



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

Issued by the Chief Inspector

Name of designated centre:	Archview Lodge Nursing Home
Name of provider:	Archview Lodge Nursing Home Limited
Address of centre:	Drumany, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 April 2021
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0030783

About the designated centre

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

Archview Lodge Nursing Home is committed to providing a pleasant, homely, safe environment for the 30 residents living in the home. Residents' individual nursing and personal needs are catered for and their privacy, dignity is upheld. We respect each resident's independence and recognise the importance of maintaining links with their families and friends in the resident's ongoing life in Archview Lodge Nursing Home. The centre provides accommodation for both female and male residents over the age of 65 yrs who may have the following care needs: General Care, Respite care, Physical Disabilities, Mental Disabilities, and the early stages of Alzheimers and Dementia. Terminal Care and other conditions such as Parkinson's disease are also catered for. Accommodation is provided in a range of single and twin rooms. Some rooms have en-suite facilities. There is a choice of communal bath or shower facilities. There are a variety of communal lounges and quiet seating areas provided for residents. All accommodation is at ground floor level.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 8 April 2021	11:50hrs to 19:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

This was a well established centre where residents were supported to enjoy a good quality of life by staff who were kind and caring. The feedback from the residents and families was overwhelmingly positive. Residents told the inspector that they felt safe in their home and that they were very content.

The Inspector met with a number of residents throughout the day and spoke in more detail with five residents and three visitors. The inspector spent time walking around the centre and meeting with residents in their rooms and in the communal areas. There was a warm and welcoming atmosphere in the centre and staff and resident interactions were respectful and empathetic. Staff knew the residents well and were familiar with the residents' daily routines and preferences for care and support.

The designated centre was located in a domestic style one story bungalow which had been extended. The building provided accommodation for 30 residents. There were 22 residents living in the centre on the day of the inspection. Accommodation was provided in a mixture of single rooms and twin rooms. Some bedrooms had en-suite facilities. There were sufficient communal showers and bathrooms for those residents who did not have en-suite facilities.

The management and staff took pride in the centre and worked hard to provide an environment that was relaxed and comfortable. Communal rooms were nicely furnished, laid out in a homely style and arranged to promote social distancing whilst retaining a friendly, social atmosphere. Lounges provided pleasant environments for the residents in which they could chat and socialise together. There was also a pleasant conservatory room at the entrance to the centre where residents could sit and enjoy the views from the centre's elevated site over the local town.

Overall the premises was laid out to meet the needs of the residents. However some areas of the centre were in need of refurbishment and redecorating and some soft furnishing needed to be replaced as they were worn and damaged. In addition there were not sufficient hand washbasins available for staff to wash their hands outside of the resident's bedrooms. The inspector also observed some unfinished building works where new fire doors had been installed in four bedrooms. The doors did not have a self-closing mechanism in place and would not automatically close in the event of the fire alarm going off. The provider was unable to confirm when this work would be completed.

The centre was clean and there were up to date cleaning schedules in place which were checked by managers on a daily basis. The inspector did find dust and paper on the floor in one empty bedroom and more care was required in relation to terminal cleaning of empty bedrooms.

Residents were observed moving freely around the centre interacting with each other and with staff. The corridors had grab rails along each wall to assist residents to mobilise independently. There were a variety of sofas and chairs placed in small seating areas around the centre where residents could stop for a rest and enjoy another view and a chat with whoever was passing.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe.

One resident invited the inspector to have a look at their bedroom which they shared with another resident. The resident said that they loved their room and especially the view from the window. The resident was happy to share the room and enjoyed the company of their fellow resident.

Managers and staff worked together to ensure that there were scheduled activities for the residents most days during the week. The range of activities included bingo, music and arts and crafts. There were photographs around the centre showing residents enjoying activities such as music sessions and special events such as birthdays, Christmas and Halloween. A number of residents were observed enjoying activities and socialising in the communal areas throughout the day. Others were observed in their bedrooms reading or listening to music. The inspector observed that the residents particularly enjoyed saying the rosary together before watching the evening news on the television. Residents told the inspector that they were looking forward to COVID-19 restrictions being lifted so that they could meet with their families and go out for day trips again. The residents told the inspector that the centre was quieter than usual due to the COVID-19 restrictions and that usually it was full of music and chat with visitors coming and going throughout the day.

On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents who chose to stay in their bedrooms were checked regularly.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also available. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). There were identified areas in the centre to receive visitors. Window visits were facilitated for those families who preferred not to enter the premises. The provider had installed an intercom system at the visiting booth in the dining room so that residents could participate in conversations with their visitors at the window. The local priest also used this equipment to continue to say a weekly mass for the residents throughout the pandemic.

Food was freshly prepared in the centre's own kitchen and served hot in the dining rooms or wherever the residents chose to take their meals. The inspector saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. A choice of refreshments was available to the residents throughout the day.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. However improvements were required in the oversight of the premises to ensure that the designated centre continued to be a safe and comfortable environment for the residents who lived there.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

Capacity and capability

The inspector found that overall the governance and management of the centre was robust and ensured that residents received good quality and safe care and services. However some improvements were required in relation to the oversight and maintenance of the premises and the oversight of fire safety. The provider was committed to a process of quality improvement and was responsive to feedback on the findings of this inspection.

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak and to monitor the provider's compliance with the Care and Welfare Regulations (Health Act 2007(Care and Welfare of residents in Designated Centres for Older People) Regulations 2013. The designated centre had not experienced an outbreak of COVID-19 and all residents and most staff in the centre were fully vaccinated at the time of the inspection.

The registered provider for Archview Nursing Home is Archview Lodge Nursing Home Limited, of which there are two company directors including the registered provider representative (RPR). The centre has a good history of compliance with the regulations, and there were no outstanding actions from the previous inspection. The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

The management structure in the centre was well established and clear. The management team consisted of the general manager who was a director of the company, the person in charge (PIC) who was also a director of the company and the assistant director of nursing (ADON). The management team was supported by

a full complement of staff including nursing and care staff, activity coordinators, housekeeping staff and catering staff. There were deputising arrangements in place for all key roles and staff reported that the person in charge and the provider representative were always available if needed.

There was a strong emphasis on staff training and development in the designated centre, including regular in-house training sessions for staff on duty. These included COVID-19 training in relation to the ongoing HPSC guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). As a result staff were aware of their responsibility to keep the residents safe and demonstrated good practices in infection prevention and control.

Records of staff meetings showed good evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre, reviews of audit findings and initiation of quality improvement projects. Staff were confident in their roles and demonstrated competence in their work.

There was clear evidence of changes being discussed and implemented as a result of resident feedback surveys and complaints investigations. Both formal and informal complaints were investigated by the person in charge and residents confirmed that they were able to raise any concerns or issues that they might have. However the inspector found that this information did not sufficiently inform the annual review for 2020.

There was a comprehensive quality assurance process in place with good oversight of key areas including clinical care practices. The Inspector found that this information was used to ensure a sustainable and continuous quality improvement programme in the centre. However some improvements were required in the oversight of maintenance of the premises and fire safety processes.

Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre. The person in charge had responsibility and authority for the day to day running of the service. They were well known to residents and their families and to the staff team.

The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents. The person in charge facilitated the inspection process and was able to provide all of the required information when requested by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work.

Rosters showed that there was a qualified nurse on duty in the designated centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training and staff were up to date in their mandatory training requirements. Staff demonstrated safe practices in key areas such as hand hygiene, using personal protective equipment (PPE) correctly, fire safety and moving and handling.

Staff were supervised in their work and received regular feedback from senior staff and managers. This included an annual appraisal. Under performance was managed through the centre's performance management processes and further training if required.

Judgment: Compliant

Regulation 23: Governance and management

Overall this was a well managed centre. There were sufficient resources to ensure that care and services were provided in accordance with the centre's own statement of purpose.

The management structure was clear with agreed lines of authority and accountability. Managers were clear about their roles and about their specific areas of responsibility. Staff were clear which manager was responsible for key areas and who to report any issues to. Staff and residents said that they saw the managers every day and that they were approachable.

There was a comprehensive quality assurance systems in place to ensure that care and services were safe, appropriate and effectively monitored. However some

improvements were required in relation to the oversight of the premises to ensure that centre was well maintained and that the provider was in compliance with Regulation 17.

The provider was completing the annual review for 2020. Although there was input from resident surveys and feedback in relation to end of life care in the centre some improvement was required to ensure that residents were more involved in the annual review of the quality and safety of the service.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so.

The complaints policy had an appeals process.

Complaints were recorded and followed up. The record of each complaint recorded the complainants level of satisfaction with the outcome. All of the complaints reviewed by the inspector had a satisfactory outcome for the complainant. Where changes needed to be made to resolve the issue and to prevent it happening again this was communicated to the relevant staff.

Judgment: Compliant

Quality and safety

Overall the inspector found the care and services provided to the residents was of a very good standard. Residents spoke positively about the care and support they received from staff and told the inspector that they were very contented and felt safe in their home.

Some improvements were required to ensure that all areas of the premises were well maintained and that there were enough clinical hand washbasins located around the building that staff could access easily. In addition the inspector found one large fire compartment in the centre which had not been identified and managed by the provider and there was outstanding works to be completed on the

newly installed fire doors for four bedrooms.

The inspector found that care was person-centred, and that residents' rights were upheld. Residents were supported to make choices about their daily lives in the centre and their independence was promoted. This was a particular strength of the service and the inspector found that risks such as falls risks were well managed to ensure that the resident's need for independence was balanced with their ability to keep themselves safe.

Residents were encouraged to give feedback about their care and services. The inspector found that the person in charge and the provider representative were available to residents and were seen chatting with residents and their visitors throughout the day of the inspection. The centre had a residents association which met regularly and included family input. Resident satisfaction surveys were carried out. Results from the most recent survey were seen by the inspector and showed high levels of satisfaction amongst the residents.

Residents had access to an independent advocacy service and advocacy was discussed at every residents meeting. The independent advocate had maintained telephone contact with the residents throughout the COVID-19 pandemic to ensure that those residents who wanted could express their anxieties and talk about any issues with an independent person.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice. Staff were knowledgeable about the residents and were familiar with their preferences for activities and their ability to participate.

Visitors were visiting their loved ones on the afternoon of the inspection either in the residents' own rooms or in the visiting area that had been installed in one part of the dining room. The visiting area also facilitated window visits with an intercom in place for those residents who were not confident to receive their visitors indoors.

The inspector found that the residents had access to care and services in line with their assessed needs. Care plans were person-centred and reflected the residents' current needs for care and support in order to maximise the quality of their lives in accordance with their wishes. Residents had good access to their general practitioner and specialist medical and nursing services when required. Records showed that residents were supported to access national screening programmes if they were eligible and wanted to participate.

Overall the premises was laid out to meet the needs of the residents however some areas were dated and in need of refurbishment and redecoration. In addition a new en-suite facility in one bedroom had not been completed fully. There was no resident accommodated in this room at the time of the inspection. However there was no documented plan in place for the completion of this work and other maintenance work and redecorating work in the centre.

The COVID-19 contingency plan was a dynamic document which was regularly

updated and adapted to reflect changes in public health guidance. The designated centre's safety statement had been recently reviewed and revised to include the COVID-19 response plan. Staff demonstrated good practices in relation to infection prevention and control. These included safe hand hygiene practices and wearing personal protective equipment in line with the current guidance. The centre was clean and tidy however the inspector was not assured that there was adequate oversight of those rooms that had been terminally cleaned to ensure the cleaning was completed in line with the current guidance. In addition there were not enough clinical hand washbasins available for staff to wash their hands.

The inspector found that there were arrangements in place to manage environmental risks and to protect residents from the risk of harm. However the provider had recently installed four new fire doors in residents' bedrooms. At the time of the inspection these doors did not have the self-closing fixtures in place to ensure that they closed correctly when the fire alarm sounded and there was no agreed date for this work to be completed. Although the provider reported the works were delayed due to COVID-19 pandemic there was no outbreak in the centre and essential building works such as this would be permitted under the current restrictions. The inspector also found that 11 residents were accommodated in one fire compartment and the provider had not completed a fire evacuation of this compartment to ensure that residents could be safely evacuated in the event of a fire. The provider was responsive to these findings and updated the risk register with the required actions. Following the inspection the inspector received confirmation of the date for the fire safety works to be completed and that a night time simulated fire evacuation had been carried out in the large compartment.

Regulation 11: Visits

Visits were well managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors.

Judgment: Compliant

Regulation 13: End of life

Where a resident was approaching end of life staff ensured that appropriate care and support was made available to the resident to ensure they were comfortable and that their needs and preferences were met.

Families and friends were encouraged to visit and be with the resident at this time.

Compassionate visiting was well managed in line with the current guidance.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place which met the requirements of Schedule 5.

Records showed that when an incident occurred this was recorded and investigated and that any learning or changes following the investigation were communicated to staff and were implemented.

Judgment: Compliant

Regulation 27: Infection control

Overall the infection prevention and control processes in the centre were consistent with the standards for the prevention and control of health care associated infections. However some improvements were required to achieve full compliance with the standards;

- there were not enough clinical hand wash basins available.
- the portable hand washbasins in use in the centre did not conform to HPB 00-10 standards for sanitary facilities.

Judgment: Compliant

Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place which included regular staff training and a comprehensive range of fire safety checks. The provider had recently upgraded all of the designated centre's fire safety equipment, including the fire alarm system. However some further improvements were required to achieve full compliance with this regulation;

- The provider had not identified that there was a large fire compartment with 11 residents accommodated in this area.
- The provider had not carried out a full compartment fire drill in this area to test that residents could be safely evacuated from this compartment with

night time staffing levels in the event of a fire emergency at night.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support on admission to the designated centre.

Care plans were developed with the resident and/or their family. Care plans were person centred and were reviewed with the resident and/or their family every four months or if the resident's needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a wide range of health and social care services in line with their assessed needs. Specialist health and social care services were available and the records showed that referrals were sent promptly if a resident's needs changed. Where a specialist practitioner prescribed treatments these were implemented by nursing staff. Residents had access to appropriate equipment to meet their assessed needs such as pressure relieving equipment and manual handling equipment.

In addition residents had access to a general practitioner (GP) of their choice and saw their GP regularly.

Records showed that residents received a good standard of evidence based nursing care. For example residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details.

Judgment: Compliant

Regulation 9: Residents' rights

Care was person centred and residents' rights were upheld. Residents were supported to maintain their links with family and friends and their local community.

residents had access to television, newspapers and other media.

There were facilities for meaningful occupation and entertainment and residents said that there was enough to do each day. Residents were encouraged to maintain their independence and to make choices about how to spend their day. Staff were respectful of residents' choices and where a resident refused care or support this was respected.

Residents were able to carry out personal activities in private and their right to confidentiality was upheld by staff and managers. Residents could make a telephone call in private if they wished to do so.

Independent advocacy was available in the centre and the service was easily accessed by those residents who wished to do so.

Residents' views and feedback were actively sought through the resident's meetings, complaints, resident surveys and informal feedback. This feedback was used to inform areas for improvement and change in the service.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was laid out to meet the needs of the residents in accordance with the centre's statement of purpose.

The premises did not conform to all of the requirements of Schedule 6 of the regulations;

- some of the internal areas were in need of refurbishment and redecoration.
- a new en-suite facility had not been completed and did not have grab rails in place.
- a windowsill in one bedroom was damaged and had not been repaired.
- two fabric chairs located in resident's bedrooms were torn and stained and their surfaces were not easily cleaned.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0030783

Date of inspection: 08/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> The Director of Nursing will ensure that the residents involvement in the annual review of the quality and safety of the service will be reflected in the Annual Report. Resident's feedback that had been obtained was added to the Annual Report and this will continue in future Annual Reports. - Complete <ul style="list-style-type: none"> Some of the internal areas were in need of refurbishment and redecoration- Areas identified in need of refurbishment will be completed by 28th June 2021 A new en-suite facility had not been completed and did not have grab rails in place- Grab rails now in place in new en-suite- Complete. A windowsill in one bedroom was damaged and had not been repaired- This has been replaced- Complete Two fabric chairs located in resident's bedrooms were torn and stained and their surfaces were not easily cleaned- - These chairs have been disposed of- Complete 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> The provider had not identified that there was a large fire compartment with 11 	

residents accommodated in this area- A new fire compartment is currently being installed in this area; The work on the attic space has been completed: 10th May 2021.

- The fitting of the Bespoke FD 60S Door Set for ground level corridor will be completed by 15th June 2021
- The provider had not carried out a full compartment fire drill in this area to test that residents could be safely evacuated from this compartment with night time staffing levels in the event of a fire emergency at night: Full Compartment Fire Drill was carried out in this area with night staffing levels on 9th April 2021 with all residents safely evacuated- Complete

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- some of the internal areas were in need of refurbishment and redecoration- Areas identified in need of refurbishment will be completed by 28th June 2021
- a new en-suite facility had not been completed and did not have grab rails in place- Grab rails now in place in new en-suite- Complete
- a windowsill in one bedroom was damaged and had not been repaired- This has been replaced-Complete
- two fabric chairs located in resident's bedrooms were torn and stained and their surfaces were not easily cleaned- - These chairs have been disposed of- Complete.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/06/2021
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	12/04/2021

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/06/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/06/2021