



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

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 March 2023
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0038705

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 36 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 18 single bedrooms, seven twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of one single and four twin bedrooms facilitating nine residents. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Monday 6 March 2023	09:45hrs to 17:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, encouraged by kind and dedicated staff. The feedback from residents was that they that they were very happy living in the centre and they felt supported and cared for by management and staff, who respected their opinions and choices. Overall, the inspector observed a calm and content atmosphere in the centre throughout the day.

The inspector arrived unannounced to the centre in the morning and was met by staff. The entrance porch displayed clear signage to guide visitors through the appropriate infection control procedures prior to accessing the centre. An opening meeting was held and the person in charge accompanied the inspector on a tour of the premises. The inspector spoke with six residents to gain an insight into their lived experience in Ardeen Nursing Home. Approximately 75% of the residents had a diagnosis of some degree of cognitive impairment. Those residents who could not communicate their needs or wishes to the inspector were observed to be comfortable and happy throughout the day. On arrival to the centre, staff were in the process of assisting residents to get up and dressed for the day. A number of residents were seen in the main communal areas, walking around and finishing breakfast. Visitors were seen to arrive in the morning, and throughout the day. The inspector spoke with visitors who were very complimentary of the care received by their loved ones. One visitor described how they never had a concern and could rest easy knowing their loved one was taken care of.

The building has been extended and improved over time, and the ground floor houses the majority of bedrooms and communal space. The first floor is accessed via a decorative open stairway in the main entrance hall. The five bedrooms on the first floor were spacious and those to the front of the centre had decorative bay windows with pleasant views outside. The ground floor contained the remaining bedrooms, which were mainly single rooms, with seven twin bedrooms and one four bedded room. Each room varied in its design and layout and while most were seen to be spacious enough to cater for each resident, while respecting privacy and dignity, a number of the twin rooms required review in relation to residents accessing their wardrobes and storage spaces, which were sometimes located outside of their designated bed space. It was evident that residents were encouraged to decorate their rooms with meaningful items and photographs from home. The main sitting area to the front of the centre was the heart of the home, where residents gathered to enjoy a variety of activities, and to also have more quiet time listening to music or watching Mass on the TV. The weekly schedule of activities was displayed and the area was bright and inviting. The corridor walls were adorned with residents' artwork which brought a lively and bright atmosphere to some narrower corridors and ensured an appropriate level of stimulation for residents, particularly those with a diagnosis of dementia.

The inspector observed that some changes had been made with regard to mealtimes, which had a positive impact on the overall dining experience for residents. Mealtimes were observed to take place over two sittings, with assistance being provided when required by allocated staff, to ensure meals were consumed while hot and appetising. Many residents came to the dining room for their meals, and those that chose to stay in their rooms told the inspector that this was their preference. This was validated in the results of surveys on mealtimes which identified that residents were happy with the timing of meals and could choose where to have their meals. There were regular offerings of drinks and snacks throughout the day. All residents and visitors spoken to were very happy with the range of food on offer and confirmed that choices were available at all times.

There was a varied schedule of activities on offer seven days a week, led by activity coordinators who had specific training appropriate to their role. The full implementation of the activities schedule was also dependent upon healthcare staff to provide activities at times when the dedicated coordinators were not on duty. Mass was streamed online every morning and was seen to be an important part of the day's routine by residents. The centre's oratory was a place of quiet reflection which could be used at any time by residents and their families. Other activities taking place on the day included Bingo which was attended by a good number of residents, and also some family members. A recent residents survey showed that the vast majority of respondents were happy with the activities they take part in.

The next two sections of the report will describe the findings of the inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents. The provider was responsive to any issues identified during the course of the inspection.

Capacity and capability

Overall the inspector found that residents were supported and facilitated to have a good quality of life living in the centre. Good leadership, governance and management arrangements were in place. Some improvements were required in relation to the provision of training, staff files, the overall premises, fire safety and infection control. These are discussed further in the report, under the relevant regulations.

This was a one-day, unannounced inspection, carried out to monitor ongoing compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 (as amended). Following the previous inspection in May 2022, the registered provider had voluntarily reduced the occupancy of four twin rooms on the first floor to single occupancy. The centre is now registered for 36 beds, and there were 32 residents living in the centre on the day of inspection.

Ballincaorigh Limited is the registered provider of Ardeen Nursing Home. This limited

company has two directors, one of whom is engaged in the day-to-day operations of the centre, and who visits the centre regularly. There is a long-standing, clearly defined management structure in place within the centre, led by the person in charge, who works in a full-time capacity. Further oversight is provided by a supernumerary assistant director of nursing. The complement of staff providing care and support to residents is made up of nursing, healthcare assistant, catering, domestic and activities teams. Communication channels in the centre were seen to be strong, and there was scheduled handovers during each shift where any issues or risks could be highlighted. There was also a series of meetings held at regular intervals, including clinical governance, health and safety and infection control meetings. Minutes of these meetings provided evidence that all areas of the service provided to residents were discussed and actions agreed where improvements were required. There was a system in place to ensure that the service was consistently monitored, including the collection of key weekly clinical data to inform a regular schedule of audits.

A review of staffing levels showed that a number of new staff across all disciplines had been recruited in recent months. Staff were visible in the various areas of the centre and were attentive towards the residents. Call bells were answered quickly. There was a minimum of one qualified nurse on duty at all times. Generally, there were two nurses on each day, and either one or two nurses overnight. On the nights when there was one nurse overnight, there was an additional care assistant rostered on duty. Improvements had been made in the organisation of the night staff workload. On the previous inspection, the practice of night duty nurses administering morning medication routinely had been highlighted as institutional and not in line with a person-centred service. Staff confirmed that this was no longer happening and that morning medications were only administered by the night staff when required or requested.

A review of training and associated records identified a drop in compliance since the previous inspection. While all mandatory, and other important training modules were in place, not all of these had been completed by staff. A review of staff induction files identified a missed opportunity to clearly identify the training necessary to be completed at commencement of employment. For example, safeguarding of vulnerable adults. This is discussed in more detail under regulation 16: Training and staff development. Record-keeping in relation to staff files, as identified under regulation 21: Records, also required some strengthening, to ensure robust recruitment practices were adhered to. There was evidence that all registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration certificate. Other records required under the regulations were maintained securely in the centre and were made available for review by the inspector, for example, records of restraint use, fire drills, and medication administration records.

There was a system in place for the recording of incidents that occurred in the centre. The inspector reviewed records on this system and found that the Chief Inspector had been informed of all notifiable incidents, in line with regulatory requirements.

Regulation 15: Staffing

The inspector reviewed planned and worked rosters which identified that there was a sufficient number of staff employed in the centre. Based on the centre's layout, and the dependency needs of the residents, there was an appropriate number and skill-mix of staff rostered on a daily basis, across all departments, to ensure the residents' needs were met.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records identified the following:

- Training in safeguarding of vulnerable adults had not been completed by a total of ten staff.
- Training in the management of behaviours that challenge had not been completed for eight staff. The inspector was provided with evidence that this training was booked for the near future

Important training was not completed in a timely fashion for new nurses on commencement of employment. For example, two nurses were working as the sole nurse on duty on night shift, without having completing training in medication management and in the safeguarding of vulnerable adults.

Judgment: Not compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector. These did not fully meet the requirements of Schedule 2 of the regulations as follows;

- Two files did not contain a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Three files did not contain evidence of the person's address
- Two files did not contain documentary evidence of relevant nursing qualifications

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was well-defined management structure in place with identified lines of accountability and authority. The inspector spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

There was a schedule of audits in place including audit of falls, incidents and restraints, which were completed on a regular basis. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner. For example, a recent nutrition audit identified that staff required further training in the management of residents with enteral feeding, and this was subsequently arranged.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2022. This included detailed analysis of audit results, with clearly defined quality improvement plans for 2023. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the office of the Chief Inspector within the required time-frame.

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. 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 overall premises, privacy in shared bedrooms, infection control procedures and fire safety.

Efforts were ongoing to ensure that all areas of the centre were maintained to a high level both internally and externally. Improvements to the premises since the

last inspection included;

- The occupancy of the first floor had reduced to five residents. this ensured that there were sufficient toilet and bathing facilities provided on the first floor, in line with the national standards.
- The configuration, refurbishment and upgrading of the centre's only four-bedded room had been completed. This was seen to be finished to a high level, and the configuration of the room afforded the residents appropriate privacy and dignity, while also maintaining control of their own personal belongings within their allocated bed spaces.
- Communal space which had been used by staff during the pandemic had been restored to it's former purpose as a small residents' dining room
- A handwashing sink had been installed in the laundry facility.
- A progressive plan for painting and decorative upgrades was ongoing throughout the premises.

This inspection found that while systems to maintain and improve the premises were in process, some issues with the centre's twin bedrooms, as described under regulation 17: Premises, required attention to fully comply with the regulation.

The provider had taken fire precautions seriously, and significant improvements were noted since the previous inspection, in respect of fire safety in the centre;

- The action plan following the review of fire doors conducted in September 2021, which was identified as not having been actioned during the last inspection in May 2022, had now been progressed to completion. Evidence was provided that the identified fire doors had been replaced or repaired as required.
- The fire safety risk assessment conducted in November 2021 had been reviewed by the management team, and appropriate action had been taken to minimise and control the risks identified
- Arrangements for the evacuation of the centre's largest fire compartment had been reviewed. The reduction in occupancy had reduced the numbers in this compartment to nine residents. Records showed that there was simulated evacuation drills completed in this area which provided assurances that staff could safely evacuate residents in the event of a fire.

The registered provider had systems in place for monitoring fire safety. The fire alarm system, emergency lighting system and fire fighting equipment was observed to have maintenance and testing carried out, at recommended intervals. There were adequate means of escape, which were unobstructed. Staff had received up-to-date fire safety training. Personal emergency evacuation plans were identified for each resident which gave clear detail of the supports required to evacuate the centre in the event of a fire. An area for improvement was identified in relation to the fire evacuation maps in the centre, as discussed under regulation 28: Fire precautions.

Staff were seen to adhere to guidelines for the use of personal protective equipment (PPE), and there was a good stock of this available for staff, including enhanced PPE should there be an outbreak of COVID-19 in the centre. 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 and other respiratory illnesses. 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 disposable cleaning cloths to reduce the chance of cross infection. Staff were knowledgeable in the correct procedures to maintain high standards of cleaning and decontamination. Audits of environmental cleanliness were also completed. Notwithstanding the good levels of cleanliness, 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.

The health and social care needs of the residents continued to be met to a high level. Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a residents condition. General Practitioner's (GP's) attended the centre on a regular basis and there was documented evidence that residents had regular medical reviews. There was evidence of appropriate referral to, and review by, specialist professionals where required, for example, wound specialist nurse, dietitian and chiropodist. Care plans were reflective of specialist advice, for example nutrition care plans were updated in a timely manner following reviews by the dietitian, and the relevant information was communicated to kitchen staff to ensure that the resident's changing needs were met. Overall medication management systems had improved since the last inspection. Registered nurses were knowledgeable of their professional responsibilities in relation to medications and were seen to adhere to the principles of the 10 rights of medication administration when administering medications to residents.

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. 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. Visits to the centre were not subject to any current restrictions, and visitors were seen to be taking place throughout the day. Residents were supported to go outside and to go on outings with their family members and friends.

Regulation 11: Visits

The visiting arrangements in place on the day of inspection did not place any

unnecessary restrictions on residents.

Judgment: Compliant

Regulation 17: Premises

Multi-occupancy bedrooms in the centre were found to comply with the minimum floor space requirements of 7.4m² per person, as set out in the amended regulations SI 293 (2016). However the configuration of a small number of twin-occupancy rooms did not afford residents the necessary privacy to conduct personal activities in private, in that the floor space area did not include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. The person in charge outlined that there was a plan in place for the progressive refurbishment of these rooms.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was very clean on the day of inspection, however, some areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- The regime in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets required review. Staff were unaware of the correct procedures, and associated sign-off sheets did not direct staff to these correct procedures. There was no evidence to show that sinks in bedrooms which had recently become vacant were subject to the Legionella flushing regime.
- Cleaning equipment was kept in the sluice room, and while this equipment was dedicated to cleaning only this area, best-practice guidance indicates that cleaning equipment not be stored in the sluice facility.
- The carpet on the stairs was very worn with some old staining.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were floor plans and fire instructions displayed around the centre which were designed to aid in the evacuation of residents in the event of a fire. These plans did

not clearly outline the specific fire compartments in the centre and did not identify the specific evacuation routes. For example, each map outlined the entire floor plan of the centre, and it was difficult to ascertain the primary and secondary escape routes from each compartment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of medication charts and found medicinal products were appropriately dispensed and stored. Medicines were administered in accordance with the doctor's prescriptions. The pharmacist in collaboration with the GP had a comprehensive review system in place for all residents relating to the prescribing and administering of medication.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that a variety of accredited assessment tools were used to complete a comprehensive assessment of each residents needs such as their risk of malnutrition, falls, skin integrity and pain. The inspector viewed a sample of residents care plans. These were found to be comprehensive and resident-specific. There was a system in place to regularly review the care plans and resident or family involvement was encouraged

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a GP service. Records observed indicated that resident were reviewed regularly by their GP. The inspector observed records from members of the multidisciplinary team who had recently reviewed residents in the centre such as the dietician, speech and language therapist and chiropodist and found that the required interventions had been followed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days of the week, and were able to choose where and how they spent their time in the centre. Residents were provided with a choice at all mealtimes. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers. Residents were supported with access to religious activities of their own denomination

The privacy requirements of residents in some of the centre's twin bedrooms is discussed above under regulation 17: Premises.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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	Compliant

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0038705

Date of inspection: 06/03/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff Induction files have been reviewed, clearly identifying necessary training prior to commencement of employment ie. Safeguarding, Medication Management, IPC. All staff have now completed above training. Certificates on file. Completed.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Recruitment practices have been reviewed to ensure all foreign nationals are Garda Vetted on arrival to facility. (Police Clearance cert in place prior to arrival. Garda Vetting has now been completed for all foreign nationals currently employed in Ardeen. All other staff are Garda Vetted prior to commencement of employment. Address of all staff included in Garda Vetting Application. Copy of Degree Qualification evidenced in all RGN files. Completed.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Plans to reconfigure twin rooms (7 in total) are currently been drawn up with view to reconfiguration by December 2024.(prioritizing Room 1 and 2)

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Review of legionella procedures in line with HPSC Guidelines is now in place. All unoccupied bedrooms are subject to legionella flushing regime. Cleaning equipment has now been relocated and is no longer stored in Sluice Facility.
Completed.
New Stair and landing carpet scheduled for fitting May 2/2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Evacuation Maps have been reviewed detailing specific zones/compartments, indicating primary and secondary escape routes from each individual zone/compartment.
Completed.

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.	Not Compliant	Orange	05/04/2023
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	31/12/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/03/2023
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	15/03/2023

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	07/04/2023