



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

Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	01 July 2021
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0032677

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 37 single rooms and 19 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre also has one end of life room, a fully equipped gym and a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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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
Thursday 1 July 2021	10:10hrs to 18:10hrs	Caroline Connelly	Lead
Thursday 1 July 2021	10:10hrs to 18:10hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

During the inspection, inspectors met with many of the majority of the 71 residents who were living in the centre and spoke with 12 residents in more detail. The inspectors also met with a number of family members in visiting during the inspection. From what residents told the inspectors and from what the inspectors observed on the day of inspection, residents were supported by experienced and competent staff to have a good quality of life in the centre. There was a rights based approach to care in the centre and residents reported choice in all aspects of their care and living arrangements.

Inspectors began this unannounced inspection in the morning and were met by a member of staff who ensured that hand hygiene and temperature and symptom checks for COVID-19 were carried out prior to entering the centre.

The centre was seen to be homely, well decorated and clean throughout. There were a number of bright communal rooms for residents' use or where they could meet their visitors. The foyer on the ground had a piano bar with comfortable arm chairs for residents. The person in charge informed the inspectors that this was used for social events and pub nights when possible. There were also two large dining rooms with adjoining communal rooms in this area. Inspectors observed a number of residents watching mass that was streamed on television in one communal room, while in the other dining room, a number of residents were watching TV. A well maintained fish tank had been recently installed in this dining room. One of the communal rooms opened into a well maintained secure garden that residents could access easily. On the morning of inspection, two local musicians were set up in the garden and over 20 residents were sitting out in the sunshine enjoying the singing and joining in with Jim Reeves songs. They were also encouraged to sing their own songs by the activity staff. During the music session, inspectors observed nursing and care staff ensuring residents had hats and sun cream and providing them with cold drinks and refreshments. Staff and residents told inspectors that they were very fortunate to have local trained singers from Gory Choral Society attend the centre for concerts.

The Ground floor had 19 double occupancy rooms and 26 single rooms all with en-suite bathrooms. A number of double occupancy rooms observed by inspectors had curtains in place to support residents' privacy and dignity. These rooms also had small tables and chairs where residents could sit and watch TV or read in the comfort of their own rooms. Rooms were seen to be much personalised with pictures and items from home displayed.

The lower ground floor had eleven single rooms all with en-suite bathrooms. On the lower ground floor a dining room opened out into a sensory garden with numerous lavender plants for residents to enjoy. This room also had rummage boxes and other sensory materials and aids to support residents with dementia. Directional signage was seen throughout the centre which was both pictorial and written to aid

residents with perceptual difficulties to find their way around the centre.

Bedrooms on both floors were observed to be spacious with plenty of space for clothing and belongings and were seen to be decorated with residents' personal possessions, photographs and artwork. A number of residents' bedrooms had coloured front door murals which gave the centre a homely feel. Alcohol hand gel was readily available throughout the centre and inspectors observed staff completing hand hygiene as appropriate. A third enclosed garden courtyard had recently completed on the ground floor outside the sun-room to provide residents with a further easily accessible outdoor contained sitting areas and a number of flower planters for residents use.

On the day of inspection building works were ongoing on the first floor of the building to increase the potential occupancy of the centre by 16 rooms. Inspectors were informed that the estimated time for completion of this work was in the next few months. Inspectors observed that overall the centre was bright, airy and well maintained. However, some repairs were required to flooring and walls in some of the rooms due to wear and tear.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told inspectors that they were listened to and that staff were kind to them. The inspectors saw that many of the staff were local and were heard discussing local events and news from the community with the residents. Residents could choose where and how to spend their day. Mealtimes were well spaced out and residents had access to snacks throughout the day. Inspectors observed picture menus on each of the dining room tables and in residents bedroom's to assist residents with their choice of meal. Inspectors observed the lunch time meal in two of the dining rooms and observed that it was a relaxing experience with staff providing discreet assistance to residents as required. Residents were complimentary of the food and informed the inspectors they had good choice available to them and enjoyed the ever expanding snack menu. They said they enjoyed the dining experience and a glass of wine was seen to be enjoyed by a resident with their lunch.

During the inspections inspectors observed numerous visitors to the centre. Visits to the centre were seen to take place in line with updated visiting guidelines and a staff member called a family liaison officer was assigned to booking and managing residents' visits from 10.00hrs to 19.00hrs seven days a week with visits facilitated in a visiting room or in residents' own rooms. Visitors confirmed with inspectors that that were happy with the arrangements in place. Inspectors also observed two pods with perspex that were used to facilitate visitors prior to the resumption of indoor visiting. The person in charge informed the inspectors that compassionate visiting was facilitated at any time and some residents were also going home on visits.

Feedback from relatives was very positive and all were happy with the care staff provided. The inspectors saw that a number of relatives had taken the time to write to the staff to thank them for the care provided to their relative. Resident's views were elicited via the residents committee and via surveys. There was evidence that appropriate actions were taken following suggestions made by residents, by way of

example a resident said in the catering survey that they felt hungry in-between meals. In response to that the centre introduced a snack menu with a variety of hot and cold foods available. They ensured the snack menu and its availability was made known to residents on a regular basis.

There was a varied activities schedule available seven days a week that included baking, painting, bingo, afternoon tea and word exercise sessions. Inspectors observed residents engaging in word games and the music session during the day. One resident told an inspector that she enjoyed visits from the therapy dog "Clouseau" who had resumed visits to the centre in the weeks prior to the inspection. Another resident informed the inspectors that they had been down in the local town for coffee and ice cream courtesy of the centres bus accompanied by staff and said this was a regular occurrence pre COVID -19 but had recommenced again which they were very glad of. Overall residents reported to being very happy with the activities in the centre and the kind care received from the staff.

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

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. On this inspection some improvements were required in the provision of fire drills and maintenance of the premises.

The centre was owned and operated by Knockrobin Nursing Home Limited who is the registered provider. The company comprises of two directors who are actively engaged in the running of the centre. The role of person in charge is held by an experienced nurse and she is supported in her role by an Assistant Director of Nursing (ADON), Clinical Nurse Managers (CNM) and a team of nursing staff, administration staff, care staff, housekeeping, catering and maintenance. The ADON took charge of the centre in the absence of the person in charge. There was also strong corporate support available to the person in charge which included a regional manager, administration manager and human resources manager. Members of the senior management were on site at the centre two to three times a week and there was evidence of monthly senior management meeting held in the centre. The person in charge met with staff from all departments regularly to review practice in all areas and to share findings from auditing and promote learning.

There were clear lines of authority and accountability, with each member of the team having their role and responsibilities defined. There were good processes for

communication between team members. There was sufficient resources provided to meet the needs of residents.

Comprehensive systems were in place to monitor quality and safety of the service. The person in charge prepared weekly operational and clinical reports for the senior management team to review and ensure good oversight of the services being provided. There was clear evidence that information collated by measuring key clinical indicators and of analysis of audits was acted upon. This information was reviewed at governance and management meetings. An extensive schedule of audits was in place; actions plans were developed from these audit and informed continuous quality improvement.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre.

Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Infection control practices were of a good standard and the inspectors saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

Staff were seen to be knowledgeable about residents and regular staff meetings took place. Training records and staff spoken to confirmed a high level of ongoing training was provided and encouraged in the centre. On the day of this inspection the majority of the nursing staff were in the centre doing follow on training and implementation of previous training on assessment and care planning.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training. Areas of concern identified in the last inspection had been addressed such as improvements in the provision of storage in the centre and increased resources were seen in the area of cleaning. Where areas for improvement were identified in the course of the inspection; the management team demonstrated a conscientious approach to addressing these issues with immediate effect where possible.

The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Regulation 14: Persons in charge

The post of person in charge was held by an experienced registered nurse who worked full time and had the necessary experience and qualifications as required by the regulations. The person in charge demonstrated knowledge and awareness of her statutory responsibilities under the Health Act 2007 (as amended) and positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. There had been an increase in cleaning staff following the previous inspection. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Mandatory training such as safeguarding, moving and handling and fire safety was completed by staff. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE). Staff also confirmed attendance at other on-line training courses on all aspects of care of residents and training specific to their roles.

Staff were supervised in their roles daily by the person in charge, ADON and the CNM's. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included frequent reviews with the person in charge.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of four staff files which were maintained electronically were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There was evidence of regular management meetings and of actions taken following same. Resources were available to ensure the effective delivery of care in accordance with the centres statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts reviewed by inspectors outlined the services to be provided and detailed the costs of other services available to residents should they choose to avail of them.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at reception. There was a nominated person who dealt with complaints and to oversee the management of complaints. Inspectors viewed a sample of concerns raised by residents, all of which had been management in line with the centre's policy.

Judgment: Compliant

Quality and safety

Inspectors found that residents were enabled to have a good quality of life in Oakfield Nursing Home with good access to medical and healthcare services. Care planning was person centred and residents' needs were assessed using validated tools to inform care plans. Residents' healthcare needs were promoted through ongoing onsite access to their General Practitioner(GP). The centre employed a physiotherapist and occupational therapist who were onsite weekly to provide care and assessments to residents.

There was a rights based approach to care whereby both staff and management promoted and respected the rights and choices of residents living in the centre. Residents told inspectors and inspectors observed that staff were kind and caring when interacting with residents and treated them with dignity.

Residents' views were sought on the running of the centre through residents' meetings each month and regular residents' surveys. Minutes of residents' meetings reviewed by inspectors noted that these meetings were well attended by residents and items discussed at these meetings included, keeping residents informed regarding the ongoing COVID-19 pandemic, food quality and choices, activities and any maintenance issues. Actions were taken by management in response to residents' feedback. Residents had access to independent advocacy if they wished.

There was a programme of engaging and varied activities available seven days a week for residents. These were facilitated by two activities co-ordinators employed at the centre. The inspectors saw residents enjoying the activities during the inspection.

Oversight of residents' healthcare needs was good with monitoring of key areas such as falls, pressure ulcers and residents' weights. There was a very low use of restrictive practices in the centre and where in use restrictive practices were assessed and reviewed by the centre's occupational therapist as well as nursing staff.

There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19 and the provider had put controls in place to keep residents and staff safe. In response to the COVID-19 pandemic, the person in charge told inspectors that the centre was divided into five teams involving nursing, care staff and household staff so that should an outbreak occur the centre could work in zones. At the time of inspection, as 100 % of residents and 90% of staff were fully vaccinated, all staff were now working as two teams. A designated area was available in the centre should residents required isolation. Mass screening of staff continued at the centre as was daily monitoring for symptoms of COVID-19 of residents and staff. There was alcohol hand rub available throughout the centre and staff were observed to be practicing hand hygiene and wearing personal protective equipment in line with national guidance.

The centre was overall observed to be clean and this was supported by increased cleaning staff to four staff. Monthly audits of environmental hygiene was carried out by management at the centre and actions taken in response to findings. Some improvements were required in relation to the maintenance of the centre. This will be discussed under Regulation 17.

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and regular fire drills were undertaken. However, these did not include the simulation of a full compartment evacuation with minimal staffing levels to provide assurances regarding suitable evacuation times.

Overall the design and layout of the premises met the residents' needs. The centre was bright and airy throughout with a homely atmosphere. Plenty of communal space was available for residents use and lovely external grounds and enclosed gardens were readily available. The centre was generally well maintained however the inspectors identified a few areas that required attention.

Regulation 11: Visits

Visits to the centre were seen to take place in line with updated visiting guidelines. A member of staff was assigned to booking and managing residents' visits from 10.00hrs to 19.00hrs seven days a week with visits facilitated in a visiting room or in

residents' own rooms. During the inspection numerous visitors were seen visiting the centre and confirmed with inspectors that that were happy with the arrangements in place. Inspectors also observed two pods with perspex that were used to facilitate visitors prior to the resumption of indoor visiting,

Judgment: Compliant

Regulation 17: Premises

Inspectors observed that there were a few issues with the premises that required action

- some of the flooring in a number of bedrooms, the hairdressing room and the lower ground floor required review and repair due to damage.
- a wall in one of the resident's room required repair as it had significant damage to the plaster and paint work..
- One wheelchair was observed to be worn and torn and therefore could not be effectively cleaned

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. The registered provider had a risk management policy that met the requirements of the regulation. The person in charge identified to the inspectors they were planning to implement a new computerised risk management system but this was not operational at the time of the inspection. A COVID-19 contingency plan was in place to prevent and manage an out break should it occur.

Judgment: Compliant

Regulation 27: Infection control

The centre was seen to be very clean and the management team had a comprehensive COVID-19 preparedness plan in place. Contingency plans were in place for the management of the centre in the absence of the person in charge. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and

aware of the ongoing changes to guidance from public health and the HSE.

An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas were cleaned frequently and deep cleaning schedules had been enhanced. The cleaning staff spoken with were knowledgeable around correct cleaning techniques, infection prevention and control.

Staff had access to personal protective equipment and there was up to date guidance on the use of these available

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors were not fully assured from the fire drills seen that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations having been completed. Drill reports were submitted following the inspection of a full compartment evacuation and further drills and ongoing drills are required to ensure the competency of all staff in this area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Based on a sample of care plans viewed, it was evident to inspectors that validated risk assessments were regularly completed to assess clinical risks such as risk of malnutrition, falls and pressure ulcers.

Judgment: Compliant

Regulation 6: Health care

There was evidence of good access to medical staff with regular review recorded in residents' files. Residents at the centre had good access to allied health professionals such as occupational therapist, physiotherapist, dietitian and speech and language therapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of staff interactions with residents, inspectors evidenced that staff had knowledge and skills appropriate to their role to respond and manage responsive behaviour. This was also reflected in responsive behaviour care plans that were person centred.

Staff and the person in charge promoted the principles of a restraint free environment and restraint measures were only used when alternatives or other interventions failed. Seven residents had bedrails at night to prevent falls or because residents expressed that they felt safer with them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Two activity co-ordinators supported residents to engage in a varied activities programme that were available each day. Residents had access to media such radio television and newspapers. Residents had access to religious services and clergy of their own faith.

There was good access to the local community and the centre had its own bus to facilitate residents trips out.

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	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0032677

Date of inspection: 01/07/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. 7 floors coverings identified as requiring replacement, which includes 6 residents rooms and the hairdressing room. Work schedule set up to complete these replacements by years end, with required funding in place. 2. Annual budget for the home will include allocated funding for replacement of floor covering as required. 3. Arrange maintenance work for residents room which has been identified as requiring repair to plasterwork and painting. 4. Regular maintenance reviews to identify any repair and maintenance required to maintain premises in line with regulatory requirements. 5. OT seating review for the resident identified with wear and tear to armrest of her wheelchair, with repair/replacement as required. 6. OT/RPT referrals for all residents as appropriate to their needs.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. All staff will receive training in full compartment fire evacuation drills using the minimal number of staff on shift (6) annually. 2. Drills will be logged on newly designed drill evacuation report form to include the length of time from activation of fire alarm until compartment is fully evacuated to a safe location. 3. Where possible and appropriate, residents will be involved in fire evacuation drills and made aware of fire evacuation process. 4. Fire safety will be included as part of clinical governance and meeting agendas (health & safety, Management, Head of Department) to ensure ongoing management of	

fire equipment, means of escape, building fabrics and building services.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2021
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	Substantially Compliant	Yellow	31/12/2021

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	24/12/2021