments had been carried out and appropriate care plans were in place.

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 menus, staff, activities and management issues. Residents had access to an independent advocacy service.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

## Regulation 17: Premises

The inspector found that the premises was not in compliance with Schedule 6 of the regulations. This was evidenced by;

- a number of areas of the centre were unclean on the day, For example, there was a visible build-up of dirt and dust underneath residents' beds, behind bedside lockers, and behind radiators
- the flooring on all corridors was sticky and in a state of disrepair
- a review of the building found that paintwork was peeling in a number of areas, and tiles, door frames and skirting boards were observed to be damaged.
- numerous of items of residents' furniture showed visible signs of damage and wear and tear, including beds, bed tables, wardrobes and bedside lockers
- the management of storage was inadequate. For example, items of residents' equipment such as mobility aides were inappropriately stored in communal areas, and linen trolleys and commodes were stored in communal bathrooms.

Judgment: Not compliant

## Regulation 20: Information for residents

The resident guide available to residents did not include all the information required by the regulations. For example, the guide did not contain up to date and accurate information in relation to complaints management.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire precautions in the centre did not meet regulatory requirements. This was

evidenced by;

- a small number of staff had not attended suitable fire safety training.
- a small number of staff were unable to demonstrate adequate knowledge of what to do in the event of a fire.
- the floor plans on display throughout the centre contained different naming conventions to the rooms in use in the centre on the day. This could cause confusion in the event of an emergency.
- the procedures to be followed in the event of a fire that were on display in the centre on the day had not been reviewed and did not contain accurate contact information. This could cause a delay in dealing with an emergency fire situation.
- oxygen cylinders were inappropriately stored, unsecured and in a cupboard, in a store room. This posed a risk in the event of a fire.
- there was no evidence that that fire drills were carried out in the centre.
- a number of service records for the fire alarm system in the centre were not available, for example the most recent quarterly service and the most recent annual service carried out were available for review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioners. Residents also had access to a range of allied health care professionals as required.

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. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	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 Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0040568

Date of inspection: 16/08/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We are actively looking for another housekeeping staff to improve the standards of Cleanliness within the Centre. We will also monitor and check the standard of cleanliness going forward.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            We have held Fire Safety Training on Wednesday the 13th of September for the staff that were due for Fire Training. All staff have been reminded to complete the online HSE Land infection control training and we will follow up on the training. We will be contacting the Manual handling training company to arrange adequate Manual handling Training to our existing and new staff members. We will arrange training for the remaining staff who should be trained for Challenging Behaviours.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            We will follow up and check all employees records to ensure that all required</p>	

documentations are in place and upto date. We will ensure any new staff that are joining our team will not commence employment until full Garda vetting Clearance has gone through.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

We are in the process of recruiting more nurses and for the time being we are assigning one of our Staff Nurses who has completed 2years of employment at Rosemount, and this nurse has several years of experience as a staff nurse to assist and help the person in charge with everyday clinical management and supervision on the floor. We are planning to send this nurse for further management training. Following a recent Teams Meeting there is a Clarification about the organizational structure going forward for Rosemount. We are in the process of updating all our records and contracts of care for residents. We have had recent fire training after the inspection and we are planning fire drills as early as possible. We have updated our policies and we have identified a company who can assist us in updating all our policies to ensure that we are in line with legislation. In future we will make sure there will be notes taken at managers and directors meetings including an action plan taken.

***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

Regulation 24: Contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

We will check all resident files to make sure we have a contract in place for them. Going forward for any new residents we will create a contract for them.

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We have started reviewing Our Statement of purpose and will make the changes required, We have updated our complaints Procedure in line with the legislation and it will be displayed in the unit.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We are reviewing our policies mentioned in the report and we have identified a company that will assist us to update our policies necessary to be in line with the regulatory requirements.</p> <p>In the meantime we have updated our existing policies.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As previously mentioned we are actively looking to recruit more household staff to improve the cleanliness of the center and to supervise the work carried out by the house keeping staff. We have identified a company that can carry out a full deep clean of the Flooring of the center and this work will commence on 15/9/23. We have started the paint work in the Unit and we will make a plan to identify any areas that need attention. We will find a carpenter to repair any damaged Skirting Boards, Door Frames. We will also contact a Tiler to repair any damaged tiles in the center. We are planning and carrying out a full audit to identify any damaged furniture and make necessary repairs or replace the furniture as new. We are investigating the possibility of creating suitable storage for residents equipment and storage for commodes.</p>	
Regulation 20: Information for residents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:  We are updating the resident Guides at the moment to include all the relevant information Required set by the regulations. We Have updated our Complaints management.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  As Mentioned previously we have held suitable Fire Training on Wednesday 13th Of September 2023.A good number of staff attended this training and we have spoken to the staff to make sure that they are aware of their responsibilities and procedures in case of a fire within the unit. We will update our existing floor plan and ensure that it is more clear to understand to eliminate any confusion in the event of a fire. We will investigate a suitable storage area for our oxygen Cylinders to ensure that they are stored safely to eliminate the risk of fire occurring. There was a Fire Drill carried out in the centre in February 2023.We are planning to Carry out more Fire Drills in the coming Months. We have received all the necessary service records for the fire alarm system in the centre and we have all the records for 2023 until Dates. Going forward we will ensure that all these service records will be available on request.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023
Regulation	A guide prepared	Substantially	Yellow	31/10/2023

20(2)(c)	under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Compliant		
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	31/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/12/2023
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	31/12/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	31/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Substantially Compliant	Yellow	31/12/2023

	to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023



Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2023