



**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:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	18 October 2022
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0036383

About the designated centre

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

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 72 residents. The registered provider is Costern Unlimited Company. Bedroom accommodation consists of three twin bedrooms and 66 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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
Tuesday 18 October 2022	09:30hrs to 17:50hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Drakelands House Nursing Home was a good place to live, where management and staff provided them with the help and support they required. There was evidence that residents were provided with high standards of care and support by staff who were familiar with their individual needs and caring in their approach.

The inspector arrived to the centre in the morning and met with the person in charge. Throughout the day, the full management team including the clinical operations manager and the registered provider's Chief Executive Officer (CEO) were in attendance to facilitate the inspection. There were 66 residents in the centre and 6 vacant beds on the day of the inspection.

The person in charge accompanied the inspector on a tour of the premises. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, other residents were relaxing and other residents were mobilising freely throughout the centre. Staff maintained an unhurried atmosphere despite this being a busy time of the day. The inspector observed residents being attended to promptly when requesting assistance. This walkaround of the premises provided observational evidence that the person in charge and assistant director of nursing were well-known by residents, who frequently stopped to chat to them. Residents with whom the inspector spoke were complimentary of the care and attention the management team afforded them.

The inspector interacted with a number of residents and spoke with a total of seven residents on the day of the inspection. Residents told inspector that they were very happy with their life in the centre and that they could have visitors, or go on outings with no issues. One resident described the centre as 'better than five star'. Another resident told the inspector that the food was the best part about living in the centre. All of the feedback from the residents in relation to the overall service provided, their experience of living in the centre and their ability to retain control of their personal lives, was positive. There were a number of residents who were unable to articulate their views due to their medical diagnosis, however, these residents were observed to be content and comfortable in their surroundings.

The centre was a two-storey facility which comprised of two wings, the Linden wing and the Laurel wing, each of which was contained over two floors, on opposite sides of the building. Bedroom accommodation in the Laurel wing was predominantly single ensuite rooms. These bedrooms were of a larger size than those on the Linden wing. A small number of rooms on the Linden wing had ensuite facilities with the majority of rooms sharing toilet and bathing facilities. As described under regulation 17: Premises, these facilities required review to ensure they met the needs of the residents. The inspector found that some areas of the Linden wing, for example the bedroom corridors and bathrooms, were not of the same high level of décor, design or modernisation as the Laurel wing. There were a variety of

communal spaces for residents to use on each wing, including day rooms, dining rooms and conservatories. These rooms were spacious, suitably decorated and comfortably furnished. There was sufficient storage space for resident equipment and supplies. The corridors had grab rails available to assist residents to mobilise safely. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. The building was well lit, warm and adequately ventilated throughout. Call-bells were available in all areas used by residents.

There was safe, unrestricted access to an enclosed outdoor courtyard area for residents to use. A rooftop garden area was also accessible from the first floor. These spaces included a variety of suitable seating areas, garden furniture and an array of seasonal flowers and plants. Residents and visitors were observed enjoying these spaces throughout the day of the inspection. The ground floor courtyard was seen to be in some disarray as this was used by staff as a smoking area, which detracted from the overall appearance and ambiance in the area.

Group activities were facilitated for residents and included external facilitators as well as the in-house programme which was facilitated over six days. Residents told the inspector they were happy with, and enjoyed partaking in, the current activities programme. This was echoed in the documented records of residents' meetings; level of satisfaction with activities was a standing agenda at each meeting and all attendees reported high levels of satisfaction. Activities on offer included arts and crafts, nail painting, newspaper reading and exercises. On the day of inspection, residents had gathered in the main sitting room and were enjoying each others company and the company of staff. There was a warm atmosphere and the residents were seen to spontaneously start a sing-song and one resident was delighted to play a few tunes on the harmonica for the other residents.

Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

Overall, the inspector found good levels of compliance with the regulations by a staff team who were responsive to the needs of the residents, ensuring a person-centred service was delivered. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. It was evident that the management team focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate, person-centred care was being provided to residents. The registered provider had made good efforts to maintain compliance with the regulations. Some action was required by the provider with regards to the provision of training, maintaining staff files, infection control procedures, some aspects of the premises, and fire safety.

This unannounced inspection was carried out over one day to monitor the centre's ongoing compliance with regulations and standards. Costern Unlimited Company is the registered provider for Drakelands House Nursing Home. The company became registered provider in December 2021 and since that time there had been changes to overall governance structure of the existing centre. The CEO who was a director of the company and who represented the provider for regulatory matters, and a new person in charge had been appointed in 2022. The person in charge is supported in their role by an assistant director of nursing and a clinical nurse manager who both work full-time in the centre. The assistant director of nursing generally works in a supernumerary capacity, and covers the staff nurse rota for some periods of annual leave. There is also a newly-appointed clinical operations manager who supports the person in charge in the clinical and operational management of the centre. The residents were further supported by other staff members including nurses, healthcare assistants, catering and domestic staff, activity staff, a maintenance person and an office administrator.

There were effective management systems in place to monitor the quality and safety of the service through a company-wide schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered including all aspects of residents' care and welfare, premises and facilities, and staffing requirements were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific timeframe. Some of the issues identified during the inspection, as discussed throughout the report, required further oversight by management to ensure full compliance with the regulations.

The centre was adequately resourced with appropriate staffing levels both day and night to meet the needs of residents. On the day of inspection, a full team of staff were on duty, ensuring that residents' needs were met. Recruitment remained ongoing for healthcare assistants, and these vacancies were supplemented with agency staff on occasion. A good level of training was provided for staff to ensure that they could fulfill their roles and responsibilities. However, it was found that training in the management of behaviours that challenge required review, as discussed under regulation 7. Staff were seen to be well-supervised in their roles and a programme of induction was in place. Records showed that probation reviews were held during induction and annual appraisals were conducted for all long-term staff, giving opportunities for areas of further improvement or training needs. Improvement was required to ensure that staff files met regulatory requirements, as

discussed under regulation 21: Records.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. A review of the centre's complaints records showed that overall, there was a low level of documented complaints. Complaints were managed in line with the requirements of the regulation and the centre's complaints policy.

Regulation 14: Persons in charge

The person in charge had commenced their role in February 2022. She was a registered nurse, working full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

A review of worked and planned rosters provided evidence that overall staffing levels were sufficient to meet the assessed needs of the residents, and having regard for the size and layout of the centre. There was a minimum of two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records confirmed that all staff were up-to-date with important training modules, such as safeguarding residents from abuse, infection prevention and control and fire safety. The records also showed that staff had completed supplementary training appropriate to their roles, such as medication management and dysphagia, to support them in delivering person-centred and safe care to residents.

As outlined under regulation 7: Managing behaviour that challenges, not all staff had completed training in this regard.

Judgment: Compliant

Regulation 21: Records

Staff files were maintained in the centre. The inspector reviewed a sample of three of these files. One file did not contain all of the records as required under Schedule 2 of the regulations, as follows:

- Two references were on file, both from the same employer. These references were not verified, which did not provide assurances as to robust recruitment processes.
- The employment history did not contain satisfactory history of large gaps in employment

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 a clearly defined management structure in place with identified lines of accountability and authority. All staff that inspectors spoke with were knowledgeable about their roles and responsibilities.

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, audits of infection control, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. Audit outcomes and plans for improvement were discussed at the organisation's clinical governance meetings ensuring that areas for improvement were shared and followed up on in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in line with the requirements of Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was prominently displayed at the reception and throughout the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

The inspector found that management and staff promoted a person-centred model of care. Residents' individual rights were supported and there was good access to health and social care services, ensuring the quality and safety of care delivered to residents was of a high level. Some aspects of the premises required review, to ensure that it fully met the needs of the residents, and was maintained in a manner that promoted good infection control procedures.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. The management team completed regular infection control audits, including observational audits and audits of hand hygiene. Staff were seen to use personal protective equipment (PPE) such as face masks appropriately. Access to handwashing sinks was less than optimal, however a sufficient supply of wall-mounted alcohol hand sanitiser was available at key locations throughout the centre to support efficient hand hygiene. Housekeeping staff had good knowledge of correct cleaning procedures, and were provided with appropriate equipment to maintain a safe environment for residents and staff. Some wear and tear in shared bathrooms was noted in the centre, which detracted from the overall decor, and also posed infection control risks. This is discussed further under regulation 27: Infection control.

Systems were in place to monitor fire safety procedures in the centre. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulated fire evacuations were conducted in various fire compartments, including the largest compartment within the centre at regular intervals. Preventative maintenance of fire safety equipment including fire extinguishers and the fire alarm was conducted at regular recommended intervals. The emergency lighting system had been recently upgraded, however it was unclear during the inspection if this had been fully certified. This is discussed further under regulation 28: Fire precautions.

A restraint-free environment was promoted in the centre. Alternative measures to bedrails, such as low profile beds and sensor alarms were trialled before applying bedrails. Consent was obtained when restraint was in use. Records confirmed that

there was a system in place to monitor the safety and response of the resident when bedrails were applied. There was a low use of PRN (as required) psychotropic medications as a means of controlling responsive behaviours. Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were explored before administering these medications.

Residents received a high level of nursing and medical care in the centre. There was good systems for referral to, and review by, a range of social and health care practitioners. Resident's records were viewed by the inspector, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plan in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans.

Meals were served in large dining rooms on each floor of the centre. The dining rooms further away from the kitchen were serviced by a heated trolley which contained the same selection of foods as those being served in the main dining room. This enhanced the overall dining experience, as residents could choose their own meal from the options on offer. Each option, where possible, was also available in a modified consistency for residents with swallowing difficulties.

Activity staff members maintained records of residents level of engagement with different activities, and frequently adjusted schedules to suit the needs and interests of the residents. Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held and records showed that these had a good level of attendance. The records also identified any issues or suggestions put forward by the residents to improve the service they received. Management responded to all of the residents feedback. For example, when multiple residents expressed dissatisfaction with the quality of food, an action plan was put in place to address this. Subsequent meeting records identified that residents were happy with the action taken and that the overall quality of food had greatly improved.

Regulation 11: Visits

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive.

Judgment: Compliant

Regulation 17: Premises

The external grounds were well maintained, however the internal courtyard contained the designated area for both residents and staff to smoke. During the inspection, this area was seen to be unsightly, with full ashtrays and some litter and dirt including disposable nitrile gloves on the floor.

The number of baths and showers on the Linden wing were not sufficient for the number of residents accommodated in this wing. While there were two showers and one domestic bath on each floor of the Linden wing, the inspector was told by multiple staff that the domestic baths were not in use. This meant that there were two showers for use by 17 residents on each floor. By the end of the inspection, the registered provider was making arrangements for the immediate review of this finding.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for three residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date, comprehensive risk management policy in place which included hazard identification and assessment of risks in the centre, and detailed the measures and actions in place to control the risks identified. The policy outlined the measures in place to control the five risks specified under the regulation.

Judgment: Compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Sluice rooms required review to ensure that there was suitable racking for cleaned equipment and that this racking was appropriately placed to ensure a

dirty to clean flow

- Servicing records for the centre's bedpan washers were not available on the day of inspection. One bedpan washer was noted to not be functioning effectively. Following the inspection, evidence was provided that a full service of all bedpan washers had taken place, and a new schedule of servicing had commenced
- The provision of clinical handwashing sinks throughout the centre was sub-optimal. These should be easily accessible to aid effective staff hand hygiene
- The communal bathrooms and shower facilities on the Linden wing required review, as these contained some areas of broken tile, exposed cement surrounds, and rusting on shower chairs.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Arrangements for maintaining fire equipment could not be fully assured on the day of inspection. The inspector was informed that the emergency lighting system had been upgraded in the Linden wing, however there was no commissioning certificate for these alterations, or service reports made available to the inspector. Following the inspection, these certificates were submitted to the inspector for review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the assessed needs of residents. Care plans had been updated to reflect specific needs and these included the residents' preferences at their end of life. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulceration, and falls. Individual risk assessments for residents at risk of wandering and residents who smoked were in place.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's attended the centre regularly to support the residents' needs. There was

evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, occupational therapy and dietetic services. An on-site physiotherapist provided regular reviews of resident's mobility needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents. Nonetheless, a small number of staff had no record of training in behaviours that challenge, and therefore it could not be assured that staff had up-to-date knowledge and skills to respond to and manage behaviour that is challenging. This was a repeat finding from the previous inspection in 2021.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors were assured that there were appropriate measures in place to safeguard residents and protect them from abuse.

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- Records reviewed by the inspector provided assurances that any allegation of abuse was immediately addressed and investigated
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- Independent advocacy services were advertised in the centre and had been accessed by residents
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons

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.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Compliant

Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0036383

Date of inspection: 18/10/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: During interviews DON will ensure to document any gaps in CV on the interview notes and will also follow up with a phone call to references provided. The two references are verified since inspection.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The smoking area now has a cleaning schedule in place and is being monitored. New smoking hut has been approved and will be in place by the end of December 2022.</p> <p>The plumber has been in attendance x 2 visits and a plan has been scheduled to replace the domestic baths with suitable shower facilities.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The racking trays have been moved to ensure dirty to clean flow in sluice areas. Service level agreement has been put in place for servicing of sluice equipment regularly, Work has been completed on the broken tiles and exposed cement surrounds.</p>	

<p>New shower chairs have been purchased. Clinical handwashing facilities will be reviewed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The commissioning certificates have been forwarded</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The staff who have not attended Dementia training which includes behaviour that is challenging have being scheduled for training before the end of November.</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 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	31/01/2023
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	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/04/2023

	infections published by the Authority are implemented by staff.			
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	31/10/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2022