



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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0037083

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 57 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 24 single rooms (2 of which are apartments), 8 twin bedded rooms, 2 four bedded rooms and 3 Triple rooms, all of which are fitted with a nurse call bell system and Saorview digital TV. Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Wednesday 15 June 2022	09:00hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

The inspector observed that residents received person-centred care from a team of staff that supported residents to enjoy a satisfactory quality of life. The overall feedback from residents was that Maria Goretti Nursing Home was a safe and comfortable place to live, staff were kind and caring, and residents were free to exercise choice in all aspects of their care and daily life.

On the day of inspection, the centre was emerging from a period of restrictions due to an outbreak of COVID-19. Following an introductory meeting, the inspector walked through the centre with the person in charge.

The atmosphere in the centre was welcoming, calm and relaxed. Residents were observed enjoying each other's company in the communal dayrooms and chatting with staff. Residents were observed reading, knitting and watching television. It was evident that the person in charge was well known to the residents as they greeted one another. The person in charge introduced the inspector to residents and explained the purpose of the inspectors presence in the centre.

Staff were observed respectfully entering residents bedroom by knocking on the door and greeting residents as they entered. The inspector overheard polite conversation between residents and staff such as discussions about the daily activities, local news and events and the daily menu. The care provided to residents was person-centred, unhurried and socially engaging for residents.

The inspector spoke with a number of residents in the communal areas and in their bedrooms. Residents expressed their satisfaction with the quality of care they received and told the inspector that staff were responsive to their needs. Residents were satisfied with the length of time it took for staff to respond to their requests for assistance when using call bells. Some residents described the staff as being 'close friends' because they had come to know each other well over many years in the centre. Residents told the inspector that they felt safe and comfortable in the care of the staff in the centre. The inspector acknowledged that the pandemic had been difficult on residents and staff. Residents described their experience of living in the centre during the pandemic and told the inspector that they found it 'very hard' when restrictions were in place. Residents complimented the staff for the care and support they provided during restrictions and described how staff supported them to maintain contact with their family and friends.

The inspector observed that the centre was bright, spacious and laid out to meet the needs of the residents. Maria Goretti Nursing Home is a single-storey premises registered to accommodate both female and male residents in 24 single and 13 multi-occupancy bedrooms. All bedrooms had en-suite shower, toilet and wash basin facilities. The centre was well-lit and warm. Residents could independently access secured enclosed gardens that were appropriately furnished and landscaped. Residents were observed enjoying the garden throughout the day and some

residents discussed their plans to transplant seedlings and plant cuttings to the garden beds in the coming days. Redecoration of bedrooms and corridors was underway during the inspection and the provider detailed that works had been suspended as a result of the outbreak. The inspector observed areas of the premises where doors, skirting, floor coverings and walls on corridors and in bedrooms were not in a satisfactory state of repair. The inspector found that some areas of the premises that included residents en-suit bathrooms, laundry area and corridors were not cleaned to an acceptable standard.

Residents were complimentary of their bedroom accommodation and some residents had views of the surrounding countryside and gardens. There was adequate storage and furnishings for residents to store personal belongings. Residents were encouraged to personalise their accommodation and some residents had brought pieces of furniture, ornaments and photographs from home. Residents told the inspector that these items made them feel more at home. The inspector observed that the chest of drawers provided in some bedrooms were in a poor state of repair where drawers were broken and hanging off. Some multi-occupancy had reduced the number of beds in the bedrooms but the inspector observed that the additional space created by reduced beds had not been maximised for the benefit of the residents occupying the room. The person in charge confirmed that reconfiguration of those bedrooms would be done as part of redecoration of the centre. Residents' personal clothing was laundered off-site by an external service provider. Residents were satisfied with this service, in the main, but reported occasional incidents of clothing being misplaced or late being returned. However, residents told the inspector that the service had improved once they raised the issue with the management team.

The residents dining experience was observed to be a relaxed and social occasion. Residents could choose to have their meals in the dining room or in their bedroom. Staff were available to provide discreet assistance and support to residents. The daily menu was displayed on menu cards on each table and also on a notice board for residents. Food was freshly prepared and residents complimented the presentation, flavour and choice of meals provided to them.

Throughout the inspection, residents were facilitated to attend a variety of activities of their choosing. Activities on the day of inspection included small group chat in the garden, knitting, group exercise and live music in the afternoon. Staff were observed engaging with residents during the musical event and encouraging residents to sing and dance. Some residents told the inspector that their feedback on the quality and safety of the service was sought on a continuous basis and the management were 'approachable' and 'open' to receiving feedback and complaints. Residents were satisfied that their voice was listened to and the management would address any concerns that they may have.

The following section of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the actions taken by the provider following the findings of the last inspection in March 2021. All actions from that inspection had been completed. Overall, this inspection found a satisfactory level of compliance with the regulations reviewed. However, action was required to comply with;

- Regulation 21, Records,
- Regulation 17, Premises,
- Regulation 28, Fire precautions, and
- Regulation 27, Infection control.

Maria Goretti NH Partnership is the registered provider of this centre and is comprised of four partners. The person in charge reports to one of the partners that represents the partnership and attends the centre on a weekly basis. The person in charge is supported clinically by an assistant director of nursing. The management capacity had recently been enhanced with the addition of a clinical nurse manager to support the oversight of the quality and safety of the service provided to residents. The centre was found to have an effective management structure where lines of accountability and responsibility were clearly defined.

There was evidence of frequent governance meetings taking place to support effective oversight and governance of the service. Meetings had set agendas to discuss the analysis of risks, key clinical performance indicators and audit findings. The quality and safety of care was monitored through a schedule of clinical and environmental audits. The audits included analysis of falls, complaints, restraint, environmental hygiene and infection prevention and control. Improvement action plans were developed to address deficits identified in the service and communicated to relevant staff to ensure actions were implemented. There was evidence that improvement actions were subject to ongoing review by the management team to monitor progress with action plans. The annual review of the quality and safety of the service for 2021 had been completed. This included an analysis of the centres performance against regulations and standards and set out the objectives for the year ahead. This included a review of staffing if occupancy was to increase in the year ahead.

Risk management systems were guided and underpinned by the risk management policy that set out the procedure for recording, investigating and learning from serious risks and incidents in the centre. As part of the risk management system, the centre maintained a risk register that identified all potential risks to resident's safety and welfare. Specific controls were detailed in the register to mitigate the risk of harm to residents and the effectiveness of controls were reviewed frequently by the management team.

Record keeping and file-management systems were in place. A sample of staff personnel files reviewed by the inspector met the requirements of Schedule 2 of the regulations. Action was required with regard to records of medication administration and the care plan consultation process, as required under Schedule 3 of the regulations.

On the day of inspection, there were 37 residents living in the centre and 20 vacancies. The staffing levels were appropriate to meet the assessed needs of the residents and for the size and layout of the building. Rosters evidenced that there were two nurses on duty during the day and one nurse at night time. Nursing staff were supported by a team of healthcare staff. The service was also supported by activities, housekeeping, catering, administrative and maintenance staff. The provider gave assurances that night time staffing levels would be reviewed if occupancy increased in the centre.

Training records evidenced that all staff had completed mandatory training. Staff demonstrated an appropriate understanding of their training commensurate to their role. Staff were appropriately supervised and supported by the management team. Records reviewed indicated that all staff received an induction where their competence was assessed in key areas such as fire safety awareness and the provision of safe care to residents.

A complaints procedure outlined the process for making a complaint and was aligned with the requirements of the regulations. A review of the complaint records found that all complaints were managed appropriately and used to inform quality improvement in the service.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the residents and for the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to access appropriate training. Records indicated that all staff had completed mandatory training safeguarding vulnerable people, fire safety, manual handling and supporting residents who live with dementia. There was evidence of ongoing analysis of staff training needs.

There were satisfactory arrangements in place for the ongoing supervision of staff by the clinical management team to ensure residents received safe quality care.

Newly recruited staff were support through an induction process and annual staff performance appraisals were completed.

Judgment: Compliant

Regulation 21: Records

Action was required to comply with the requirements of the regulations. This was evidenced by;

- Some records with regard to medication administration were not maintained in line with the centre's own policy. For example, there were gaps identified in the records where two staff signatures were required when administering certain medications.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was appropriately resourced to meet the needs of the current residents in line with the centre's statement of purpose and function.

There were systems in place to support the oversight and monitoring of the service provided to residents. A schedule of audits ensured that all aspects of the service were monitored, evaluated, and where necessary, improved.

The annual review of the quality and safety of the service for 2021 had been prepared in consultation with the residents. The review contained an action plan that identified areas for improvement for the year ahead and this was kept under review and updated as actions were completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector within the required time frame as required under Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure that outlined the management of complaints. A register of complaints was maintained in line with the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were in place as required by Schedule 5 of the regulations. All policies had been reviewed within the previous three years. Policies and procedures were made available to staff.

Judgment: Compliant

Quality and safety

Overall, residents received a satisfactory standard of care and their healthcare needs were met.

Resident's needs were comprehensively assessed to inform the development of person-centred care plans. This included assessments of dependency, risk of falls, pain and risk of malnutrition. Care plans described the care and support interventions to be implemented to manage identified risks such as impaired skin integrity, malnutrition and falls.

Residents could access their general practitioner (GP) as required or requested. There was timely referral to allied health and social care professionals and there was evidence that the recommendations made by professionals was integrated into the resident's plan of care. There was evidence that wounds were managed appropriately in the centre and residents were provided with access to tissue viability expertise for review as needed.

The premises was designed and laid out to meet the needs of the residents. The environment supported the safe mobility of residents through appropriately placed hand and grab rails in corridors and toilet facilities. Dayrooms were appropriately furnished and there was adequate communal and private space for residents to use. Resident's equipment was found to be maintained and in working order. However, there was limited storage facilities in the centre and this resulted in the

inappropriate storage of items in resident's bedrooms and en-suite bathrooms. Some items of furniture were in a poor state of repair. Further findings are discussed under Regulation 17, Premises.

On the day of inspection, the centre was nearing the end of an outbreak of COVID-19 that had affected a number of residents and staff. The inspector observed many good practices with regard to infection prevention and control. The person in charge was identified as the infection prevention and control lead and was supported by the assistant director of nursing. Following a previous outbreak in the centre, the COVID-19 preparedness plan had been reviewed in conjunction with an outbreak review that identified learning and areas for improvement to support the centre in preventing or managing any future outbreaks. Housekeeping staff demonstrated an understanding of the cleaning process and the measures in place to reduce the risk of infection such as colour coded, single use, mop and cloth systems. However, action was required to ensure the centre maintained a high standard of environmental hygiene and this is discussed further under Regulation 27, Infection control.

The management of fire safety was kept under review and arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and firefighting equipment. Staff spoken with were knowledgeable on the actions to take in the event of a fire emergency. Each resident had a completed personal emergency evacuation plan in place to guide staff. However, the inspector found that further action was required with regard to fire evacuation drills and the maintenance of fire doors to ensure that in the event of a fire, that smoke and fire could be effectively contained, reducing the risk to residents.

The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities, in line with the resident's interests and capabilities. Arrangements were in place for residents to meet with management at formal resident's forum meetings and there was evidence that the feedback was used to improve the quality of the service and the quality of life for residents. Advocacy services were made available, and used by residents in the centre. Staff supported some residents to achieve their personal goals such as visiting their home for periods during the week.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. Visiting was observed to be unrestricted.

Judgment: Compliant

Regulation 17: Premises

Action was required to comply with the requirements of Schedule 6 of the regulations. This was evidenced by;

- There was inappropriate storage of items in areas of the premises. For example, the oratory contained personal protective equipment (PPE) and medical equipment and there was excessive storage of mobility aids, toilet aids and shower aids in residents en-suites.
- Bedroom and corridor walls were visibly damaged where paint was missing and plaster was visibly exposed.
- Doors throughout the centre were visibly scuffed, had chipped paint and some were damaged.
- Some residents furniture, such as two chests of drawers, were in a poor state of repair. Drawers were damaged and hanging off the unit.
- Floors in communal areas were in a poor state of repair. For example, they were visibly damaged, lifting and in need of repair.
- Some communal areas such as the oratory and communal toilets were inaccessible due to the volume of inappropriately stored boxes of personal protective equipment, incontinence wear and linen trollies.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy contained the specific risks and controls in place to mitigate the risk of harm to residents, as required under Regulation 26(1).

Arrangements were in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

The health and safety statement and an emergency plan were in place to guide response to major incidents such as fire, flooding and storm.

Judgment: Compliant

Regulation 27: Infection control

Some aspects of infection prevention and control measures required further action to ensure the centre was in compliance with the infection prevention and control regulation and standards. This was evidenced by:

- There was clutter and items such as bedpans stored on the floor in the dirty utility. This impacted on the ability of effectively clean the area and presented a risk of clean equipment becoming contaminated due to inappropriate

storage.

- The storage of clean items such as linen and continence wear in bathrooms created a risk of cross contamination.
- There were areas of the centre that were not cleaned to an acceptable standard on inspection. This included some resident en-suites, the laundry area and radiator covers.
- Some wall mounted alcohol dispensers did not ensure that the risk of contamination was minimised as they were refillable rather than single use cartridges.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28, Fire precautions. This was evidenced by;

- A number of corridor fire doors, when released, had gaps between seals that compromised the function of the fire door in the containment of smoke.
- Fire evacuation drill records did not provide assurance that the evacuation procedures and strategy would ensure residents were afforded safe and timely evacuation in the event of a fire emergency. For example, fire drill records did not evidence if full compartment evacuations were completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care plans were informed through comprehensive assessments of resident's care and support needs and reviewed at intervals not exceeding four months.

Care plans reflected the assessed needs of residents and detailed the interventions in place to support residents at risk of falls, malnutrition, impaired skin integrity and pain.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to allied health and social care professionals and facilitated to access a general practitioner (GP) as required or requested.

The inspector reviewed the management of wounds in the centre and found that evidenced-based wound care was provided to residents. Wound prevention measures were in place and the staff had access to tissue viability expertise to further support the care and management of residents wounds.

There was evidence that the recommendations of professionals was integrated into the residents plan of care to ensure best outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to participate in activities in accordance with their interests and capabilities. Residents described the activities schedule as both interesting and inclusive.

Residents were supported to exercise choice in many aspects of their daily life and their feedback on the quality and safety of the service was sought as scheduled residents forum meetings. Independent advocacy services were made available to residents with some residents acknowledging the benefits of such services in supporting them.

Residents were supported to maintain connections with their local community and were provided with access to television, telephone, radio and television.

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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 9: Residents' rights	Compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0037083

Date of inspection: 15/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff nurses have re-read the medication management policy for the Centre and a sign sheet was completed for this. Completed:17/07/2022</p> <p>Signage has be put into the Kardex folders and on the drug trolleys to remind the staff nurses of co signing for medications. Completed: 16-06-2022</p> <p>Weekly audits of kardex's will be carried out by ADON/CNM1. Commenced on :4-07-2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Cleaning company has been precured to deep clean all communal floors and resident's bedrooms and ensuite area. To commence: 1st August 2022 and completed by 31st August 2022. 2. Outside shed has been sourced for excess items such as mobility aids, toilet aids, PPE and excess incontinence wear. To be completed by 30-11-2022. 3. A full review of bedroom storage (drawers and lockers) took place on 30-06-2022 and it was discovered that a number of bed side lockers and chests of drawers need replacing. Same has been purchased and delivered to the nursing home by 1/08/2022 4. Bedrooms and corridors are currently being painted and some areas replastered. This is ongoing and should be completed by 31-10-2022. 5. Painter has been sourced to strip and re varnish scuffed doors. To be completed by 30-09-2022. 6. Oratory and communal toilets were stocked with PPE storage boxes as Centre had just been in a Covid 19 outbreak. Same have been removed and put back in PPE shed where 	

they are stored when not in an outbreak situation. Completed 17/06/2022.

Regulation 27: Infection control

Substantially Compliant

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

1. Sluice room has been deep cleaned and decluttered to make more space for bedpans. Completed on 17-06-2022. Cleaning schedule will be closely monitored by DON and ADON.
2. All staff have been spoken to about leaving excess linen and incontinence wear in bathrooms and bedrooms. Incontinence wear is stored in resident individual wardrobes and linen is stored in laundry room. Completed: 06-07-2022.
3. Cleaning company has been procured to deep clean ensuite areas and bedroom floors. To commence on: 1st August 2022 and completed by 30th August 2022. Household staff have been allocated extra hours and have commenced a cleaning regime for deep cleaning radiators and radiator brushes have been purchased to assist with this. All radiators to be deep cleaned by: 30-09-2022.
4. Single use cartridges for wall mounted alcohol dispensers are currently being sourced but this is proving difficult.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. All doors highlighted as needing action in relation to fire safety have been assessed and seals replaced on same and gaps remedied. Completed on: 18/07/2022.
2. Fire engineers will assess the work completed on these doors to be completed by 1st August 2022. All staff were made aware of the affected doors and impact it could have if a fire was to occur in the Nursing Home. Signage placed on doors and will remain in place until fire engineer assesses the work carried out on these doors.
3. Going forward all fire drill documentation will give more detail about full compartment evacuations. Same commenced on: 12/07/2022 This practice will continue going forward.

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	30/11/2022
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	17/07/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	17/07/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/09/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/07/2022