



**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:	Kilrush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilimer Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	30 June 2021
Centre ID:	OSV-0000452
Fieldwork ID:	MON-0033536

About the designated centre

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

Kilrush Nursing Home is a purpose built facility located on the outskirts of Kilrush, Co. Clare. It is part of the Mowlan Healthcare group. The nursing home is two storey in design and accommodates up to 46 residents. It is a mixed gender facility catering for dependant persons over 18 years. It provides long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met. There is a designated memory care unit which offers care for residents with a diagnosis of dementia. Bedroom accommodation is provided in 17 single bedrooms on the ground floor and 23 single and three twin rooms on the first floor. All bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day rooms and dining rooms on each floor and a lift is provided between floors. Residents also have access to an enclosed courtyard and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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 30 June 2021	08:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents commented that 'you couldn't fault the place', 'there is a very good manager and staff here' and 'I can ring the call bell if I need someone and they respond quickly'. Residents reported that communication in the centre was good and that staff had kept them up-to-date regarding the restrictions and the COVID-19 pandemic. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

On arrival, the inspector observed that the external appearance of the centre was clean and well maintained. There was an array of colourful plants and summer flowers in full bloom creating an inviting and pleasant environment.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

On the morning of inspection, some residents were up and about and relaxing to music in the day room, some were having their breakfasts in the ground floor and first floor dining areas, others had their breakfasts in their bedrooms, some were still in bed and others were up and viewing mass on the television or listening to music in their bedrooms.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was a care staff member allocated to the supervision of two main day rooms. There was normally an activities coordinator on duty each day. Staff were seen to encourage participation and stimulate conversation. The activities schedule was displayed and included a variety of activities including arts and crafts, bingo, music and sing songs. During the morning time residents were observed partaking in an exercise session, card game and reciting the rosary.

During the afternoon, the local priest visited and celebrated mass in the centre. Residents spoke of their delight that the priest was now able to visit again and celebrate mass on a weekly basis.

Residents had access to a number of enclosed garden courtyard areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with lots of colourful flowers, raised beds, hanging baskets and outdoor

wall art which provided an interesting and stimulating environment. There was a range of painted wooden furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air and sunshine. Some residents stated that they had enjoyed recent days outside in the sunshine while others stated that they found it too hot to sit outside. During the afternoon, a large group of residents were sitting outside in the enclosed courtyard while enjoying ice creams, reminiscing and chatting with staff.

Throughout the day, the observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas or in their own bedroom if they wished. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice and the inspector heard staff offering those choices. The inspector observed that a variety of snacks, fruit and drinks were offered between meals times. Residents were appropriately supported at mealtimes to eat at their own pace and were served in accordance with their choices.

The building is a purpose built two-storey nursing home. It was found to be well maintained, comfortably decorated and visibly clean. Residents were accommodated on both floors. Bedroom accommodation was provided in 17 single bedrooms on the ground floor which was designed as a dementia specific unit and 23 single and three twin rooms on the first floor. All bedrooms had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Bedrooms were adequate in size and ample personal storage space was provided. Call bells were accessible in all bedrooms and bathrooms. The rooms also had enough space for equipment such as hoists to be used. The dementia unit was designed so as to create an interesting environment and to help residents with dementia orientate better. For example, the doors to bedrooms had been painted different colours to resemble front doors of houses, large wall murals including countryside scenes and shop fronts had been painted to walls of corridors. Large pictorial menu boards were displayed in the dining room, large clocks incorporating the date, day and month had been provided to all bedrooms and corridors. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around.

There was a variety of communal day spaces including day rooms and dining rooms on each floor. Separate day and dining rooms were provided for residents in the dementia specific unit on the ground floor. Other facilities included a hairdressing room, smoking room and seating was provided at the reception area. There was ample space on corridors for the movement of any specialised or assistive

equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors. A lift was provided between floors which allowed some residents independently access both floors.

To facilitate social distancing in the main day room on the ground floor during the pandemic, the dining tables had been removed and placed in the first floor day room. While many residents were observed to use this first floor dining area at breakfast time, most residents had their main meals served at bed tables in the ground floor day room. The person in charge advised that these arrangements were now under review with a view to improving the quality of the dining experience for residents.

Overall the general environment, residents' bedrooms, communal areas, toilets, shower rooms, laundry and sluice facilities were found to be visibly clean. There were two cleaners on duty each day. Systems were in place for the segregation and flow of soiled and clean laundry in line with good practice in infection prevention and control. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents.

Staff had ready access to clinical hand wash facilities throughout the centre. In addition there were wall mounted hand sanitizing dispensers at the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by staff.

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 inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on issues identified during the last inspection
- to follow up on information of concern received by the Chief Inspector
- to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Mowlam Healthcare Services an unlimited company. The centre is part of the Mowlam group of nursing homes. The senior governance and management team including the regional health care manager and director of care services provide

support to the person in charge who manages the day to day operation of the centre. The person in charge was also supported by the clinical nurse manager, nurses, care staff, activities coordinator, catering, housekeeping, laundry, administration and maintenance staff.

The person in charge worked full time in the centre, the clinical nurse manager deputised in the absence of the person in charge. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. There was an on call management system in place for out-of-hours.

This centre had a good history of compliance with the regulations. Issues relating to fire safety management identified during the last inspection continued to be addressed and the management team were striving to further reduce evacuation times from compartments.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had completed mandatory training and further training was scheduled.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision. The management team met regularly and had continued to evaluate its compliance with relevant standards and regulations and bring about improvements.

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

Issues of concern which had been brought to the attention of the Chief Inspector were reviewed as part of this inspection and were not substantiated on the day.

Regulation 14: Persons in charge

The person in charge was appointed to the post in January 2021.

The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She had the required experience and qualifications for the post.

She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident. A clinical nurse manager deputised in her absence.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix available to meet the support requirements of residents was in line with the statement of purpose. There were normally two nurses and seven care staff on duty during the morning time, two nurses and five care staff during the afternoon and evening, and two nurses and two care staff on duty at night time from 21.00 to 7.00am. The staffing compliment included laundry, housekeeping, catering, activities coordinators, administration and maintenance staff. The person in charge worked full-time and was normally on duty during the weekdays. The person in charge confirmed that staffing levels are kept under constant review having regards to the needs of residents to ensure appropriate and suitable staffing levels are provided.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Staff had completed training in dementia care and management of responsive behaviour and all nursing staff had completed medicines management training. Housekeeping staff had recently completed Clean Pass training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. The management team met regularly to discuss and review areas such as COVID-19 contingency arrangements, infection prevention and control, staff training, audits, fire safety, health and safety and risks. An annual review on the quality and safety of care had been completed for 2020 and strategies for improvement had been identified for 2021. Regular audits and analysis were carried out in areas such as infection prevention and control, hand hygiene, medicines management, health and safety, falls, care plans, clinical documentation, restrictive practice, hospitality and dining experience.

There was evidence of on-going communication and consultation with residents and families.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and

health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. 'Key to me' life stories were in place for residents which outlined their individual preferences and interests. There was a range of activities taking place.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the television, listen to local church services on the local radio station and receive Holy Communion. Residents continued to recite the rosary. The local priest had started visiting again and celebrated mass in the centre on the day of inspection.

Infection control practices were of a good standard. The premises and equipment used by residents appeared visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and informative.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. The person in charge confirmed that she continued to assess the evacuation needs of residents prior to allocating bedroom accommodation. Regular fire drills had been completed simulating both day and night time scenarios and learning outcomes had been documented and discussed. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. The person in charge had completed a monthly fire safety risk assessment. She outlined how she was in the

process of evaluating individual staff knowledge and competence in fire safety and showed the inspector the new template she had designed to record this information. There were clear fire safety evacuation plans displayed prominently in each compartment. The provider had recently installed a fire repeater panel beside the nurses station on the first floor and had purchased additional fire evacuation equipment with the aim of reducing evacuation times, however, a fire drill had not since been carried out to provide this assurance. This is discussed further under Regulation 28: Fire precautions. The person in charge had met with the local fire officers and a visit from the local fire brigade members was planned. The person in charge had recently attended the Webinar for Registered Providers on Fire Safety Handbook.

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

The inspector noted that the premises was welcoming and it met the needs of the residents in a homely and comfortably way. The building was two storey in design. It was found to be well maintained and visibly clean. Residents were accommodated on both floors. Bedroom accommodation was provided in 17 single bedrooms on the ground floor which was designed as a dementia specific unit and 23 single and three twin rooms on the first floor. All bedrooms had en suite toilet and shower facilities. There was a variety of communal day spaces including day rooms and dining rooms on each floor. There was a lift provided between floors.

Judgment: Compliant

Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good standard

- the premises and equipment used by residents appeared visibly clean.

- there were ample supplies of personal protective equipment (PPE) available
- staff had access to PPE and there was up to date guidance on it's use.
- staff had completed training in infection prevention and control and hand hygiene
- housekeeping staff had recently completed Clean Pass training
- staff were observed to be wearing surgical face masks as per the relevant guidance.
- staff had access to clinical hand wash basins and alcohol gel dispensers were available and observed in use throughout the building
- systems were in place to monitor and oversee cleaning, environmental hygiene and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The management team demonstrated good fire safety awareness and regular fire drills had been completed simulating both day and night time scenarios.

The provider had recently installed a fire repeater panel beside the nurses station on the first floor and had purchased additional fire evacuation equipment with the aim of further reducing the time taken to evacuate residents safely. However, a fire drill had not since been carried out, therefore, assurances were not available on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspector reviewed the care plans of a number of residents including end of life care, wound care, nutritionally at risk, at high risk of falls, presenting with responsive behaviour, with restraint measures in place and with specific care requirements. Care plans were in place for all identified issues. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date, informative, person

centered and contained all of the information required to guide care.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. All residents had been recently reviewed by their GP. The physiotherapist visited weekly. There was evidence of referral and access to services such as speech and language therapy (SALT), psychiatry of later life, dietetics and occupational therapy. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. Residents at risk of impaired skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

Regulation 8: Protection

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

The inspector was satisfied that residents finances were protected. The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account in line with Department of Social Protection guidelines. There were regular reviews of accounts carried out by the person in charge and external auditors. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

Staff continued to promote a restraint free environment. There were no residents using bed rails at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. There were televisions provided to all residents bedrooms and large smart televisions were provided to the communal areas.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Details of access to advocacy services were displayed for residents.

The hairdresser had returned to visiting on a fortnightly basis and some residents told the inspector how they enjoyed having their hair done.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilrush Nursing Home OSV-0000452

Inspection ID: MON-0033536

Date of inspection: 30/06/2021

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire Safety and evacuation drills are conducted bi-weekly in the centre, 1 drill during daytime conditions and 1 drill simulating night-time conditions. • A record of attendees is maintained, and an evaluation of the drill is documented, including timing of evacuation, description of evacuation procedure, what went well and recommendations for improvement, if required. • Since the inspection we have conducted a fire drill incorporating the new repeater panel on first floor and staff used the Evacuation pads instead of ski sheets. This further reduced the time taken to safely evacuate residents from the largest compartment to 3mins 50secs. • We will continue to conduct bi-weekly drills and ensure that all staff continue to demonstrate competency with regard to Fire safety. 	

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 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	30/07/2021