



**Health
Information
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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:	Kenmare Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0000753
Fieldwork ID:	MON-0037727

About the designated centre

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

Kenmare Community Nursing Unit is located on the outskirts of the town of Kenmare. It is registered to accommodate a maximum of 35 residents. It is a two-storey building with lift and stairs access to the upstairs accommodation. It is set out in two units: Sheen House located on the ground floor with 19 residents; Roughty House can accommodate 16 residents on the first floor. Residents' accommodation comprises 31 single and two twin bedrooms with en suite shower and toilet facilities. The palliative care family room is adjacent to the palliative care suite bedroom; the family room has a comfortable seating, kitchenette and en suite shower and toilet facilities. Additional assisted bath and toilet facilities are located throughout. Each unit has a dining room, sitting room and quiet rooms for residents to enjoy. Additional seating areas are located in the large foyer and along corridors for residents to rest and look out at the mountains, garden and courtyards. The enclosed gardens and courtyards both upstairs and on the ground floor provide secure walkways, seating and shrubbery for residents leisure and enjoyment. Other resident facilities include a prayer room for quiet reflection, visitors room, physiotherapy gym, occupational therapy room, and hair dressers salon. The community physiotherapist, monthly surgical outreach clinic from University Hospital Kerry, mental health day services are accommodated on site and residents have access to these facilities. The service provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

24

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 24 November 2022	10:00hrs to 17:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that in general, residents were supported to have a good quality of life in this centre. The inspector met with the majority of the 24 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also met with three visitors who were visiting during the inspection. All of the residents who spoke with the inspector were highly complimentary about the care and support provided, and described the staff as kind and caring.

The inspector arrived unannounced to the centre and following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walk around, the inspector saw that staff were attending to some residents' personal care with some residents still in bed, while other residents were up and sitting in the day room. A number of residents were enjoying watching the World Cup Football on their bedroom televisions. It was evident to the inspector that the person in charge knew the residents and their care needs well during the walk around and they greeted her warmly.

Kenmare Community Nursing Unit is a modern purpose built centre on the outskirts of Kenmare town. The centre is set out in two different units, Sheen House on the ground floor and Roughty House on the first floor. The centre was registered to accommodate 35 residents. At the time of inspection, 28 beds were opened; 19 downstairs in Sheen House; nine (of 16 beds) upstairs in Roughty House. Residents' bedroom accommodation comprised 30 single rooms, two twin rooms and one palliative care suite. The palliative care suite had adjoining living room space that included, showering facilities, seating, sleeping facilities and a kitchenette for family and visitors' use. All bedrooms had ensuite shower and toilet facilities. The twin rooms had large movable privacy screens in place to ensure privacy and dignity for residents who may be sharing. The ensuites in the twin rooms had been fitted with enclosed presses for residents toiletries since the last inspection. The inspector saw that residents' bedrooms were homely and personalised with family pictures, ornaments and in some rooms, furniture from residents' own homes. One resident had their bedroom full of artwork that they had created and some of their work was also displayed in the centre. A number of residents told the inspector they loved their rooms and that they could access the courtyard gardens from their rooms when the weather was suitable. Due to the split level design of the centre, residents on both floors had access to well maintained outdoor spaces, with great views of the local country side and mountains. The centre also had murals depicting local scenes such as "Kenmare Fair Day" on walls outside residents windows where there was less of a view.

The reception area was bright and had plenty comfortable seating areas. It was decorated with beautiful scenic paintings of the Kenmare country side, created by a

local artist, which gave the centre a homely feel. A prayer room was located in the reception and provided a restful space for residents to use. There was plenty communal spaces that included a dining room, sitting room, quiet room and activities room on each floor. The inspector saw there were quiet areas with tables and seating where residents could relax and enjoy a cup of tea. The sitting rooms were well decorated with muted colours and soft furnishings and plants. Electric fireplaces gave the rooms a homely feel. The ground floor sitting room had book shelves and large smart TVs for residents use. The corridors were sufficiently wide to accommodate walking aids and wheelchairs, handrails were readily available for residents' use. The dining rooms on each floor were decorated with furnishings such as old style dressers which gave the centre a homely feel.

The inspector saw that the centre was very clean throughout. There were sufficient cleaning staff working in the centre and staff spoken with were knowledgeable and demonstrated an awareness of the cleaning protocols in the centre. The inspector saw that there were plenty hand hygiene facilities throughout the centre and available to staff at point of care. The inspector observed that staff were wearing surgical face masks in the centre in line with national guidance.

The inspector observed the lunch time meal and saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Residents were complimentary regarding the food and choices available to them. There were regular offerings of drinks and snacks though out the day. Residents could choose whether to dine in their bedrooms or in the spacious dining rooms on each floor. The inspector saw that there were sufficient staff to assist residents who required it with their meals and this assistance was provided in a respectful and dignified manner. Tables in the dining room were nicely decorated and had appropriate condiments for residents' use. The inspector saw that the lunch time meal on the ground floor was a sociable dining experience with residents chatting with staff and each other during the meal. However, the inspector noted that the dining room on the first floor was not used during the lunchtime meal. Two residents who required assistance were served their meals from bed tables brought to their chairs near the nurses' station. Medications were also administered during this time as outlined under Regulation 18:Food and Nutrition.

Residents who spoke with the inspector were in praise of the care that staff provided. The inspector observed many person-centred interactions between residents and staff during the inspection and it was obvious that staff knew residents well and residents knew staff. Residents appeared well cared for and neatly dressed according to their preferences. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful to their needs and wishes.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Visitors were highly complimentary of the care given to their relatives and were happy with the visiting arrangements in place. Residents views on the running of the centre was sought through residents meetings and surveys. There was a member of the care staff allocated to activities on a daily basis. The inspector saw that a daily schedule of activities was displayed in the day room on

the ground floor. Available activities included chair exercises, newspaper readings and music and singing. Residents living in the centre were visited by transition year students who brought therapy dogs from the local community school twice a week. Three volunteers also supported staff with activities in the centre including one-to-one activities with residents. On the day of inspection, a small number of residents participated in a chair exercise session and the inspector saw residents enjoy a game of cards with staff. A staff member and two residents enjoyed a sing song together.

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

This was an unannounced risk inspection carried out over one day by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the inspector found that the governance and management systems in place ensured that residents living in the centre were provided with a good standard of care. The registered provider ensured that the centre was sufficiently resourced to provide services in accordance with the statement of purpose. However, action was required in relation to fire precautions and the dining experience for residents as outlined further in this report.

Kenmare Community Nursing Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day-to-day running of the centre consists of a person in charge, and a clinical nurse manager who are rostered in the centre during weekdays. The management team reported to a general manager, who represented the provider. The person representing the provider was in regular contact with the centre. Governance meetings such as quality and patient safety meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required. There was also the additional support of a clinical development coordinator to staff working in the centre.

The inspector found that there were adequate resources in the centre, to ensure the effective delivery of care to residents, in line with the centre's statement of purpose. The staffing number and skill mix was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. There was a schedule of mandatory training for staff in place and uptake of this training was monitored by the

management team.

There was a comprehensive record of incidents and accidents that took place in the centre and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and the person in charge was well-informed regarding complaints made, actions taken and consulting with the complainant to resolve the issues raised.

There was evidence of consultation with residents in the planning and running of the centre. The person in charge held regular resident meetings and had sought residents views on improvements required in the centre through surveys. Volunteers had returned to the centre and supported staff with the activity programme, however record keeping in relation to volunteers required action as outlined under Regulation 30: Volunteers.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents and was available in the centre.

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had a late payment of the annual fee as required by regulation 8(1) and (2) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 in 2022. This was subsequently paid by the provider outside of the required timeframe.

Judgment: Not compliant

Regulation 15: Staffing

The provider had ensured that the number and skill mix was appropriate having regard for the assessed needs of residents and the size and layout of the centre. On the day of inspection, as well as the person in charge, there were three registered nurses, a clinical nurse manager and three health care assistants on duty to provide care for 24 residents. Another newly recruited registered nurse was supernumerary on induction was also rostered.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and from a review of the training matrix maintained by the person in charge, it was evident to the inspector that staff were supported to attend training appropriate to their role. A nurse in the centre had been supported to attend link nurse training in infection prevention control. Staff attended both face-to-face and online training in the centre. Staff were seen to be appropriately supervised in their roles.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff personnel records and found that they included all of the required prescribed information, as set out in Schedule 2 of the regulations. Other records as required by the regulations were well maintained, securely stored and made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management 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 prepared, in consultation with the residents and was available for review in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and the fee to be paid. The contracts also included the room occupied by the resident as required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

While it was evident that volunteers in the centre were vetted in accordance with the National Vetting Bureau Act, not all volunteers had their roles and responsibilities set out in writing in accordance with the requirements of regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Based on a review of incidents, the inspector was satisfied that all notifications were submitted, as required, by the regulations to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the centre. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

The inspector found the care and support provided to the residents living in this centre to be of a good standard. In general residents were supported to have a good quality of life, however action was required in relation to fire precautions and nutrition and hydration to promote residents safety and experience at all times.

From the observations of the inspector, it was evident that residents' health care needs were met to a high standard. A local GP attended the centre three days a week or more frequently if required to review residents. The inspector saw that the GP was in attendance in the centre on the day of inspection to review residents and to undertake a multidisciplinary review of residents' medications with the pharmacist and the clinical nurse manager. Residents also had good access to allied health and social care professionals such as a dietitian, physiotherapist, occupational therapist

and speech and language therapist. A physiotherapist was onsite on the day of inspection and a dietitian attended the centre every two weeks.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome. However, action required to improve residents' dining experience is outlined under regulation 18: Nutrition and Hydration.

All visiting restrictions had been removed and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

The inspector saw that the centre was very clean and cleaning practices were in line with best practice. The centre had a nominated link nurse for infection control and had access to infection control expertise from the community based team. Following a recent outbreak of COVID-19 in the centre, the person in charge had completed an outbreak report to ascertain if any learning or improvement to the centre's contingency plan was required.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Annual fire training was completed by staff and staff who spoke with inspectors were knowledgeable as to actions to take in the event of a fire. The inspector was provided with records of evacuation of compartments with night time staffing levels that had been undertaken in the centre. However, the inspector observed that some action was required in relation to fire doors in the centre as outlined under Regulation 28: Fire precautions.

Residents rights were promoted and protected and the inspector saw that staff were kind and friendly to residents and aware of their individuals choices and preferences. Care was provided in a respectful and unhurried manner by staff. Residents views on the running of the centre were sought through regular residents meetings and surveys. The inspector saw that feedback from residents was very positive regarding the care and services provided to them.

Regulation 11: Visits

Visiting was unrestricted in the centre and the inspector saw numerous visitors coming and going to visit their relatives and friends on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The premises conformed to the matters set out in Schedule 6. The inspector saw that the design and layout of the centre was appropriate to meet the needs of residents. The centre was well maintained and nicely decorated with ample communal and private spaces for residents use.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed that the lunchtime meal experience and how meals were served to residents required action:

Mealtimes were not protected and medications were administered during the lunchtime meal. The inspector saw that a resident was administered a nebuliser while their dinner was served at the same time. This meant that their dinner was cold by the time the nebuliser was finished.

While the dining room on the ground floor offered residents the opportunity for a social dining experience, on the first floor, the inspector saw that two residents who required assistance with eating and drinking were served their meals from bed tables in front of their chairs near the nurse's station rather than the dining room.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place that met the requirements of the regulation. The risk register was maintained and updated to manage the risks in the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective infection prevention and control procedures in place at the centre. The provider had ensured that staff had access to expert infection prevention and control advice, when required. Antimicrobial usage was closely monitored in the centre and the person in charge attended HSE antimicrobial committee meetings every quarter. The inspector saw that the environment and equipment in use in the centre was clean on the day of inspection. Staff were knowledgeable on effective cleaning practices in the centre. Staff had easy access to personal protective equipment at the point of care and there were plenty hand wash sinks and alcohol hand rub dispensers throughout the centre. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The registered provider implemented the centre's contingency plan for managing a COVID-19 outbreak during a recent outbreak in the centre and had engaged with the local public health department.

Judgment: Compliant

Regulation 28: Fire precautions

Oversight of fire doors required action. The inspector found two fire doors had gaps that may not deter smoke in the event of a fire. The door to the dining room on the ground floor did not have a hold open device and was being held open by a chair and therefore would not automatically close in the event of a fire. The person in charge agreed to get these immediately reviewed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication administration practices were being monitored well and areas for improvement were identified and actioned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of residents' care records it was evident that assessments and care plans were developed to describe the care needs of the residents and how they were to be delivered. These were updated every four months or more frequently, when there were any changes to the residents' care or condition, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents living in this centre were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was onsite to provide assessments and treatment to residents for 21 hours a week. Residents also had good access to other allied health professionals such as speech and language therapists and a dietitian and specialist medical services such as psychiatry of older age and community palliative care as required.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns.

The centre was not acting as a pension agent for any residents and there were robust systems in place for management of monies and valuables handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to radios, telephones, television and local newspapers. Some residents also used electronic devices such as tablets in line with their own capacity. Notice boards in the centre prominently displayed details of available advocacy

services. Activities for residents were supported by volunteers who attended the centre regularly to assist staff with the provision of activities. Transition year students from the local community school attended the centre with their therapy dogs to visit the residents twice a week. Other activities such as chair exercises, music and singing and newspaper reading were also available for residents. Residents also enjoyed one-to-one activities with staff. On the day of inspection, the inspector saw some residents enjoying a card game with a staff member, while others enjoyed a singsong with another staff member. Residents surveys were also undertaken to seek their views on their satisfaction with the centre.

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 8: Annual fee payable by the registered provider of a designated centre for older people	Not 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 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Kenmare Community Nursing Unit OSV-0000753

Inspection ID: MON-0037727

Date of inspection: 23/11/2022

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 8: Annual fee payable by the registered provider of a designated centre for older people	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people: Following on from a meeting between HIQA and management personnel for Cork Kerry Community Healthcare on 12 08 2022 where this oversight was discussed in detail a pathway has been set up by General Manager of Cork Kerry Community Hospital to ensure that this accidental oversight does not occur again.</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: The person in charge will ensure that the outstanding documentation will be completed so that the volunteers will have their responsibilities for activities set out in writing as per regulation.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Local Management will ensure that staff will facilitate the use of the dining room space in</p>	

Roughly ward at meal times and create a positive dining experience for residents as experienced by the residents in Sheen on that day. Emphasis will be placed on inducting new staff on the importance of protected meal times and ensuring that the administration of medications i.e. nebulizers do not take place while residents are dining.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the day of the inspection, the person in charge logged a call to maintenance and an engineer attended the site the following day and corrected the issue with the identified fire doors on the 25\11\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 8(2)	The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due	Not Compliant	Orange	01/09/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	21/12/2022

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	25/11/2022
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	30/12/2022