



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

Issued by the Chief Inspector

Name of designated centre:	Castlebridge Manor Nursing Home
Name of provider:	Castlebridge Manor Private Clinic Limited
Address of centre:	Ballyboggan Lower, Castlebridge, Wexford
Type of inspection:	Unannounced
Date of inspection:	03 February 2021
Centre ID:	OSV-0005826
Fieldwork ID:	MON-0031594

About the designated centre

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

Castlebridge Manor Nursing Home is a two-storey building, purpose built in 2018, with a ground floor and first floor accessed by lift and stairs. It is located in a rural setting surrounded by landscaped gardens on the outskirts of Castlebridge village near Wexford town. Resident accommodation consists of 77 single rooms and 9 twin rooms. All bedrooms contained en-suite bathrooms and there were assisted bathroom's on each of the two floors where residents reside. The provider is a limited company called Castlebridge Manor Private Clinic Ltd. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, transitional care, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment, older persons requiring complex care and palliative care. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered 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. The centre currently employs approximately 98 staff and 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:	72
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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 3 February 2021	10:00hrs to 16:00hrs	Helena Grigova	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live and that staff promoted a person-centred approach to addressing their needs. On the day of inspection, the inspector spoke with individual residents and also spent time in the communal rooms observing resident and staff engagement.

The inspector arrived to the centre unannounced and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. A number of residents were seen to be seated comfortably, appropriately dressed and conversing with staff. Residents who spoke with the inspector expressed their satisfaction with the care, support and assistance provided by staff. Residents said they loved living there, staff are lovely and if they need something, they will say it and staff will always take care of it. Other residents said that staff knew them well and they would do anything for them. They said that if they were worried about anything the staff always listened and tried to help them. Residents mentioned that they are very thankful to staff that staff had been absolutely amazing and supportive and the centre remained free of COVID-19 virus.

The inspector observed that the communal sitting rooms were occupied by residents on the day of inspection with members of staff in attendance at all times. Physical distancing in line with public health guidance was being adhered to. Residents were seen to have access to iPads, televisions and radios. Some residents had books and reading materials on topics of interest to them. The staff engaged with the residents in a respectful manner and used good communication skills. They offering residents a variety of activity choices, provided support and paced conversations appropriately, allowing residents time to process information and to formulate responses to questions. For those who did not participate in group activities, the inspector observed pleasant individual sessions in progress, including sensory therapies in quiet areas. Some residents choose to stay in their room and were observed to be either watching television, reading newspapers or magazines. Residents were observed to be walking independently around the centre or in the courtyards.

Residents confirmed they had no complaints but if they had any problems or concerns, they would speak to the staff and they will sort it out for them. Residents knew who was in charge and were complimenting that the management will sort out any issues quick and efficiently.

Residents were satisfied with the menu choices offered with all their meals. The inspector observed that residents were comfortable seated in the homely decorated dining rooms. There was a separate dining room on each unit and residents were seated to adhere to social distancing guidelines. All meals, including modified diets appeared appetising and wholesome. Many of the residents commented that the food was always very tasty and they can eat as much as they want. Resident told the inspector that they can choose where they will have their meals. The inspector

saw that drinks were readily available and that staff prompted residents to have drinks during the day.

A number of staff who spoke with the inspector demonstrated good knowledge of residents, their life story and activities the residents love to do. The inspector observed that residents' bedrooms had been personalised to reflect hobbies and life interests that were significant to them prior to admission. The inspector noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs.

Capacity and capability

Castlebridge Manor Nursing Home is owned by Castlebridge Manor Private Clinic Limited. The designated centre had an established and clearly defined governance and management structure and was locally managed by an appropriately qualified and experienced Person in Charge (PIC). The PIC works full-time in the centre and was supported in her management role by the provider representative, and clinical nurse managers. The person in charge was also supported by the Persons Participating in Management including the chief executive officer. There were adequate operational supports in place as a contingency in the event of the PIC and registered provider representative being unavailable in the centre. The management team had organised systems and processes in place to monitor the quality and safety of care received by residents to ensure that the service provided was safe, appropriate, effective and consistently monitored.

During the inspection, the inspector requested a number of documents and records in order to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Castlebridge Manor Nursing Home had a good compliance history and the provider had demonstrated a proactive approach and attitude to addressing issues identified on previous inspections.

The provider had completed a review of staffing requirements in the centre based on the number of residents, their dependency levels and the size and layout of the centre. The inspector reviewed the staffing complement and was assured that the staffing levels and skill mix were appropriate to meet the health and nursing needs of residents. There was an actual and planned staff rota available that reflected the staffing on the day of the inspection. A registered nurse was on duty at all times. There were three clinical nurse managers available. During the day there were four nurses on duty and three were on duty each night. There were 16 carers on duty during the day. They were supported by cleaning supervisor and cleaning and laundry staff, maintenance supervisor and maintenance staff, activity coordinators, chefs and kitchen assistants. An on-going recruitment drive is in place to ensure staffing levels remain appropriate.

There was a system in place to ensure that staff had training and were competent in

their role. Mandatory training as well as other relevant training was made available to staff. Staff had also completed training in areas such as Cardiopulmonary Resuscitation (CPR), evacuation using ski-sheets, food handling, MAPA, restraint and palliative care. Additional training in infection prevention and control, relating to COVID-19 such as breaking the chain of infection, hand hygiene, PPE training had also been completed by staff. All nursing staff had completed the COVID-19 patient observation and medication management, COVID-19 swab training and pronouncement of death by a registered nurse.

The inspector reviewed a sample of four staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána (police) vetting. Current professional registration details were available for all nursing staff. There was evidence of induction of new staff with probationary reviews taking place.

The provider had sufficient resources in place to meet the residents needs and to fulfil the requirements of their services, as outlined in the statement of purpose. The governance structure in the centre had clear lines of accountability and responsibility amongst the management team, and clinical staff. Managers were well known to residents and staff and were accessible in the building. During the inspection the person in charge was familiar with the current residents and was aware of any recent complaints and incidents. There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. The audits included fall, call-bell checks, documentation, hand hygiene, medication and pain management, pressure sore, restraint, and weight loss audit.

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

Staff and resident meetings were held regularly. Records showed that relevant information was shared appropriately with staff and residents. The senior management team met on a monthly basis where all areas of management of the centre were discussed and any areas for improvement were agreed and the relevant staff informed about the changes that were required.

There were no open complaints at the time of inspection, and overall the number of complaints was very low. There were eight complaints recorded in 2020. On examining these records the inspector found details that outlined thorough investigation to complaints received and timely actions were taken by management to address concerns raised. An independent appeals process was available if any complainants were dissatisfied with the outcome of investigations by the complaints officer in the centre. The complaints procedure was displayed where it was clearly visible to residents, relatives and staff. 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. The inspector was assured from discussions with residents that they had high levels of satisfaction for

the service and care they received.

Regulation 14: Persons in charge

The person in charge (PIC) had the necessary qualifications and experience to meet regulatory requirements. She was a registered nurse, with a management qualification,. She had the required management experience and experience in care of the older person. There were appropriate deputising arrangements in place to cover for the person in charge in the event she or the deputy person in charge became unwell or had to self-isolate.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was maintained and was available to the inspector. The staffing level and skill mix of staff on the day of inspection was adequate to meet the needs of residents. There was 24-hour nursing care available in the centre. Staff were found to be aware of residents' likes, dislikes and specific care needs. Staff were supervised and were aware of who to report to in the line management arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix was in place and made available to the inspector. It was evident that staff were facilitated and supported to attend training relevant to their role. All active staff members had received mandatory training, such as fire safety, manual handling, infection control and safeguarding of vulnerable adults. There was a comprehensive monitoring system in place, which enabled oversight of training needs, with alerts when training was due.

Judgment: Compliant

Regulation 22: Insurance

The centre had a valid certificate of insurance in place against injury to residents

and protection of residents property for 2020 and 2021.

Judgment: Compliant

Regulation 23: Governance and management

There was a well established management team in the centre, with arrangements in place to ensure key roles in the centre were covered in the event that staff became unavailable, through ill health for example. There was evidence of a comprehensive auditing system of all aspects of care and service in the centre, which was instrumental in effecting change as required.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2020 was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained the information as required by Schedule 1 of the Regulations and accurately described the service provided. The statement of purpose had been revised to reflect the current governance and management arrangements as well as the other regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been submitted for all incidents specified in the regulations in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear policy in place, and complaints investigations were reviewed by a

senior manager. Detailed records of complaints were maintained and indicated if the person who raised the complaint was satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were in place and had been reviewed within the last three years. The policies and procedures were accessible to staff in hard copy and staff were required to sign policies when read. Relevant policies had been updated to reflect the impact of COVID-19.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and level 5 restrictions were in place at the time of the inspection. Overall, the inspector found that the centre was providing a high standard of care and quality of life for residents. Residents had a care plan based on ongoing assessment of their health and social support needs. Care plans were implemented, evaluated and reviewed regularly. Staff who spoke with the inspector, were fully aware of the signs and symptoms of COVID-19 and identified a clear pathway to report any concern regarding a resident. Specific advance care plans for COVID-19 management were in place in case of COVID-19 outbreak.

There was ongoing monitoring of residents and staff members twice daily to monitor for temperatures and symptoms of COVID-19 in accordance with the Health Protection Surveillance Centre (HPSC) *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

Staff liaised with the community and acute services regarding appropriate admission and discharge arrangements and since the onset of COVID-19. The designated centre had an area of the building reserved for use if people needed to be isolated, and while this had been used as a precaution, the designated centre did not experience an outbreak of COVID-19. Those residents admitted to the designated centre were cared for in single rooms in a specified area within the centre. On the day of the inspection there was no resident or staff member that was confirmed or suspected of having COVID-19. Staff and residents received first dose of COVID-19 vaccination at the time of the inspection and spoke with positive expectations about

the future and 'normal' visits for their families.

The inspector reviewed a sample of care and support plans for both general support needs and specified clinical and social risks. The comprehensive assessments and detailed care plans were informed and developed by these assessments, with the majority introduced within 48 hrs of admission, in line with the centre's policy for admissions. The plans were found to be personalised and provided adequate guidance on the care to be delivered. Wounds and any irregularities on residents' skin was comprehensively documented and care records showed that early and appropriate interventions had been put in place to prevent deterioration. All residents had their weight regularly monitored and where the weight loss was noted the supportive care plans including recommendations from social care professionals such as the dietician, and speech and language therapist were implemented with good outcomes for residents. Food and fluid intake charts for residents who had a notable weight change were being diligently recorded by staff.

There was good evidence that residents and their families were consulted with and given opportunity to express their wishes and preferences regarding their end of life care. Each resident had in place the advance care plan wishes and nursing home comfort plan. Where residents were unable to discuss this information, staff spoke with their relatives to obtain information on residents' preferences and wishes that they shared with their families.

Residents had timely access to a general practitioner (GP) of their choice. The centre also had access to in-house medical officer who visited the centre as needed. There was also the out-of-hours medical cover available. Records showed that residents were appropriately referred, seen by their GP when required and prescribed appropriate treatment. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language therapy, tissue viability nurse, chiropodist and psychiatry of old age as required. Dental, and hospital care was also accessed for residents. The hairdresser is continuing to visit the centre twice a week.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre was divided into zones/ independent units in line with the designated centre's COVID-19 contingency plan. There were also separate staff changing areas, staff changed into their uniforms prior to commencing and leaving work in the centre. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel dispensers were observed to be available and in use throughout the building.

There were infection prevention and control policies with a copy of the most recent guidance published by the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance available. Audits reviewed by the inspector showed that infection control measures were checked weekly and audited and that findings from practice noted were identified to staff and discussed at handovers and staff meetings.

There was a sluice facility available on each floor, which was found to be clean. Cleaning schedules and records showed consistency in the cleaning rota. There were processes in place for terminal cleaning. Equipment used by residents such as a hoist, wheelchairs and commodes were spotlessly clean. Each resident had their own allocated sling. There was a system in place for decontamination of reusable medical equipment.

Laundry management reflected best practice, there was a separate entrance for used laundry and an exit through which clean laundry was dispatched to resident areas.

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register maintained that was reviewed and updated regularly. The risk register and associated policies and procedures had been updated to reflect the risks associated with COVID-19, including secondary effects such as higher likelihood of staff absences. A Health and Safety yearly review was completed by the provider with a quality improvement plan. Contracts were in place for the suitable disposal of clinical waste. Records showed that equipment including residents' wheelchairs, assisting hoists, profiling beds, bed pan washer and the lift were regularly serviced. There was an up to date safety statement and an emergency plan in place.

The inspector found adequate arrangements had been made for maintaining and servicing of all fire equipment, including the fire alarm system, the fire panel, emergency lighting and fire extinguishers. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of emergency.

A programme of appropriate activities were available. The inspector saw a number of different activities taking place. An activity board displayed the programme of activities for the day and there were dedicated staff to organise and provide residents' daily activities.

There was a visitors' policy in the centre which had been recently updated. Window visits had been facilitated and inspectors saw a number of window visits taking place during the inspection. There is a process in place for families to book their visits electronically. All visits were pre-arranged to ensure that all visitors adhered to the guidance that was in place to protect the residents. Phone calls and video calls were facilitated whenever possible, in addition to the scheduled visits.

The provider did not act as a pension-agent for any of the residents accommodated in the centre. There were no volunteers working in the centre and person in charge had confirmed that all staff had completed An Garda Siochana vetting prior to commencing work in the centre. Residents had access to independent advocacy services when required.

Regulation 11: Visits

Visiting in the centre had been strictly controlled since March 2020. During the current level 5 restrictions, staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Window visits were also facilitated. Arrangements were in place to facilitate visitors on compassionate grounds, during this time.

Judgment: Compliant

Regulation 13: End of life

Residents had good access to medical care and staff had the support of the local palliative care team. Residents preferences for care at the end of their life were clearly documented in their records. Anticipatory prescribing for symptom management at the end of life was in place and all nurses had completed training in the pronouncement of death.

Judgment: Compliant

Regulation 17: Premises

The centre is a large expansive building that is comprised of four units at two floor levels. Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Residents had adequate space for their clothing and a locked cupboard for their valuables. The premises and external gardens were very well maintained and ongoing improvements were taking place. The inspector saw that there was a functioning call bell system in bedrooms and residents in their rooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation was seen for those residents who had required hospital care. The document seen was detailed and included the status of the resident's skin condition prior to admission. Discharge documentation from the hospital was also on file.

Judgment: Compliant

Regulation 26: Risk management

The general risk register was in place with hazard identification and control measures. A serious incident review in the management of the COVID-19 outbreak had been completed by the registered provider which identified the learning and informed the contingency planning for potential outbreaks in the future.

Judgment: Compliant

Regulation 27: Infection control

Staff were observed by the inspector adhering to the national guidelines in relation to wearing face masks, hand washing and social distancing as issued by the Health Protection and Surveillance Centre (HPSC). *The Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities and Similar Units.* Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. The management team had ensured adequate supplies of PPE and cleaning products were available and was availing and using all updated guidance in relation to cleaning materials. Residents were isolated in accordance with HPSC guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Comprehensive records were maintained of daily, weekly and monthly fire safety checks. Each resident had a detailed personal evacuation plan on file and in their room. Fire servicing records were available and these were up to date. Evacuations and fire drills were undertaken. However, records reviewed showed that these drills were not undertaken cognisant of night duty staff levels. The registered provider was requested to carry out a simulated evacuation of the largest compartment in the centre following the inspection. The drill report submitted provided assurances that residents would be evacuated in an emergency at night. Further drills are required to ensure better evacuation times and that all staff are familiar with the process.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had a care plan based on ongoing assessment of their health and social support needs. They were seen to have been updated within the four-month regulatory time frame and a number of validated clinical assessment tools were seen to underpin care plans and clinical decisions.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to medical and social care professional assessments and treatments. Residents were supported to access other health and social care professionals as required, for example, dietician, speech and language therapy, occupational therapy and physiotherapy. Appropriate assistive equipment was available to residents to meet their needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents had access to daily newspapers, Internet, telephone facilities and to local media. A number of communal areas were available and residents had a choice to socialise and participate in activities such as bingo, reminiscence videos and music. Those residents in their own rooms were observed to be content and confirmed with the inspector that they were happy and were well looked after.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	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 9: Residents' rights	Compliant

Compliance Plan for Castlebridge Manor Nursing Home OSV-0005826

Inspection ID: MON-0031594

Date of inspection: 03/02/2021

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: A drill, with night time staff, under night time staffing numbers, was completed on the 4th February, as noted.</p> <p>All new staff will be similarly tutored, while existing staff will undergo ongoing training every 6 weeks to ensure familiarity with the process, and ensure timescales recommended are achieved.</p>	

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(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 practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	04/02/2021