Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Knockeen Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Knockeen Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Knockeen, Barntown, Wexford</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24 July 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000243</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027290</td>
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</table>
About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barnstown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses’ station, administrative offices, a suitably equipped kitchen and a laundry room. There were staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents’ needs. The centre currently employs approximately 74 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: | 47 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 July 2019</td>
<td>10:00hrs to 19:10hrs</td>
<td>Margo O’Neill</td>
<td>Lead</td>
</tr>
<tr>
<td>24 July 2019</td>
<td>10:00hrs to 19:10hrs</td>
<td>Liz Foley</td>
<td>Support</td>
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</tbody>
</table>
### What residents told us and what inspectors observed

Residents spoke positively about living in the centre and felt safe and well looked after. Residents were very complimentary about all staff and were familiar with the person in charge who was available to them on a daily basis. One resident stated his quality of life had improved greatly since he came to the centre and felt this was due to the care and attention he has received. Another resident stated she was very happy in the centre and had 'no complaints, only good things to say' about the staff and the centre.

Residents were particularly complimentary about the food and stated the quality and choice of food was very good. Residents enjoyed the facility for tea and coffee making which many used when their families visited. Residents enjoyed the landscaped courtyards and gardens and commented on the peace afforded by the centre’s location.

Some residents were very busy and occupied with the centre’s activities and social programmes. Many residents said they 'loved the activities' such as 'feeding the birds and the singing'. Some residents with higher dependency needs were observed by inspectors to enjoy group activities. Residents choice and preference was respected.

### Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the regulations. The provider submitted a plan detailing three actions following the previous inspection in May 2018, all of which were found to be completed. Overall, a good service was being provided to the residents and residents reported that they enjoyed living in the centre.

There was a clearly defined management structure in place and there was evidence of regular management meetings to review the service. Systems were in place to audit and monitor the quality and safety of the service to ensure it was effective in informing continuous quality improvement. Sufficient resources were available to ensure residents' individual and collective needs were met.

Inspectors observed that there were sufficient numbers of staff in the centre who knew the residents well and had a good level of skill and knowledge. Staff in the centre were facilitated and encouraged to attend both mandatory and other professional training in order to meet the needs of residents. However not all staff were found to be up-to-date with mandatory training such as fire safety. Staff
were appropriately supervised according to their roles.

In preparation for this inspection of the centre, a review of the notifications submitted by the centre to the Chief Inspector was carried out. Inspectors identified, from these notifications, a high number of expected deaths being reported by the centre. Inspectors followed up on this while on inspection and it was found that the service had a number of beds reserved exclusively for residents who required palliative and end of life care. The directory of residents and notifications of incidents met requirements.

Interactions observed between staff and residents were kind and courteous. Feedback was welcomed by the provider and management team from residents and their relatives regarding the quality of the service. The complaints procedure was displayed at the main entrance hall of the centre. Residents told inspectors they were happy to speak to staff about any concerns and that their complaints were dealt with promptly.

Regulation 15: Staffing

The number and skill-mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurses on duty 24 hours per day. Staff turnover was low in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and were supported to attend. Mandatory training was completed and up to date for all staff with the exception of fire training, this is discussed under Regulation 28 Fire precautions. Staff were appropriately supervised. The person in charge was currently reviewing infection control training to bring it in line with the 2018 *National Standards for Infection prevention and control in community services*.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre had an up to date directory of residents which contained all of the
There were good governance and management procedures in place in the centre. The person in charge and the provider representative are both directors of Knockeen Nursing Home Limited and meet formally once a month to review and provide oversight for the service. There was clear evidence of a standing agenda that included review of risk management in the centre, review of accidents and incidents and complaints. Information collated by measuring key clinical indicators and from audits completed was also reviewed at these meetings. Action plans were developed and informed continuous quality improvement of the service.

The provider representative worked two days a week in the centre in an administrative position providing support to the person in charge. Each member of the team had their role and responsibilities defined and there were good processes for communication between team members. There were sufficient resources provided to meet the needs of residents in the centre.

Comprehensive systems were in place to monitor quality and safety of the service. Two designated staff members had a day of protected time every week to carry out either clinical or quality assurance audits. These audits were analysed and informed ongoing quality improvement processes.

The person in charge met with all staff every six months to review practice in all areas, to share findings from audits and to promote learning. An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents to inform service improvements for 2019.

A record of all accidents and incidents involving residents was maintained. The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified.
Regulation 34: Complaints procedure

The centre had a policy and procedure to manage complaints. There was a nominated person assigned to deal with complaints received however a nominated person as outlined in regulation 34 (3) needed to be appointed to ensure complaints received were appropriately responded to and recorded. The centre had links with an advocacy group for residents if the need arose.

A summary of the complaints procedure was displayed in the reception hall of the centre for residents' and relatives' information. The complaint procedure was also outlined in the resident's guide.

A record of complaints raised by residents and relatives was maintained in the centre. The records included details of the investigations carried out in relation to the complaints and prompt actions taken to resolve the complaint. Details of communication with the complainant and their level of satisfaction in addition to the measures put in place to resolve the issues were recorded. The prompt action taken by the centre to resolve complaints and good level of satisfaction with the managements' actions was confirmed by residents who spoke with inspectors.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents’ health and nursing needs were met to a good standard. Each resident's healthcare needs were assessed and were informed by comprehensive person-centred care plans that contained person-centred details and reflected their individual care preferences.

Staff who spoke with the inspectors were knowledgeable and knew residents and their individual needs well. Inspectors observed that staff had developed good relationships with residents and were committed to ensuring their care was provided to a high standard.

Residents had timely access to general practitioners (GPs) who visited the centre as necessary. There were arrangements in place for the prompt access to allied health professionals, pharmacy services, dietitians, speech and language therapy, tissue viability expertise, psychiatry of old age and chiropody. The centre had two designated bedrooms for providing palliative care and had links to a palliative care consultant. Residents’ individual care preferences for end of life were identified through discussion and recorded in their care plan. A good standard of care was provided to all resident at their end of life.

Residents were very complimentary about the choice and quality of food provided in
the centre. Residents nutritional needs were being met and mealtimes were an enjoyable occasion for residents. The centre had in place a proactive approach and comprehensive monitoring system to ensure provision of timely interventions for residents with assessed risk of malnutrition or dehydration. There were systems in place to ensure residents received appropriately modified meals and special diets as indicated by speech and language therapists and dietitians.

The residents were supported to enjoy a meaningful life in the centre and there was a broad and varied activity programme. The activity programme included group and one-to-one activities organised by the person in charge and provided and lead by the care staff and some of the residents. Activities most loved by residents included weekly live music, sing-alongs to old vinyl records, guided mediation, reminiscence therapy and flower arranging. Art created by the residents was seen decorating walls throughout the centre and residents' bedrooms. Documentation of activity records required improvement.

Residents' views were valued by the provider and residents were provided with opportunities to participate in the running of the centre. Regular residents’ meetings were held and residents were consulted with regarding their care and the service provided.

The provider promoted a restraint-free environment and there was low use of restrictive practices in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to safe outdoor courtyards.

Risk management was informed with procedures and policies in place to assess and manage risks identified. The risk register contained centre-specific risks and the required controls to mitigate risk. There were suitable arrangements in place for the management of serious incidents in the centre.

Review of fire precautions and safety required review. There were no automatic closing devices on bedroom doors in the centre and fire drills with night time staffing levels had not achieved evacuation in the recommended time frame. Inspectors were not assured that containment of fire and safe evacuation of residents at night could be achieved in the event of a fire. Furthermore annual fire training was also over due for 18 staff members.

**Regulation 13: End of life**

A good standard of care was provided to all residents at their end of life. Residents' care preferences for their end of life were discussed with them and recorded in their care plan. Detailed information on physical, psychological, social, spiritual preferences were recorded. Preference and consent for sharing information was also detailed.

The centre had overnight facilities for families to stay with residents who were at
their end of life. Removals and Wakes were also facilitated at the centre if the resident preferred.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff.

The menus offered in the centre had been assessed by a dietitian and meals were nutritious and appetising. Residents who spoke to inspectors all expressed their satisfaction with the food and choice of meals available to them in the centre. Catering staff knew residents' individual preferences and needs well and made every effort to ensure residents were provided with appetising food to meet these requirements.

Inspectors observed that residents had access to a safe supply of drinking water and refreshments at all times in the centre. Mealtimes were a social occasion and residents were offered sufficient choice and alternative meal options were available.

Judgment: Compliant

**Regulation 26: Risk management**

All actions for the identified risks from the previous inspection had been addressed through risk assessment and implementation of appropriate controls. There was an up-to-date risk management policy in the centre detailing the five specified risks as outlined in regulation 26 (c).

The centre had a risk register that detailed centre specific risks, risk ratings, the controls implemented and an owner of each risk. Residents had clinical risk assessments completed and control measures were in place. There were also examples of positive risk taking in the centre that promoted residents' independence and rights.

Review and analyses of incidents that occurred in the centre was conducted and action plans were developed to mitigate ongoing risk and to inform learning and quality improvement in the centre. The centre had an up-to-date safety
statement at the time of the inspection. There was an emergency policy in place and an evacuation procedure and process. Arrangements for alternative accommodation for residents in event of an emergency were also in place.

Judgment: Compliant

### Regulation 28: Fire precautions

The action from the last inspection had been completed to achieve full compliance regarding the quarterly servicing of emergency lighting in the centre.

Inspectors observed that the registered provider did not have adequate arrangements in place to contain the spread of fire. Bedroom doors did not have automatic closing devices. These are important as they can delay the spread of fire and allow time to evacuate the centre. Most bedroom doors were found to be open or ajar throughout the centre. This was discussed with the person in charge during the inspection.

The centre had records of four simulated fire drills completed during the previous year. These were carried out with both night and day staffing levels. Reduction of the compartment sizes throughout the centre had led to a reduction in evacuation times for both day and night time drills; however, night time evacuation remained at six minutes and 30 seconds. Inspectors were not assured that residents could be safely evacuated in the event of an emergency when staffing levels were at their lowest. Learning identified from the drills conducted required action plans and follow up to ensure ongoing improvement.

Daily, weekly and quarterly fire safety were conducted however there were some gaps in the daily and weekly records. No daily fire panel check was completed. Annual fire training is provided for staff working in the centre and all staff are required to attend. Although there were two training dates set out for fire training, 18 staff were out of date for fire training at the time of the inspection.

Fire maps were on the display on the walls throughout the centre which illustrated evacuation routes; however, these did not outline the centre's fire compartments to inform staff where the closest safe place to evacuate residents to in the event of a fire was. There were comprehensive Personal Emergency Evacuation Plans (PEEPs) developed for each resident and these included residents' mobility needs and cognitive status to inform staff of residents needs in the event of an emergency evacuation and after.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan
Improvements in care plans were found following the previous inspection. Potential residents were assessed prior to admission to ensure the centre could meet their needs. A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous re-assessment of residents’ needs’ was completed on a four monthly basis or sooner if warranted. Residents were regularly consulted about their care needs and their will and preference was recorded. Residents who lacked capacity were supported by a family member and a staff member when making decisions about care. Care plans were very person-centred and reflected the discreet and respectful care observed.

Judgment: Compliant

**Regulation 6: Health care**

There were good standards of healthcare provided in this centre. The majority of residents were supported to retain the services of their own GP where possible. A high standard of evidence-based nursing care was provided to all residents with a focus on residents’ will and preference. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietitian, occupational therapy, chiropody, specialist wound care, dentist, audiology and optician services. The centre provided palliative care services through Wexford hospice care and staff were appropriately trained and skilled. Community palliative care services also supported the centre.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

The centre had a low use of restrictive practices and maintained a comprehensive register of any practice that was or may be restrictive. All restrictive practices were risk assessed. Where a resident required a restrictive practice for their safety or wellbeing, the least restrictive option was used. There were no bedrails in use in the centre. Inspectors observed some residents had low bed with come out/fall out mats in place. The front door of the centre was key-coded and some residents knew the code. Internal doors and doors to internal courtyards were open and residents were observed accessing these areas freely. The person in charge was reviewing the use of movement sensor mats and devices with regard to their potential to restrict residents.

Judgment: Compliant
Residents' rights were respected in the centre and the ethos of care was person-centred. Residents reported to inspectors that they felt at home in the centre and inspectors observed kind and caring interactions between staff and residents throughout the inspection. Inspectors heard staff and residents singing together and having fun while carrying out activities of daily living.

There was a positive risk taking approach which supported and facilitated residents to be independent and to maintain contacts with the local community. Many residents regularly visited their homes, while others went on outings with family members and friends.

Residents attended regular residents' meetings every four months in the centre. Residents feedback was received on agenda items that included food served in the centre, social events and activities. This contributed to improvements in and the organisation of the service. Some residents enjoyed the responsibility of domestic chores such as watering the plants throughout the centre and feeding the birds outside and were encouraged to pursue personal interests and hobbies.

All accommodation consisted of single rooms and privacy was respected with staff observed knocking on doors before entering and through the use of privacy notices on the door when residents were being assisted. There was access to daily papers, television and radio. Volunteers visited the centre and enhanced the quality of life of residents through organising and carrying out activities, religious and social events. There was access to independent advocacy through the national advocacy service.

Residents' religious and civic rights were supported in the centre. The person in charge supported residents to vote in the recent local and European elections. Residents' religious preferences were also facilitated in the centre. Roman Catholic Mass was celebrated twice a week in the centre's beautiful oratory. One of these weekly services was open to members of the local public, strengthening community links with the centre. Arrangements for local clergy from various denominations to attend the centre as required was in place.

Residents and visitors had access to two outdoor enclosed courtyards that contained beautiful raised flower beds and a number of sitting areas for residents. Many residents told inspectors that these were an enjoyable and comfortable space to spend time in. Residents were observed enjoying time outdoors during the inspection. The entrance doors to the premises were locked with a coded keypad. Residents who choose to go out independently were facilitated to do so by staff and were provided with the codes of the main door.

There was an extensive and varied activities programme that facilitated residents to fulfil their occupational and recreational needs in accordance with their interests and capacities. Residents' who met the inspectors confirmed the activities on offer were interesting and enjoyable and particularly enjoyed the live music and
sing-along sessions. There were a number of rooms and facilities for activities in the centre allowing sufficient space for group and individual activities. The variety of activities available to residents changed on a daily basis and were described in an activity schedule. However improvements were required in the records of residents' activities to include residents' level of enjoyment and engagement to ensure residents' interests and capabilities were continuing to be met. This was discussed with the person in charge during the feedback meeting who assured inspectors this would be carried out moving forward.

| 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially</td>
</tr>
<tr>
<td></td>
<td>compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially</td>
</tr>
<tr>
<td></td>
<td>compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Having reviewed the training matrix on the date of inspection 18 registered out of date. 13 had completed training on the 24/07/2018 and were scheduled to do the fire training on the 13th August 2019(within a month). Three were new staff who would have received fire training on orientation but are always listed on the training matrix as undone so the get called for the first group training also. One lady was out of date as she had been on long term sick leave for a hip replacement and again was on the call list for the 13th of August. One lady had been on maternity leave and again was on the call list for the 13th of August. All the above completed fire training on the 13th of August as planned. We take all mandatory training very seriously and our administration staff devote a lot of time in ensuring compliance. With a policy if you missed scheduled training you have to communicate to the P.I.C. the reason which is documented and action planned.

| Regulation 34: Complaints procedure        | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
As discussed on the day and viewed by the inspection team we (governance team) review all complaint procedures for appropriate responses, review details of the investigations and the resident’s satisfaction at the monthly governance meeting. Our audit nurse audits complaints 3/12 for appropriate responses, review details of the investigations, and the resident’s satisfaction. This was on our audit plan but omitted from our policy which has now been amended.
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Regulation 28 (1) (c) (ii)- documentation of nightly checks for reviewing fire precautions were not complete. Daily fire panel check has been added. This was brought to the attention of the staff responsible and will be audited by the registered provider at least twice a month.

Regulation 28 (1) (c) (iii)- documentation of weekly check were not complete. This was brought to the attention of the staff responsible who had missed a week due to A/L. Arrangements are now in place that she will handover the weekly check responsibility to a colleague when on A/L and this will be audited by the registered provider at least twice a month.

Regulation 28 (1) (d)-Please see regulation 16- All staff have up to date training.

Regulation 28 (1) (e)- Fire drills will continue to be part of fire training. We will continue at least 4 simulated fire drills including day and night. We will continue to strive to achieve evacuation of any given compartment within 2mins 30secs and all learning from drills action planned. Action plans will be reviewed at governance meetings.

Regulation 28 (3)- The fire maps with illustrated evacuation routes have been adjusted to illustrate fire compartments also.

Regulation 28 (1) (a)/ Regulation 28 (1) (c) (i)/ Regulation 28 (2) (i)
Self closing devices that would release when the fire alarm operates on residents bedroom doors have been risk assess in the past as interfering with resident’s free will and preference and a health and safety risk due to the force of the closure. We had trialed different devices in the past, acoustic etc. We have a single floor building and have now compartmentalized the building further that we have only 4 compartments of 6 bedrooms, 3 with 5 bedrooms, 2 with 4 bedrooms and one with 2 bedrooms. The principle of our fire training is based on R.A.C.E, remove the person, set off alarm, contain by closing the door so all staff are aware that they are the door closers to prevent the spread of smoke and fire.

The decision not to fit a self-closer on a bedroom door has never been taken lightly by the provider. The absence of self-closing devices on residents’ doors had not been highlighted as a risk or non-compliance before. As providers we will commit to look at this area of compliance with our fire consultant and local fire authority in an onsite visit in the month of September.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/08/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(a)</td>
<td>The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>17/09/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>17/09/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/08/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(iii)</td>
<td>The registered provider shall make adequate arrangements for testing fire equipment.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/08/2019</td>
</tr>
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<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>13/08/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/08/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>17/09/2019</td>
</tr>
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<tr>
<td>Regulation 28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/08/2019</td>
</tr>
<tr>
<td>Regulation 34(3)(a)</td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/08/2019</td>
</tr>
<tr>
<td>Regulation 34(3)(b)</td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>29/08/2019</td>
</tr>
<tr>
<td>the records specified under in paragraph (1)(f).</td>
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</tbody>
</table>