Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fearna Manor Nursing Home
Name of provider:	Castlerea Nursing Home Limited
Address of centre:	Tarmon Road, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0000339
Fieldwork ID:	MON-0039875

About the designated centre

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

The centre is a purpose-built facility single storey building that is registered to accommodate a maximum of 53 dependent persons aged 18 years and over. It is situated in a residential area a short drive from the town of Castlerea. Bedroom accommodation consists of 15 single and 19 double rooms all with en-suite facilities. There is a range of communal areas where residents can sit together and socialise. Other facilities include a dining area and spaces for visitors and people who smoke. There are toilets and bathrooms located near to communal areas. There are two outdoor areas that are easily accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In the statement of purpose, the provider states that they are committed to enhancing the quality of life of residents by providing a homely, safe and caring environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 June 2023	09:30hrs to 17:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents living in the centre. The inspector met many residents during the course of the inspection and spoke with four residents in more detail about their lived experience. Residents spoken with gave positive feedback about the care and support provided and were complimentary about the staff in the centre. There were improvements found in relation to repeated non-compliance's identified in previous inspections for fire safety, infection control and premises.

The inspectors observed a number of staff and residents interactions and found them to be a positive experience for both parties. It was clear that the staff working in the centre knew the residents very well. Resident's were observed to be called by their first name in a respectful manner. Some residents who displayed communication needs were afforded time and space to make their views known in an unhurried manner. Residents who expressed a view said that they felt safe in the centre and should they have a concern they could tell any member of the staff team.

Resident's were observed to be dressed appropriately in clean well-fitting clothes and were found to be wearing suitable footwear. Residents who required support with their personal care and mobility were observed to receive timely support. Mobility equipment was found to be clean and in a good state of repair.

Changes to residents communal space appeared to have had a positive impact on residents daily lives. The quiet room had been reassigned as a aromatherapy room which was a relaxing space available for residents to use. The storage of resident mobility equipment had been removed from this area to allow for this transition. The smoking room was no longer in use and the spread of smoke to the rest of the other communal areas used by residents had ceased. The main activity room was redesigned to encourage social interaction between the residents. A number of tables had been removed from this area and this allowed residents to move about this area more freely. Noise levels had reduced in the activity room due to the removal of one of the televisions. The provider had plans in place to provide one large television in this area to reduce noise levels further and facilitate residents to more easily chat and interact with each other. The majority of resident seating however was placed against the perimeter wall which still impeded efforts to increase residents' social interactions.

All communal rooms were well-used by residents throughout the day. The sun room and the post office area were in constant use. Residents had unrestricted access to all areas of the home including a secure paved area at the back of the centre. At one point 11 residents were observed to be using this area and were provided with period style hats to protect them from the heat of the sun. There were a range of activities provided on the day which included ball games, quizzes, and music.

Residents told the inspector that they had enjoyed a number of recent events in the centre including a barbeque and a live music session. Residents were also supported to attend a restaurant in the local town.

The centre was found to be clean and odour free. The oversight of cleaning practices had improved since the last inspection. The inappropriate storage of equipment in resident and communal facilities was not found on this inspection, however the centre would benefit from increased storage capacity to prevent future breaches. The improvements found in the cleanliness and storage of items on this inspection had a positive impact on the prevention of cross contamination in the centre. Facilities such as the sluice and the laundry were now being used for their intended purpose and were being used appropriately.

The provider had a plan in place to redecorate residents bedrooms which had been impacted as a result of the fire safety upgrades. While, these improvements remained outstanding and were impacting on resident's peaceful enjoyment of their lived environment it was expected that these works would be completed by the end of July 2023.

Residents who spoke with the inspectors stated that they liked the food provided. The lunch option on the day of the inspection included a lamb casserole and roast pork dish with bread pudding as the main desert. Residents could request alternative meals should they not like what was on the menu.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that management systems and current oversight arrangements had improved since the last inspection and that the provider was making progress towards ensuring the service provided was safe, appropriate, consistent, and effectively monitored. The provider had introduced and implemented a number of changes in relation to how information was gathered, stored and used to ensure that services provided were sufficient to meet the assessed needs of the residents and improve their quality of life. In addition changes implemented in relation to the allocation of staffing resources and internal reporting structures also had a positive impact in how services were monitored and evaluated.

The inspector found that the provider had improved their compliance levels under regulations relating to staffing, training and development, records and governance and management. The inspector also found that the provider had taken active steps to address repeated non-compliance's found under regulations relating to fire safety, premises and infection control and these are discussed in more detail under the quality and safety theme and under the relevant regulations. Despite, these positive

interventions a number of actions were required to ensure that all risks pertaining to the centre were identified with mitigation's put in place to minimise the risk to residents. This is discussed in more detail under Regulation 23, Governance and Management. In addition, more focus was required to ensure that notifications were submitted to the Chief Inspector in line with regulatory time frames as discussed under Regulation 31.

Castlerea Nursing Home Limited is the registered provider for this designated centre. There are two company directors, one of whom is directly involved in the running of the designated centre, and is the line manager to whom the person in charge reports. There was evidence of sustained improvements in the communications between the provider and the local management team working in the designated centre. Management meetings were held on a monthly basis and records were made available for the inspector to review. While there was a dedicated agenda in place which covered key service areas, the inclusion of risks and resident complaints analysis as part of the meetings agenda items would improve oversight of these areas.

There was a recently appointed person in charge, who worked full-time in the centre. They were supported by two clinical nurse managers, nursing staff, health care assistants, activities staff, housekeeping and maintenance staff. Staff had a good awareness of their defined roles and responsibilities. Staff members who spoke with the inspector confirmed that the person in charge was supportive of their individual roles.

The inspector found improvements regarding the oversight of infection control and fire safety. The provider had completed a review of a recent outbreak of influenza in December 2022 and a review of records confirmed that there was a robust review of information gathered to identify if any improvements were needed to existing policies and procedures. Records confirmed the provider was in regular contact with infection control resources in the community for guidance and oversight of the outbreak. Improvements were in the process of being made to pre assessment documentation to identify residents with active or colonised multidrug- resistant organisms (MDRO) prior to admission in order to develop an appropriate care plan to manage resident care.

Infection control audits were being conducted to provide insight into the effectiveness of current practices. However there was poor oversight of waste management in this centre which is described in more detail under Regulation 31. A risk management policy and procedure was in place to guide staff and to identify and manage risks, however this inspection identified risks associated with the management of both clinical and general waste which had not been identified or mitigated by the provider. Works to improve fire safety in the centre were nearing conclusion on this inspection. Outstanding works to attic ducting were due to be concluded by the 7 July 2023, upon the completion of these works the registered provider was required to request a revised fire certificate from the local fire authority. Meeting records showed that fire safety was now a regular topic for discussion at governance meetings. Records relating to the management of the fire

system and fire fighting equipment were available for the inspector to review.

The provider had increased its staffing resources in this centre which included the addition of an extra housekeeper and a housekeeping supervisor. The inspector found that these additional resources had a positive impact on the overall cleanliness of the centre. The provider also introduced the role of healthcare assistant lead to co-ordinate and allocate resources as required and also to provide additional supervision for care staff. There were no staff vacancies reported to the inspector, and routine absences on the roster were being covered by existing staff. A review of the worked and planned rosters confirmed that all allocated shifts were covered. The inspector noted that a clinical nurse manager now had specific duties to oversee the centre's roster.

Records reviewed by the inspector confirmed that there was a mixture of face to face and online training available for staff to attend. A range of training including mandatory training had been provided since the last inspection. The provider had engaged the services of the pharmacist to provide training on anti-microbial stewardship for clinical staff working in the centre.

Regulation 14: Persons in charge

There is a person in charge who was recently appointed to the role. They are a suitably qualified nurse and meet the requirements set out under Regulation 14. The person in charge is solely employed in the management of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with the appropriate skill mix to met the assessed needs of the residents. The person in charge ensured that there was a registered nurse on duty at all times in the designated centre. There were no staff vacancies recorded on this inspection while gaps on the roster were covered by existing staff resources. There were 32 residents living in the designated centre at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that all staff were offered mandatory training in fire safety, moving and handling and safeguarding of vulnerable adults. Staff who spoke with the inspector were familiar with the centre's policies on safeguarding and the fire safety procedures. There was good levels of staff supervision found on this inspection.

Judgment: Compliant

Regulation 21: Records

Overall the inspector found improvements in the management of records. Rosters were found to be well-maintained on this inspection and available for the inspector to review. Records in relation to the servicing of equipment used in the running of the centre were also well documented. Fire safety records were available on this inspection and confirmed that the fire system and fire fighting equipment had been serviced in accordance with the provider's contract with the fire management company.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had committed resources to conclude the fire safety upgrades including the repair and redecoration of resident rooms which were impacted as a result of the installation of new fire rated bedroom doors. While there was now a known date for these works to be completed some were still outstanding at the time of this inspection and are discussed in more detail under Regulation 28 fire safety and under Regulation 17 premises.

While the provider had introduced a number of measures to improve overall governance arrangements in the designated centre to ensure that services provided were safe, appropriate and were consistently monitored centre, there were still some areas of governance that required further strengthening. For example:

- Audits to monitor infection prevention and control practices in the designated centre failed to identify poor practice in relation to waste management.
- The risk assessment process failed to identify potential hazards in relation to the pathway outside one of the fire exits.
- Systems and processes to ensure that both quarterly and three day notifications were submitted to the Chief Inspector within regulatory time frames were not effective.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all incidents as set out under Schedule 4 of the Regulations were submitted to the Chief Inspector within the three day notification period to comply with Regulation 31, For Example:

- A medicines administration error which had the potential to cause harm to a resident was not notified to the Chief Inspector within the specified time period of three days.
- The quarterly notifications for 2023 had not been submitted in line with regulatory requirements. The provider however submitted the required documentation post inspection.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their choices and wishes. There was evidence of regular consultation with residents through resident meetings and through a satisfaction survey to find out resident's views on the quality of the services provided. There was a annual review of quality and safety of care for 2022 which was prepared in consultation with residents and their families.

There were a number of actions carried out by the provider in order to address repeated non-compliance's in relation to regulations 17, 27 and 28. While the inspector saw improvements regarding compliance with these regulations, further work was required to ensure full compliance as discussed below.

Fire safety upgrades in this centre were nearing completion at the time of this inspection. Deficits found on previous inspections with regard to the installation of compartment doors, the connection of fire doors to the L1 fire alarm system and automatic door closures were found to have been completed. Outstanding works to attic ducting were scheduled to be completed by the first week in July 2023. There were improvements noted in the management and availability of fire safety records and in staff knowledge of how to implement the fire safety procedure effectively. Simulated fire drills and regular updating of resident personal emergency evacuation plans (PEEPS) were in place. All electrical equipment had been PAT tested by the provider in June 2023. Notwithstanding these improvements, the inspector observed that the egress from one final fire exit required upgrade to ensure the safe evacuation of residents in the event of a fire. The provider produced evidence post

inspection that the ground leading from this exit had been upgraded to facilitate the safe evacuation of residents in the event of a fire emergency.

The designated centre was visibly clean and it was evident that the increase in housekeeping resources was having a positive impact on the overall environment. Records relating to the cleaning of the designated centre had improved and there was regular oversight of cleaning practices. Storage practices had also improved since the last inspection, bathrooms were decluttered and resident's hoist slings were now stored in resident rooms. Cleaning equipment was no longer stored in the sluice facility and resident rooms were no longer used as storage areas. The functional separation of clean and dirty laundry had been implemented by the provider which decreased the risk of cross contamination. An IPC audit process was in place to monitor staff practices but as described earlier improvement was required in order for this audit to be effective in identifying all areas that required attention.

There were arrangements in place to ensure that residents had access to medical and health care support. The provider was currently in discussions with a general practitioner (GP) about finding a solution where vulnerable residents were been asked to attend the GP's surgery should they wish to have a medical review. The provider had established links with a geriatrician who visited the centre on a monthly basis to provide guidance and clinical support for residents presenting with cognitive impairment and dementia illnesses.

There were comprehensive policies and procedures in place for medicine management. A recent medication errorh had identified that improvements were required to ensure that residents received the medicines they were prescribed. The provider had subsequently carried out a significant event analysis to identify the lapse in procedures and to identify and implement measures to eliminate a recurrence.

The inspector found that there was a good standard of care planning in the centre. The recording and administration of care plans had now transitioned from a paper based system to an electronic system. Care plans were based on a comprehensive assessment of residents needs using a selection of validated nursing assessment tools to identify the most appropriate intervention to meet residents assessed needs. Records confirmed that residents and or their families were consulted about the development of individualised care plans.

The provider had made cosmetic improvements to the premises. A number of areas including corridors had been repaired and repainted due to damage sustained during the fire safety upgrades. This improved the overall ambiance of these areas as they now appeared bright and welcoming. A range of new seating had been provided near to the foyer which was well used by residents. Mirror's and decoration including pictures had also been added which gave the centre a more homely feel. The smoking facility in the centre was no longer in use due to its location in the designated centre as smoke was found to spread of smoke to other parts of the designated centre on previous inspections. There was a temporary smoking shelter

located in one the communal garden areas outside.

The repair and repainting of resident bedrooms had began at the time of the inspection with an estimated completion date of the end of July 2023. Records relating to the servicing of equipment used in the running of the centre were made available for the inspector to review and were found to be in order.

The privacy curtain found in one shared bedroom did not provide sufficient cover to maintain residents privacy and dignity. This was brought to the attention of the provider during the centre walk around.

The inspector found that residents living in the centre were now been provided with activities in accordance with their capacities and capabilities. There was a clear focus on identifying resident's preferences for activity provision. Resident meetings were used to identify residents preference's for trips to local places of interest. There were two activity co-ordinators providing activity support on the day of the inspection and they were found to encourage residents to participate in games and music throughout the day. Residents who required additional support to participate or to engage with the activities provided were given timely assistance to do so.

The relocation of the smoking facility meant that resident's were now able to access a newly developed aromatherapy area. The inspector also noted that the main activity area had been redesigned to provide more space for residents to interact with each other and to reduce the institutionalised feel to this area.

There was evidence of active involvement of advocacy services in this centre. Details of advocacy services including that of the national advocacy service were advertised in the centre.

Regulation 17: Premises

While the inspector noted that a number of improvements had been made to the premises since the last inspection there remained some outstanding works which required completion. For example:

- A number of resident bedrooms required painting and decoration due to damage caused to walls as a result of the fire safety upgrades.
- Flooring outside room 5 was in need of repair.
- The position of a privacy curtain in a twin occupied bedroom did not provide sufficient privacy and dignity for residents sharing that bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which contained all the details required under regulation 26. Risks in relation to waste management were not well managed by the provider and are discussed in more detail under regulation 27.

Judgment: Compliant

Regulation 27: Infection control

Although the inspector found that the provider had made a number of significant improvements in relation to effective infection prevention and control practices, the inspector found that waste management required improvement, For example:

The waste compound area was not well managed. A review of this area confirmed that a number of clinical waste bins had not been emptied for some time and there was a build up of of clinical waste bags which were stored on top of these bins. General waste bins were also found to be overflowing with waste material. This area was unsecured and open to the public.

Evidence provided to the inspector post inspection confirmed that this area had been cleared following the inspection and the clinical waste bins had been emptied.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had progressed fire safety works since the last inspection to bring the centre into compliance with Regulation 28, however there were two areas identified on this inspection which had not been completed, for example:

- The pathway from one of the final fire exits was unsafe for residents to use in the event of a fire emergency due to its rough and undulating surface. Post inspection the provider submitted image evidence that they had upgraded this area so that it could be safely used to in the event of an evacuation.
- The installation of ducting into attic spaces was still outstanding however the provider made available documentary evidence that this work would be completed by the 7 July 2023.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a selection of residents care plans and found them to be well-written with a focus on identifying appropriate interventions to meet residents individuals needs. There was evidence that resident care plans were based of a comprehensive assessment of their needs.

Records reviewed on inspection confirmed that residents were consulted about their care needs and on how they would like these needs to be met. In instances where residents were unable to participate in the development of their care plans, their relatives were consulted for their views on how care should be delivered.

Judgment: Compliant

Regulation 6: Health care

The providers monitoring systems identified an error in the issuing of one resident's medicines to another as as described under regulation 31, this meant that one resident did not receive appropriate medical and health care having regard for their medication care plan. A medical review confirmed that the resident involved did come to any harm as a result of this error.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the provider had made a number of significant changes in relation to the provision and organisation of activities to meet the assessed needs of the residents. This included:

- The rostering of two activity staff on a daily basis to co-ordinate and deliver activities to the resident's.
- Accessing residents views on activity provision in resident meetings and in satisfaction surveys.
- The provider also amended the layout of communal rooms to assist residents access all communal facilities, this provided more space for residents to use and assisted residents exercise their choice without interfering with the rights of others.
- The provider also supported residents access national advocacy services.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially 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 9: Residents' rights	Compliant

Compliance Plan for Fearna Manor Nursing Home OSV-0000339

Inspection ID: MON-0039875

Date of inspection: 13/06/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All bedrooms had been redecorated and any repairs required had been made. We are aware of the issues in relation to waste management, this has been rectified with the company providing the service and clinical waste bins will be emptied quarterly as per the agreements. Maintenance now has responsibility to oversee the waste area and surroundings. Since inspection the pathway is completed with handrails on both sides to ensure a safe exit in the event of fire evacuation. Both the Director and Clinical Nurse Manager are recent appointments. The medication error was recorded and followed up as per policy, regarding quarterly notification this was overlooked due to induction period. In future all notifications will be completed in a timely manner, scheduled for quarterly notification and added to calendar.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Both the Director and Clinical Nurse Manager are recent appointments. The medication error was recorded and followed up as per policy, regarding quarterly notification this was overlooked due to induction period. In future all notifications will be completed in a timely manner, scheduled for quarterly notification and added to calendar.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All bedrooms had been redecorated and any repairs required have been made. The next stage is to upgrade the décor in some of the bedrooms which includes curtains/ privacy curtains.
Flooring outside room 5 is completed at this stage.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Issue with waste management has been rectified with the company providing the service and clinical waste bins will be emptied quarterly as per the agreements. Maintenance now has responsibility to oversee the waste area and surroundings, this including decontamination of the area and bin waste. A visible sign was attached to the gate to remind staff to secure the gate after each use. All staff were informed at the last staff meeting of the importance of ensuring the gate is secure.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Pathway is completed and handrails on both sides to ensure a safe exit in the event of fire evacuation.
The installation of ducting into the attic space is complete as 7th of July 2023.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/07/2023
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.	Substantially Compliant	Yellow	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/07/2023

	that the service provided is safe, appropriate, consistent and 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.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/07/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	31/07/2023

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	31/07/2023