



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cluain Arann Welfare Home & Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Avondale Crescent, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0000674
Fieldwork ID:	MON-0037160

About the designated centre

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

Cluain Arann Residential and Community Nursing Unit is owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centre is comprised of two units, a community nursing unit (10 beds) and a residential unit (20 beds). The community nursing unit has of two four bedded rooms and two single rooms with all bedrooms en-suite. The community nursing unit provides care for three categories of residents: • Palliative Care (two beds). • Respite/short term care (three beds). • Convalescent care (five beds). The residential unit accommodates 20 residents who it describes are independent and self-caring. The residential unit provides private accommodation in 18 single rooms and a twin bedroom. The twin room has an ensuite toilet and wash hand basin and one of the single rooms has full en-suite facilities with a shower. There is plenty of communal space including a large day room and separate dining room. Other communal accommodation includes a family room, an activities room, an oratory and a small library. The centre also has a smoking shelter. The community nursing unit has a separate day room, a nurse's station and a treatment room. Residents can access the grounds to the front and side of the premises and there are two enclosed gardens, one being a remembrance garden with seating and attractive flowers and shrubbery. The centre operates on a minimum of two nurses during the day and one at night who were supported by multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Thursday 24 November 2022	09:45hrs to 16:45hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live in and that staff were kind and considerate. The inspector found that a person-centred approach to care and support was promoted and residents were encouraged to maintain their independence and autonomy. Staff were observed to be responsive to residents' needs. Interactions between staff and residents were meaningful and unhurried.

On arrival to the designated centre, the inspector was met by staff who ensured that all necessary infection prevention and control measures, including hand hygiene and symptom checking, were completed prior to the inspector accessing the centre. This procedure was also implemented for all visitors to the centre. Following an introductory meeting with the person in charge, the inspector spent time walking through the centre, which afforded opportunities to meet with residents and staff as they went about their day. The designated centre provides two services to residents; long-term care and respite or convalescence care. These services are offered in two separate areas of the centre, the residential unit and the community nursing unit. The inspector observed that many of the residents in the community nursing unit were up and dressed for the day, chatting with each other or relaxing in chairs at their bedside. These residents told the inspector that they were delighted with the respite care that they were receiving and that the staff were excellent. One resident said organising a bed for respite was straightforward and they were communicated with throughout the process. Some residents were enjoying a mid-morning cup of tea and watching television. The inspector observed that staff mingled among the residents, offering support and encouragement. In the residential unit, residents were largely going about their day as they wished, and they were encouraged to do so. There were 11 residents living in the residential unit on the day of inspection. Some residents stayed in the centre for the day and others went out for walks, appointments and visits with families. The inspector observed residents moving around the centre independently throughout the day. All residents seen were smartly dressed and were wearing appropriate footwear.

The atmosphere in the centre was relaxed and cheerful. Conversations with residents throughout the day confirmed that they were happy with the medical and social care support provided by the centre. Positive feedback from residents included "the staff are all exceptional" and "we don't want for anything". It was evident from interactions that staff knew the residents' backgrounds and specific needs well. There were a variety of spacious communal facilities available including sitting rooms and a small oratory. Residents were seen to use all of these areas throughout the day. Although not in use on the day of inspection due to poor weather, residents had unrestricted access to two enclosed courtyards. These outside spaces contained raised flower beds and had been significantly improved since the last inspection. The areas had been fully replanted and additional seating options had been made available for residents to enjoy the space comfortably. The inspector observed that structural work to improve fire safety including reconfiguration of the front foyer

area was nearing completion. Residents told the inspector they had been kept up to date with the works and that it had not caused any disruption to them. Residents bedrooms in the residential unit all contained hand washing facilities, and there was sufficient toilet and bathing facilities that were easily accessible. One of the communal bathrooms had yet to be upgraded, and as discussed further in the report, was not suitable for a residential facility.

There was one spacious dining room in the centre. This was mainly used by the residents of the residential unit. The inspector observed that a choice of meals were offered as well as a variety of drinks. Residents commented positively about the quality and variety of food provided in the centre and confirmed that they could get an alternative dish to those on offer if they wished. Meals appeared nutritious and appetising. The inspector observed that residents were offered snacks and fluids regularly throughout the day. There was a daily shop run where residents could request any items they required from the local shop and it would be delivered to their door.

There was a schedule of activities on offer daily, and residents could choose whether they wanted to participate in these or not. The activities were led by the healthcare assistant staff and included cards and board games, quizzes and art. Residents told the inspector that staff had arranged a recent day out to the Glen of Aherlow and that at the recent residents meeting they had discussed planning another outing soon. Residents could receive visitors in the centre in their bedroom or the sitting rooms. The inspector spoke to some residents who chose to spend time in their rooms watching television and they expressed that this was their preference. The inspectors observed staff calling in to residents throughout the day.

The inspector observed that staff were vigilant with hand hygiene and had access to high-specification hand washing sinks. There was adequate supplies of alcohol hand gel at the point of care and staff were seen to wear personal protective equipment (PPE) appropriately. The centre was cleaned to a good standard, however the centre's laundry facility was cluttered and served as a dual-purpose room, storing cleaning equipment such as mops and buckets, which did not promote good infection control procedures.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, the inspector found that management systems in the centre had improved since the previous inspection, ensuring good quality care and support was delivered

to the residents, in a premises that met their needs. This was an unannounced inspection to monitor ongoing compliance with the regulations and standards.

The previous inspection, undertaken on 21 October 2021 found non-compliance with the following regulations:

- Regulation 15: Staffing
- Regulation 16: Training and staff development
- Regulation 23: Governance and management
- Regulation 27: Infection control
- Regulation 29: Medicines and pharmaceutical services

During this inspection, the inspector followed up on all of the items outlined in the centre's compliance plan following the previous inspection, under the relevant regulations, and found that improvements were seen in all areas, and the required actions were in progress, with some having been achieved. Of the previously non-compliant regulations outlined above, regulations 16 and 29 were found to be compliant, and regulations 15, 23, 27 and 29 were found to be substantially compliant. Further improvements were also required in relation to fire safety, and residents' rights, as outlined in the Quality and Safety section of the report.

The registered provider is the Health Service Executive (HSE). The registered provider had notified HIQA of a change in the role of person in charge in February 2022. The existing clinical nurse manager 2 had stepped into the role. She had the necessary qualifications and experience to fulfil this role. She worked full-time in the centre, and a review of the centre's worked and planned rosters showed that she worked in a fully supernumerary capacity. There was a small team of nurses and healthcare assistants who provided care and social support to the residents. Healthcare assistants worked in a multi-task role, also covering domestic duties including laundry and cleaning. The rosters showed that these duties were clearly outlined on each day, with one member of staff allocated on each unit to cleaning and laundry.

The two services in Cluain Arainn Welfare Home and Community Nursing unit are the residential unit and the nursing unit. Generally, these two units are staffed separately, with management oversight of both, however on this inspection it was found that a dedicated nurse was not in place in the residential unit, as outlined under regulation 15: Staffing. Similarly to the previous inspections in February 2020 and October 2021, there were shortages of staff nurses due to the changes with the management structure and planned long-term leave. Agency staff were relied on to cover a number of shifts each week, however, the inspector noted that there was good continuity in the agency staff, with some working in the centre exclusively for a long period of time. Due to the number of vacant beds in the residential unit, the inspector found no evidence of poor outcomes on residents, however a strong staffing strategy is required should the centre come into full occupancy again.

Despite the changes in the management structure within the designated centre, there had been improved oversight by the management team of clinical and environmental risks including risks related to fire safety in the centre, to ensure the

sustained quality and safety of residents in the centre. Communication systems continued to be strong across all staff grades, with regular clinical governance and quality and safety meetings being held detailing the actions required to come into compliance with the regulations and improve the overall service provided. Regular meetings were held across the various departments to communicate these plans. There was a consistent approach to the monitoring and auditing of key aspects of the service to ensure all relevant details were captured, which could then inform comprehensive, tailored action plans for improvement.

Oversight of training in the centre had significantly improved. Training was provided through a combination of in-person and online formats. All staff had completed role-specific training in moving and handling, infection control and the management of behaviours that challenge. Additional training in sharps safety, falls prevention and open disclosure was also offered to staff. Healthcare assistants were seen to be supervised in the roles by the staff nurses on duty; each nurse coordinated the daily delivery of care to a group of residents, with allocated healthcare assistants to assist in the provision of direct care and support. This meant that there was continuity in care throughout the day by the same group of staff. Record-keeping in the centre, in particular in relation to residents' daily nursing documentation had improved, however, as found on the previous inspection, oversight of safe storage of residents files was required, as discussed under regulation 21: Records, to ensure that the regulation was fully met. The required staff files, as outlined under Schedule 2 of the regulations, were made available for review by the inspector in electronic format. This review, of a sample of three staff files, found that all of the required documentation was present, including Garda (police) vetting disclosures and employment references.

There was good management of complaints in the centre. The level of complaints being made was low overall. The complaints record showed that there were no open complaints at the time of the inspection. There had been improvements in the documentation and management of complaints. The complaint form had been updated to ensure evidence of acknowledgement of or investigation into the complaint, and the satisfaction of the complainant was not recorded; all of which are required by the regulation. Incidents and accidents were recorded in the centre. A review of these records showed that appropriate notification were submitted to HIQA for review, in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualification to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were not in line with the whole time equivalents (WTE) outlined in the centre's statement of purpose which outlines that there are 7.59 nursing staff WTE's with one nurse directly allocated to residential unit. From talking to staff, and reviewing rosters, the inspector noted that there was usually two nurses on duty, based in the nursing unit, with one also overseeing the residential unit. Additionally, the use of agency staff was required to backfill vacant nursing posts, and temporary leave.

The person in charge outlined that the reduction of nursing staff in the residential unit was temporary, due to low occupancy levels in the residential unit, and that this would be kept under review should the occupancy increase.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training courses which were relevant to their individual roles. The training matrix maintained in the centre identified that important training such as safeguarding of vulnerable persons and fire safety was completed by all staff.

Judgment: Compliant

Regulation 21: Records

Nursing records pertaining to residents in the nursing unit were seen to be held on clipboards on the corridor handrails outside each room. These should be stored safely, as required by the regulation. This was a repeat finding from the previous inspection. This practice is not appropriate in a designated centre, and can compromise residents' right to privacy and dignity.

Judgment: Substantially compliant

Regulation 23: Governance and management

As identified on the two previous inspections in February 2020 and October 2021, the registered provider had not ensured that sufficient resources were provided to

renovate a communal bathroom which did not provide adequate privacy or dignity to residents. This is discussed under regulation 9: Residents' rights.

While an annual review of the quality of care for residents in 2021 had been completed, there was not sufficient evidence that the review was prepared in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations, within the required time periods.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in the main lobby. This procedure met regulatory requirements. There were no open complaints at the time of the inspection. Closed complaints were seen to have been appropriately managed.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care, and a service that promoted individuals' independence. The inspector acknowledged that the management and staff of the centre had made a number of improvements to ensure that residents were provided with a quality service and an environment that promoted safety. There continued to be some improvements required in relation to the fire safety, infection control procedures, and privacy in shared bathroom facilities.

The centre's statement of purpose outlines that residents who are admitted for long-term care must be independent, self caring and risk assessed as low dependency. The nursing care provided to the resident is one of support and advice. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and

updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. Care plans were maintained under regular review and updated as required.

The health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews documented in residents' records. Residents had access to a range of social and health professionals which had continued throughout the pandemic with some reviews taking place online. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had access to physiotherapy services and prescribed interventions were seen to be appropriately implemented by staff. Attendance at consultant and outpatient services was facilitated as required. Significant improvements were seen in the management of medications in both the residential and the nursing unit. Residents' medication was individually prescribed and supplied by the pharmacy and there was no overstock or sharing of medications.

The current staffing arrangements meant that healthcare staff were responsible for both personal resident care and cleaning. These duties were allocated daily and staff reported that generally, there was minimal crossover between duties. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed. Procedures for the surveillance of COVID-19 symptoms in residents and staff remained in place. The provider had updated their emergency preparedness plan and included the arrangements to be instigated in the event of an outbreak of influenza. There had been a small outbreak of COVID-19 in May 2022 which was quickly curtailed and controlled by the management and staff. Residents needs had been met throughout the outbreak with the support of General Practitioners (GP) and some remote assistance from the public health department. Specific infection control improvements in the centre included the full refurbishment of the sluice room to a high specification which supported best practice infection control procedures. Notwithstanding this improvement, the inspector identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. These are detailed under regulation 27: Infection control.

Efforts were ongoing to ensure that all areas of the centre were maintained to a high level both internally and externally. The registered provider had engaged external contractors to complete a schedule of ongoing fire safety works. On the day of inspection, this was nearing completion and an updated fire safety management plan was submitted to the inspector following the inspection. This provided further assurances that overall fire safety was well-managed in the centre. Servicing records for the fire alarm, emergency lighting and fire fighting equipment were up-to-date. Means of escape were checked regularly, and fire evacuation drills were undertaken

at regular intervals. As discussed under regulation 28: Fire precautions, some further strengthening of these areas was required.

Overall, staff worked to promote residents' rights and independence in the centre. Residents' comments and feedback to the inspector indicated that they were happy with their care and could choose how they spent their days. While for the most part, residents' privacy was respected, one communal bathroom did not support privacy, and this required attention by the registered provider to maximise resident's dignity. It was the responsibility of staff on duty to facilitate and activities programme, and facilities and materials were provided to allow for choice of activity. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted in the centre for residents' and families information. The centre had unrestricted visiting and visitors were observed in the centre throughout the day.

Regulation 11: Visits

The current visiting procedures in place were appropriate and did not place unnecessary restrictions on residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.

Judgment: Compliant

Regulation 27: Infection control

Improvement was required in relation to overall storage and the centre's laundry facility, to ensure that processes promoted good infection prevention and control;

- The current layout of the laundry did not fully support the functional separation of the clean and dirty phases of the laundering process.
- There remained no handwashing sink in the laundry.
- Despite a store room being plumbed with a dedicated janitorial sink, this area was not used as a cleaner's store room and it contained many different items including resident equipment, activity supplies and kitchen equipment.
- The cleaning trolley was routinely stored in the laundry area which is not in line with best practice guidance

These issues were echoed in the findings of an infection prevention and control audit undertaken prior to the inspection by an external professional.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding improvements noted in the overall management of fire safety in the centre, the following was required to be addressed, to further assure the fire safety procedures in place;

- The weekly fire safety checklist identified that door closer devices on all means of escape were operating satisfactorily. However, this could not be assured as it was a visual check only, and the fire alarm, which when sounded would release the doors, was not routinely sounded as part of this check
- While fire evacuation drills were being completed regularly, they did not fully detail the methods of evacuation, which compartment was evacuated, or the total number of residents evacuated. It is important that staff are aware of each compartment and have practiced a full compartment evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a comprehensive assessment and care plan developed for residents that were resident specific and guided practice. These care plans were reviewed in line with the regulations and updated sooner if required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical professionals, and their own GP's in the centre. Referrals made for residents to other health care professionals were made in a timely manner and such treatment plans as advised were clearly documented.

Judgment: Compliant

Regulation 9: Residents' rights

One of the communal toilets was designed and laid out in a way that did not promote the privacy and dignity of the residents and was not conducive to a homely environment. The dividing partitions in the toilet cubicles did not extend from the floor to the ceiling. This was a repeat finding from the previous two inspections and the provider had failed to address the issue.

As outlined under regulation 21: Records, the practice of keeping residents personal and medical information on clipboards in the corridors did not promote a human rights-based approach to care.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	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 9: Residents' rights	Substantially compliant

Compliance Plan for Cluain Arann Welfare Home & Community Nursing Unit OSV-0000674

Inspection ID: MON-0037160

Date of inspection: 24/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Continuing engagement with recruitment. Currently recruitment campaigns ongoing for support and staff nurse posts. Management to examine current staff to resident ratios and improve same.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Patient records are now moved off corridor to patient area with a privacy cover enabling confidentiality in the Community Nursing Unit. This continues to allow access to records for nursing and multidisciplinary staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual Review for 2022 has taken into account resident input and suggestions. Annual review is on agenda for next residents meeting. Minor Capital Funding has been secured for upgrading of communal toilets. Completion date Q2.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>SECH IPC community nurse called to review laundry and cleaners store room on 06.01.2023. She advised signage on walls and floor in laundry and on floor to support the functional separation of clean to dirty phases of laundering process. This is completed. Cleaner's room has been identified as the previous store room. Minor capital funding has been committed to this project and will be completed in tandem with toilet upgrades.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The weekly fire checks have been reviewed and now include alarm activation. Fire drills and evacuations have been reviewed and forwarded to the fire officer for consideration.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>See notes submitted under Regulation 23.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/03/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	10/01/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2023

Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/06/2023
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 staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	10/01/2023
Regulation 28(1)(d)	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	Substantially Compliant	Yellow	10/01/2023

	fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2023