



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

Issued by the Chief Inspector

Name of designated centre:	Glendonagh Residential Home
Name of provider:	Glendonagh Residential Home Limited
Address of centre:	Dungourney, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000229
Fieldwork ID:	MON-0036689

About the designated centre

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

Glendonagh Residential Home is located near the village of Dungourney in East Cork. It is set on well maintained, extensive grounds. The centre is registered as a designated centre under the Health Act 2007 for the care of 42 residents with 24-hour nursing care available. The centre is registered to provide accommodation for 42 residents over two floors. There is a specific nine bedded dementia care unit for residents who required additional support called the Orchard unit. Care is provided by a team of nursing staff who are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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:

Date	Times of Inspection	Inspector	Role
Wednesday 29 June 2022	09:00hrs to 17:15hrs	Mary O'Mahony	Lead
Wednesday 29 June 2022	09:00hrs to 17:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

The overall feedback from residents was that Glendonagh Residential home was a nice place to live in where a person-centred approach to care was promoted. Inspectors met with the majority of residents during the inspection and spoke with a number of residents in more detail. They also met six visitors who were seen to be welcomed by staff and encouraged to visit.

The centre is divided into three units named the Orchard unit, which accommodates nine residents in seven single rooms and one twin room, the Courtyard unit which accommodates 14 residents in two twin and 10 single rooms and the Manor unit accommodates 19 residents over two floors. The majority of bedrooms have en suite facilities. The communal accommodation comprised of two dining rooms, two sitting rooms, two visitors/quiet rooms and an oratory. Communal rooms were spacious and nicely decorated with a range of suitable furniture and ornaments. Inspectors saw that there was easy access to the spacious garden furnished with garden seating to be enjoyed by residents. There was ample parking spaces around the home.

Having complied with all the required infection control guidelines, inspectors had an initial meeting introductory meeting with the assistant person in charge to discuss previous inspection findings, staff recruitment, fire safety and other pertinent issues. When this meeting was concluded inspectors walked around the centre to observe care practices and the general environment in the centre. The person in charge, who had been scheduled to have a day off, joined inspectors as she wished to be present for the inspection. The director representing the provider also attended and was available to inspectors throughout the day.

Inspectors found that the centre was warm and comfortable. The corridors were busy areas with staff observed going in and out of residents' bedrooms attending to morning care. There were trolleys with care items and personal protective equipment (PPE) at various locations. Alcohol hand gel was observed to be located in a number of locations throughout the centre. Inspectors saw that staff washed their hands, applied hand gel and generally wore appropriate PPE, such as masks, throughout the day.

Residents spoken with on the walkabout used phrases such as staff being "courteous" and "approachable". Comments from relatives in one survey seen said "the friendliness of staff and their knowledge of residents was very comforting". Staff said they felt staff morale had improved greatly with the increased staffing levels in recent months. Another relative commented that staff are very kind and caring to both residents and families there is a lovely atmosphere and the place is kept very well.

Specific laundry and household trolleys were noted to be clean and appropriately stocked. Staffing for household duties had been increased and the improved

standard of cleaning noted on the previous inspection had been maintained. Oversight and supervision of cleaning processes was carried out by the household manager who was on duty when inspectors arrived. She spoke with inspectors and described how the issues identified in the laundry room and storage area had been addressed following the previous inspection.

Inspectors saw that most of the bedrooms were personalised with residents' family photographs, flower arrangements, ornaments and other personal memorabilia. There was adequate storage space available in residents' bedrooms for their belongings. Inspectors observed that items of personal assistive equipment, such as pressure relieving mattresses, shower chairs, movements hoists and walking frames were readily available and serviced.

Residents were very complimentary about the food and inspectors saw that residents were offered choice. Inspectors found that menus were displayed on each table and on the menu board in the hall. Fresh fruit and scones were available for breakfast daily. Dinner was seen to be an enjoyable, social event in the dining room and residents also attended there for their evening tea. There were sufficient staff seen in the dining room to support those residents who needed assistance with their meal, and where possible residents were encouraged to eat independently. Issues relating to serving specified diets were detailed under Regulation 18: food and nutrition. Residents in the Orchard unit had their own dining facilities and two sittings were accommodated to ensure a calm and conducive environment.

Residents were on the whole complimentary of staff and said that they were friendly and kind. A number of the staff were local and were heard discussing local news with residents which they were eager to hear. Residents were seen to interact throughout the day with the administration and management personnel also. Kind and caring interactions were seen between staff and residents and it was apparent that their past histories and life stories were known to staff. This promoted person-centred, appropriate care.

Inspectors met numerous visitors throughout the day. Visitors spoken were particularly complementary regarding the kindness of staff. They were happy to talk freely with them and said they were getting to know the new person in charge. They said that they were confident that any concerns would be addressed. They expressed how relieved they were that visitor restrictions had lifted to a large extent.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

On this inspection the governance and management arrangements required by

regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were now defined and clearly set out. The management team had been proactive in responding to a number of findings on previous inspections, particularly in relation to, recruitment, required renovations and the establishment of an effective management team.

Since the findings of non compliance with key regulations on the inspection of August 2021 here had been ongoing engagement with inspectors of social services. The provider had demonstrated responsiveness and sustained improvements over the last number of inspections and a more robust governance structure was evident. However, further improvements were required in the provision of staff training and complaints management in this section of the report, and in aspects such as fire safety, infection control and food and nutrition as highlighted under the Quality and Safety dimension of the report.

Glendonagh Residential Home Ltd, is a limited company comprised of two directors both of whom are engaged in the management of the centre. One director is present in the centre four days a week and works from home on the fifth day. This meant she was available for consultation with the person in charge and oversight of all aspects of the centre. The person in charge while new to the role of person in charge in this centre, was experienced in management. She was supported by an assistant director of nursing, a clinical nurse manager (CNM) and an administration manager. There was a good system of supervision, staff meetings and delegation set up. For example, household staff reported to the administration manager, the catering and maintenance staff reported to the finance and governance manager and the clinical staff of nurses and health care assistants reported to the person in charge.

The annual review of the quality and safety of care had been completed for 2021 and the actions which were identified formed part of an action plan for quality improvement. A quality management system, which included a schedule of audits, was in place to ensure that the service provided was safe and effective. Key performance indicators were collected weekly and audited, such as falls, infections, the use of restraints and skin integrity. The recording and investigation of incidents and complaints was part of the review process.

Staff received training specific to their various roles. Relevant and up to date training supported staff to provide best evidence-based care to residents. Consequently, staff were aware of the actions to take to keep residents safe and were generally seen to demonstrate good practice. Additional training requirements were detailed under Regulation 16 in this report.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies, the insurance certificate and other documentation required under Schedule 2, 3, and 4 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

Regulation 14: Persons in charge

The new person in charge had been appointed in March 2022. She fulfilled the regulatory requirements and was supported by an experienced assistant person in charge.

Judgment: Compliant

Regulation 15: Staffing

On this inspection inspectors found that staffing levels in the centre had increased following a successful recruitment drive.

The assistant director of nursing had returned to the centre after a period of absence and in addition there were now two nurses on duty at night time with one assigned to the Orchard unit, which was a unit allocated specifically for those with dementia.

The roster seen on the day of inspection reflected the staffing levels described by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff in the centre required training in relevant subjects such as the prevention of elder abuse.

This was seen to have been scheduled for the coming weeks.

Judgment: Substantially compliant

Regulation 21: Records

Records required to be maintained under the regulations were available for inspection purposes.

Staff files contained all the required documents and were securely stored.

All staff had the required Garda Siochana Vetting (GV) clearance in place prior to commencing employment.

Judgment: Compliant

Regulation 22: Insurance

An up to date insurance certificate was made available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place ensured that the centre was safe, accessible and effectively monitored.

- There was now a clearly defined management structure in the centre that identified the lines of authority, specified roles and detailed responsibility for all areas of care provision.
- There were two weekly management meetings taking place which were attended by the provider, the person in charge and the administration manager.
- Staffing levels had been increased and there was a plan in place for ongoing recruitment.
- The director representing the provider attended the feedback session at the end of the inspection day and demonstrated a commitment to maintaining the improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the statement of purpose to reflect the new management structure and staffing levels.

Judgment: Compliant

Regulation 31: Notification of incidents

Any incidents specified as notifiable to the Chief Inspector had been submitted.

These included serious injuries requiring hospitalisation and any use of restraint such as bedrails.

Judgment: Compliant

Regulation 34: Complaints procedure

Not all complaints seen contained details as to the satisfaction or not of the complainant or whether the complainant was made aware of the appeals process.

An improved system was required to ensure compliance with the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A sample of Schedule 5 policies seen had been updated within the required three year time frame.

Judgment: Compliant

Quality and safety

Overall, residents in Glendonagh Residential Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and opportunities for social engagement. Residents' meetings were held and surveys were undertaken which were seen to be complimentary of staff and the care available. Nonetheless, this inspection found that some improvements were required in the quality and safety dimension of this inspection, in relation to food and nutrition, infection control and fire safety.

The centre had observed precautions and guidelines in relation to visiting during

resolved outbreaks of COVID-19. Relatives and residents confirmed that staff facilitated compassionate visits at all times and had supported residents during the pandemic. Issues which were unresolved related to infection control concerned the installation of clinical hand washing sinks, which was addressed under Regulation 27.

Throughout the day of inspection inspectors found that the design and layout of the premises enabled residents to spend time in private and communal areas of the centre while maintaining social distance. There was easy access to the spacious gardens and there were walkways and seating in the garden to be enjoyed by residents. The centre had been freshly decorated and deep cleaned. Improved room identification signage and new, individualised, bedroom door colours were seen the Orchard unit.

There was generally, a good standard of care planning in the centre and care plans were seen to be personalised. Validated risk assessments were completed to assess clinical risks including risk of malnutrition and pressure ulcers. Medicines were reviewed on a regular basis and residents' care plans were updated four monthly. There was an attentive general practitioner (GP) service in the centre and the GP visited on the day of inspection.

Since the previous inspection improvements were seen in fire safety. However, unresolved fire safety concerns were identified on this inspection. These and other fire issues are outlined under Regulation 28: fire precaution. Following the inspection the provider submitted assurance that the issues identified would be addressed without delay.

Inspectors were assured that residents' dietary and fluid requirements were well met. The dining experience for residents, with two separate sittings, facilitated residents to have a relaxed and social dining experience in the suitably equipped dining rooms. However, the serving of modified food (food of a different consistency for those with assessed swallowing difficulties) required further attention. This was addressed under Regulation 18: food and nutrition.

Residents were seen to have access to radios, television, telephones and newspapers. They spoke with inspectors about the garden walks and were seen to be accompanied outside with staff and relatives on the day of inspection. Residents meetings were detailed and there was evidence of actions taken to residents suggestions particularly activities. The provider gave assurances that the activity programme was a priority in the centre and she outlined plans for dedicated hours and additional expertise and training for staff.

Regulation 11: Visits

Visitors followed the required infection control guidelines.

Each resident had access to a nominated visitor as set out in the Health Protection

Surveillance Centre (HPSC) and Health Service Executive (HSE) guidelines.

Visitors were seen to be plentiful during the inspection and reported easy access to see their family member..

Judgment: Compliant

Regulation 17: Premises

The premises had been well maintained since the last inspection.

Access to outdoor space from many areas of the centre was seen to be encouraged. Ramps had been created for wheelchair users to support their access to the garden benches.

Overall, the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way.

The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

The provider outlined a programme of continued renovations, with all the windows to be replaced in the back of the building this year to improve insulation, and providing new supplies for residents' comfort, such as replacing all pillows.

Judgment: Compliant

Regulation 18: Food and nutrition

While some improvements were made in how modified diets were served further action was required in this area to ensure food was served in an appetising manner for example the use of suitable and attractive delph and better presentation of the food being served.

Judgment: Substantially compliant

Regulation 26: Risk management

Risks were assessed on an individual or organisational level and the risk register was a dynamic document.

The health and safety statement had been updated and was seen to set out the

organisational approach to risk management.

Judgment: Compliant

Regulation 27: Infection control

Equipment and the environment were not managed to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Sinks within residents' rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- The hand washing sinks available in the centre did not comply with HBN-10 specifications for such sinks.

The provider stated that options were being explored in this regard.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management required continued improvement even though a number of issues found on the previous inspection had been resolved.

- The magnetic lock on one fire safe door (a door which was designed to contain smoke of fire for a defined period of time) was broken.
- Similar to findings on previous inspections the provider was asked to risk assess the use of a bolt on an fire-safe exit door from the dining room to one hallway and to source an alternative device which would release on the sounding of a fire alarm.
- Fire exits were required to be kept clear: trollies were seen in front of two such doors which the provider said was due to lack of sufficient storage.
- Two doors were wedged open with a chair or other device, while this practice had reduced with the installation of opening devices, the practice was seen on two occasions during the inspection.
- In addition, a hole was seen on the ceiling in the laundry room requiring repair to ensure fire safety was optimised.
- Increased fire evacuation drills were required in the largest compartment to ensure that the time required to evacuate all residents safely was reduced at each drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on issues found on recent inspections and found that these had been resolved.

Medicines were seen to be carefully managed on this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were in place for each resident and were subject to audit, which supported good practice.

These were updated four monthly and included a range of clinical risks assessments to underpin the development of the care plans.

They included risk assessments for falls, responsive behaviour, wound care and malnutrition.

Judgment: Compliant

Regulation 6: Health care

Health care in the centre was found to be of a good standard:

- Residents were reviewed regularly by the the medical team. Residents and staff praised the attention received from the GP.
- The pharmacy provided a good service and it was apparent that psychotropic (a type of sedative) drug use was audited by the nurse managers for best practice.
- Input from various health care professionals included written reports by the speech and language therapist (SALT), the dietitian and the consultant.
- It was evident from details in a sample of care plans that where any wounds were identified specialist advice had been sought and followed: for example, the specialist tissue viability nurse had been consulted in relation to appropriate dressings, residents had attended outpatient appointments with a vascular surgeon and advice was followed. These issues were also followed up with attentive GP care.
- Residents were encouraged to mobilise around the centre and to use the extensive gardens for exercise.
- The chiropodist visited monthly and the hairdresser attended residents on the

day of inspection.

- There was a holistic approach taken to the health of residents with their medical, social and spiritual needs being assessed and addressed.
- End of life wishes were seen to be documented. A sample of records seen indicated that residents received appropriate medical attention at end of life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans had been developed for residents experiencing the behaviour and psychological symptoms of dementia (BPSD).

The person in charge indicated that learning opportunities were provided to ensure staff had updated knowledge and skills in this aspect of care.

The Orchard unit was specifically set up for people with dementia. This unit accommodated nine residents and had its own dining and sitting room as well as access to an internal garden and a range of specific activities. Staff informed inspectors that that residents here also attended activity sessions, such as music sessions, in the main unit when accompanied by staff.

Judgment: Compliant

Regulation 8: Protection

There were robust systems in place to protect residents:

- The majority of staff were appropriately trained in safeguarding.
- Residents and relatives felt that the centre was a safe place.
- Receipts were maintained for any money used on behalf of residents.
- There was an ethos of respect for residents apparent in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and promoted in the centre.

- There was good evidence of access to a wide range of activities. A new activity coordinator had been identified and it was planned to ensure that protected hours were made available to her on a daily basis for the task of

overseeing, providing and documenting a range of social opportunities.

- A new fitness coach was appointed to attend the centre on a weekly basis to facilitate exercise classes and promote improved balance and mobility.
- An external musician was available weekly and residents enjoyed these sessions.
- Minutes of residents' meetings were seen to be person centred, detailed and included the voice of the resident.
- Residents had access to beautiful outdoor surroundings and garden walks were facilitated during the inspection.
- Each resident had access to TVs, radios and daily papers. Residents said their choices were respected in relation to meal choice, access to their personal phones as well as getting up and going to bed times.

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	Substantially compliant
Regulation 21: Records	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	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glendonagh Residential Home OSV-0000229

Inspection ID: MON-0036689

Date of inspection: 29/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training is ongoing and provided regularly for all staff. Mandatory training is up to date at all times supported by a clear Training matrix for each Team. Additional supplementary training is also provided via a mixture of online and on-site tutors. As class-based training continues to once again expand at the end of summer Glendonagh will ensure the staff have access to a mix of onsite, off site and online training available to all.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Documentation has been reviewed to ensure clear closure of a complaint/concern.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Regular training is provided for staff both on the Medical Team (Nurse and HCA) and the	

Catering Team.

In addition specific training in modified diets is being organized with a textured dietician to ensure our catering team are aware of all options in regards textured diet techniques, food variety and presentation.

A review of all crockery has been carried out in respect of textured diets to ensure presentation is maintained to the highest of standards.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Management are carrying out a review of options for additional hand sanitizing stations throughout the facility to ensure compliance with HBN-10 specifications

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Magnet on the door has been reviewed and new mechanism ordered.

As noted on the inspection an assessment was carried out by our fire training company and Fire audit company at the start of the year. The fire door is only for internal use when the dinning room is being used. Outwit this time both doors/entry points to the dinning room are locked for the safety of residents as there is a hot server.

Supplementary foot fire magnets have been added to bedroom doors. It has been reiterated to all staff re the importance of maintaining clear fire exits during daily handover, staff meetings and inductions.

The known issue with the pipes in the laundry is now resolved and wall opening closed.

Fire training and drills are provided on a regular basis for every staff member in each department, ensuring the largest compartment is prioritized.

There are regular announced (2) and unannounced (2) fire evacuations each year plus weekly fire drills. All are documented and improvements made in giving feedback.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	17/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	31/12/2022

	staff.			
Regulation 28(1)(a)	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.	Substantially Compliant	Yellow	17/08/2022
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	31/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Substantially Compliant	Yellow	31/07/2022

	that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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