



**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:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0034172

About the designated centre

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

Curragh Lawn Nursing home is situated on the edge of the Curragh approximately two kilometres from the village of Athgarvan. The towns of Kilcullen and Newbridge are in close proximity and offer shopping and other local amenities. Curragh Lawn Nursing Home provides accommodation and nursing care for 35 residents. There are 24 bedrooms in total; 14 single bedrooms, nine twin bedrooms and one three-bedded bedroom, all located on the ground floor. A new extension of four single en-suite bedrooms is awaiting registration. There are three lounges and a dining room in an open plan layout. The home is surrounded by gardens and grounds amounting to approximately five acres. There are outdoor areas for residents to sit outside and enjoy the scenic views and there are walkways around the nursing home that residents can also avail of and enjoy. There is a purpose built enclosed garden that has been designed in line with dementia-inclusive principles and incorporates high colour contrast seating and safe suitable pathways. Curragh Lawn Nursing Home accommodates both male and female residents aged 18 years and over. The service provides full time nursing care and caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum.

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 31 August 2022	09:00hrs to 17:10hrs	Arlene Ryan	Lead
Tuesday 6 September 2022	10:45hrs to 17:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents gave overall positive feedback on their living experience in Curragh Lawn Nursing Home. The centre has a very homely feel and residents told the inspector that they were happy living there and that they felt safe. The overall feeling in the nursing home was that of a family and this was expressed by some of the residents and staff alike. Interactions between residents and staff were relaxed and comfortable and residents were seen to call the staff by their names rather than their designation.

On the first day of inspection the inspector was met by the person in charge. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge.

The nursing home had recently completed a four bed room extension. Each of these rooms was en-suite and laid out well to support the needs of residents. A new cleaners' room had also been included in the extension to provide additional space for cleaning trolleys and equipment. Large garden double doors had been installed in one of the existing sitting rooms providing access to a newly developed courtyard area. This courtyard was still under construction at the time of inspection but was expected to be completed within the following month, and some painting and decoration was underway where new doors had been installed.

The director of nursing and assistant director of nursing were present, supervising practice and ensuring that residents' needs were met. They had time to chat with the residents and assist them with whatever activity they were doing. Staff were observed going about their daily routines, but also constantly chatting with and assisting the residents.

Throughout the day, the majority of residents were in the various sitting and dining areas, reading newspapers, engaging in activities and others were watching television. During the walk about the inspector saw that some residents were lying on their beds. Some of these residents told the inspector that they were just having a rest after breakfast and would be getting up again soon. Other residents were watching television in their rooms, whilst others required full bedside care. The inspector observed some residents in the garden area and one resident was being supported by a member staff when walking outside.

The activities coordinator was facilitating residents with art work in the morning. A list of scheduled activities for the week was on display in the sitting room. There was a happy atmosphere amongst the residents and plenty of chatting and laughing. Some of the residents were very happy to speak with the inspector and told them about their life in the nursing home. Unanimously they were very happy with their living arrangements and the staff caring for them.

The residents were happy with the activities scheduled for them and told the inspector that they were looking forward to the icecream van visiting later in the afternoon. They were also looking forward to some school students who were coming to dance and sing for them later in the day. A hairdresser came to the site weekly and many residents said they looked forward to this, however commented that the staff were great at helping them wash and blow dry their hair on other days. The inspector observed that some of the residents with cognitive impairments were included in the activities at a level suitable to them.

The inspector observed residents during the lunch time meal. The residents were offered a choice of food and the food served was of a high standard. The food both looked and smelled appetising and was served hot. There was a large notice board in the sitting room and pictures of food options beside the written menu to support those residents with literacy or communication impairments. The chef informed the residents of the options for lunch each morning and asked them what they would like to eat. In addition, the chef prepared any selection of food requested for tea time. Both staff and residents commented positively on the flexibility of food options provided by the catering staff.

There were napkins and condiments available on the dining tables and residents were able to help themselves. Other residents choose to have their lunch in the sitting room areas and this was facilitated with some small tables brought to the resident. Some residents had their meals in their bedroom as they wished. Residents' lunch was served to them at a time of their choosing and name tags identified which plates were for each resident. Staff were assisting residents with eating in a calm and non rushed manner. Numerous residents informed the inspector that they liked the food that had been served at lunch time.

The fire maintenance contractor was on site upgrading fire detectors and testing the fire alarm system on the day of inspection. Residents were informed of the works and staff were able to inform the residents when a test was being conducted so as not to alarm them unnecessarily.

The garden had two modern wooden cabins available for residents' use. These were furnished and cozy and provided additional space for residents to undertake activities or to bring their visitors. They were easily accessible and the person in charge told the inspector that they were used all year round as central heating was available in the cooler months. Both cabins had WIFI access which residents could access on their phones and tablets.

A second inspector visited the centre on day two of this inspection to review the fire safety precautions in the centre. While some significant risks to fire safety were identified on the day as detailed under regulation 28, the provider showed a prompt and responsive attitude and put in place appropriate mitigating controls to reduce the risks.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as

requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that the residents received a good standard of care and service. Residents were happy in the centre and very complimentary of the staff caring for them. There were good leadership, governance and management arrangements in place which contributed to the centre's high level of regulatory compliance. There had been some recent changes in the management team roles, however the transition was seamless, as the previous stakeholders had remained within the organisation in different roles.

This was an unannounced risk inspection conducted by two inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to enable the Chief Inspector to progress the application to renew the registration of the centre. The inspection was over two days, the second of which included a focused review of fire precautions, Regulation 28, due to the recent building extension.

The registered provider was CNHL (Kildare) Limited, and Curragh Lawn Nursing home was a family-run nursing home based on the edge of the Curragh in Co. Kildare. On the day of inspection, the person in charge was supported by the director of nursing, assistant director of nursing, operations manager and a team of nurses, healthcare assistants, administration, catering, household, laundry and maintenance staff.

There was an adequate number of staff on duty providing care to the residents and there were no staff vacancies on the day of inspection. The majority of staff who spoke with the inspectors had been employed in the home for a long time, demonstrating that there was a stable workforce. Supervision was high on the agenda, and the inspectors observed that the director of nursing and assistant director of nursing were available to monitor practice and provide oversight of care. A dedicated activity coordinator was there to ensure that the residents' social and spiritual needs were met.

The inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the provider and senior management team. The systems included a comprehensive auditing programme which was reviewed and had led to some documented improvements in practice. However some further improvements were required under the following regulations; Regulation 17: Premises, Regulation 27: Infection Control and Regulation 28: Fire Precautions.

Audits and improvement action plans were in place and overseen by the person in charge. There was good oversight of these audits and quality improvement plans at

management level. Follow up of both clinical and non-clinical items were discussed at the senior management meetings and this was evident in the minutes of these meetings.

Mandatory training was up-to-date and was tracked by the administration staff. An additional summary of all training topics was completed by all staff on a yearly basis and records maintained. The person in charge informed the inspector that this was to ensure a high level of compliance especially for training subjects where refresher training was completed every two or three yearly. Safeguarding training was completed by staff on a yearly basis and records indicated that this had been completed. All staff were scheduled to complete a minimum of two fire evacuation drills in each 12 month period. Records of fire drills completed were available for inspection.

A sample of four staff records reviewed, identified that the requirements of Schedule 2 of the regulations were met. There was a comprehensive induction record for new staff signed off by the person in charge. Each staff had completed An Garda Síochána (police) vetting prior to commencing work, and registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew was submitted in accordance with the regulations. Details of amendments to increase the number of beds for registration were communicated with the inspector in advance of the inspection. Updated floor plans and statement of purpose are required to include basement areas including laundry and storage areas.

Judgment: Substantially compliant

Registration Regulation 6: Changes to information supplied for registration purposes

Changes to information supplied for registration were notified in writing to the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection. Staff were

visible and call bells were answered quickly.

There was a minimum of one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were well-maintained and showed all staff to be up-to-date with training. Training was arranged prior to the expiry date ensuring 100% compliance. Supervision was evident on the floor with the director of nursing and assistant director of nursing present.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed and showed to be in compliance with the regulations.

Staff had received their An Garda Siochana vetting prior to commencing work.

Resident files were stored in a locked room and tracked by the administration team to ensure destruction at the correct intervals.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents in the retirement home.

Cover for loss or damage to the residents property was included in the policy. This was communicated to the residents in the residents' guide.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

All contracts stated the room number of each resident and the occupancy of the room in which they would be residing.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated to reflect recent changes within the nursing home including an extension of four bedrooms and changes in the management structure.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy had been updated and was available to the inspectors. The process for making a complaint was displayed in the entrance foyer. Information on the complaints process was available in the residents' guide. A dementia friendly version on the complaints process was also available.

Complaints were dealt with in line with the centres' own policy. There was a low level of complaints in the nursing home.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available and had been updated within the prescribed time frame.

Judgment: Compliant

Quality and safety

Overall, there were good standards of care provided, and the healthcare needs of residents were well met. Inspectors followed up on the previous inspection compliance plan and found that all items had been addressed. Although a lot of improvements had been made throughout the nursing home, some further improvements were required with premises, infection control practices and fire precautions as detailed under the individual regulations.

The addition of four new en-suite rooms ensured options were available to residents. The person in charge told the inspector that residents in shared bedrooms had been given the option to move once the rooms were completed, but the residents were content with their current living arrangements and did not wish to change.

The new bedrooms were finished to a high standard. The rooms were spacious and the en-suites were spacious and bright. There were adequate handrails to facilitate residents and access to call bells if the residents required assistance. However, the provider had identified that the new hand wash sinks installed in the new en-suites were not large enough to meet the standards and replacement sinks had been ordered through the building contractor.

Residents' records were maintained on a paper-based system that was easy to read and accessible to the residents. The care plans were detailed and provided instructions and strategies for the staff caring for the residents. Any variances in care were easily identifiable in the residents' care plans. Each resident had a current personal emergency evacuation plan. Residents had good access to their general practitioner (GP) and other allied health professionals. Recommendations and treatment plans were updated in the residents' care plans accordingly.

Housekeeping staff confirmed that they had undertaken additional training throughout the year, especially in relation to infection prevention and control practices. The housekeeping staff demonstrated their knowledge of using the flat mop and cleaning cloth system used throughout the nursing home.

The cleaning trolleys were clean and organised and had a lockable compartment for

the storage of chemicals. Chemicals were stored in a locked cabinet near the sluice room and there was a plan to move this unit into the new housekeeping room. However, despite evidence of good practices, some infection control practices and environmental issues were affecting appropriate cleaning practices as detailed under Regulation 27: Infection Control.

The laundry facility was located in the basement of the nursing home. It was spacious and the staff had developed a system to avoid cross-contamination of clean and dirty laundry. The laundry room was clean and tidy on the day of inspection.

From a fire safety perspective, the provider had a fire risk assessment in place for the designated centre, with the most recent review in August of this year. There was also a fire door audit completed that identified deficits which required action. The provider had a time bound plan in place to address these deficits. During the walk through of the centre on day two, the person in charge, who was also the person representing the registered provider, demonstrated a good understanding of the requirements of regulation 28 and showed the inspector areas which required action in line with the action plan in place.

There was an evacuation plan on the back of each bedroom door, which highlighted the escape routes from that room. Furthermore, there was a large floor plan adjacent to the fire alarm panel which showed the fire alarm zones and these matched the fire compartments in the building.

The inspector reviewed fire safety maintenance and testing records, including the emergency lighting and fire alarm systems, and found them to be up-to-date. The inspector reviewed drill records. The provider was completing simulated evacuations of various compartments in the centre for both day time staffing levels and when staffing was lowest. However, the simulated evacuation of the largest bedroom compartment when staffing levels are lowest was completed last year.

Notwithstanding the good practices observed, immediate action was required by the provider to address a significant fire safety risk associated with the lower ground floor area. Effective governance and management systems supported a proactive response to this fire safety risk and these are further detailed under regulation 28.

Regulation 11: Visits

Visiting within the centre was being facilitated without restrictions and inspectors saw a number of residents receiving visitors in their bedroom and in the sitting rooms.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the regulatory requirements, however the following issues were identified:

- The new cleaners' rooms required a janitorial sink, stainless steel sink and wash-hand basin to comply with the required standards and regulation.
- Works were still in progress in respect of a courtyard at the side of the extension; these were due to be completed the following month.
- There was not appropriate storage for some items of equipment for example moving and handling hoists were found stored in some residents rooms.
- Some minor building works require completion such as affixing bathroom fixtures and filling in some small holes on walls in the newly built bedroom section.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available for the residents and their families and contained the information as specified under the regulations. In addition a dementia friendly and a large print guide were available for residents based on their individual needs.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). with the exception of the following issues identified:

- Clinical hand-wash sinks were not installed on the day of inspection, although they were on site awaiting installation.
- Clean and dirty items were in the store room creating the potential risk for cross-contamination.
- Items were stored on the floor in one store room not allowing for effective cleaning.
- Damage to door frames and painted surfaces prevented effective cleaning.
- The systems for identifying and storing clean equipment, such as hoists and commodes, required review to ensure that staff were aware when items of equipment had been decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Immediate action was required by the provider during the inspection to address risks identified including;

- The lower ground floor was found to have a large room which had excessive storage of combustible material. Furthermore, there was inadequate containment of fire between this area and the bedroom corridor above via a disused laundry chute.

Immediate assurance was sought and received for the above, and instant action was taken by the provider to mitigate the risk.

In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, for example, the fire safety risk assessment in place failed to identify the above risk.

The means of escape was not adequate, for example;

- There were some areas where escape signage was not apparent.
- The provision of emergency lighting was not adequate along a bedroom corridor.
- The emergency lighting along external escape routes was not adequate to ensure safe evacuation away from the building.

The measures in place to contain fire were not adequate;

- There were deficits noted to fire doors. The provider had an action plan in place to address these deficits.
- Attic hatches were not fire rated.
- The enclosure to the electricity switch room at lower ground floor was not adequately fire rated.
- Action was required to some fire doors in the new extension. There was an excessive gap at the bottom of one door and the fire stopping seal between the wall and the frame of some doors was not yet complete.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' assessments and care plans were completed within 48 hours of admission and reviewed within four months as prescribed in the regulations. Care plans were seen to be person centred and monitoring or residents, psychological support care

plans and end of life care plans reflected the individual resident's needs and wishes.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a general practitioner (GP) (who came to site weekly) and other allied healthcare services. Recommendations by these healthcare professionals were clearly reflected in the residents' care plans.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training and were aware of what to do if they suspected abuse. They felt confident to report any concerns that they may have.

The centre was not a pensions-agent for any of the residents but this facility was available. A separate residents bank account was available for this purpose.

Judgment: Compliant

Regulation 9: Residents' rights

There was a good variety of activities available in the centre. Occupational and recreational care plans were person-centred and reflected individual residents' preferences. The minutes of the residents' meetings and the residents who spoke with the inspector identified that residents were consulted in the running of the service. Independent advocates were available to the residents.

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	Substantially compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curragh Lawn Nursing Home OSV-0005536

Inspection ID: MON-0034172

Date of inspection: 06/09/2022

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Updated floor plans and revised Statement of Purpose were submitted to the Authority- Completed 27-09-2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The fitting of the janitorial sink, stainless steel sink and hand wash basin is complete- Completed 27-09-2022</p> <p>The courtyard is being landscaped and will be fully completed by 21-10-2022</p> <p>All Staff have been reminded to store hoists appropriately- Completed 05-09-2022</p> <p>All minor building works have been completed in the new extension- Completed 11-10-2022</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The clinical hand-wash sinks that were on site are now installed and functioning- Completed 05-09-2022</p> <p>The clean and dirty items present in the store room were removed at the time of inspection and all Staff have been reminded of their role in preventing cross contamination- Completed 01-09-2022</p> <p>The items in the floor in the one store press were removed during the inspection and all Staff have been reminded that this could impede the effective cleaning of the press- Completed 01-09-2022</p> <p>The scratches on doorways/painted surfaces have been repainted. A continuous painting schedule is now documented to ensure that these surfaces are intact- Completed 05-09-2022</p> <p>Staff are reminded to use the labelling system which is already in place correctly to ensure clean pieces of equipment are easily identifiable- Completed 01-09-2022</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The lower ground floor store room has been cleared of excessive items and the laundry chute has been sealed as per immediate action plan forwarded to the Authority on 01-09-2022- Completed</p> <p>The fire safety risk assessment has been amended to include this risk- Completed 01-09-2022</p> <p>The Fire Safety Consultant has conducted an audit of our signage and two additional running man escape signs will be added to increase visibility- to be completed by 30-10-2022</p> <p>Additional emergency lighting will be added to the bedroom corridor- to be completed by 30-10-2022</p> <p>A new emergency light was added to the new courtyard- Completed 11-10-2022</p> <p>The door audit works as discussed in our action plan will be completed by 31-12-2022</p> <p>The attic hatches are being upgraded by the Fire Consultant -to be completed by 01-12-2022</p>	

The enclosure surrounding the electricity switch room has been fire stopped and is now adequately fire rated- Completed 01-09-2022

The new fire doors have been replaced and are adequately fire stopped-Completed 05-09-2022

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	27/09/2022
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	21/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	05/09/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Not Compliant	Orange	01/09/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022