



**Health  
Information  
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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:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0038285

## About the designated centre

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

Thorpe's Nursing Home is a purpose build nursing home located in Clarina, Limerick was established in 1989. The Home can accommodate up to 42 residents. The bedroom accommodation is laid out in 32 single bedrooms and 5 double bedrooms. We accommodate both female and male residents, normally but not restricted to persons over the age of 65. A pre-assessment is carried out prior to admission to assess if we can cater for your needs, we can cater for low, medium, high and maximum dependent residents. We can facilitate dementia and most medical conditions that affect the older person. We cater for both long and short term residents and also welcome respite and convalescent care. We offer 24-hour nursing care. Admissions to Thorpe's Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours admissions. By agreeing to take up residency within Thorpe's Nursing Home you will have signed a contract of care which ensures that you have a legally binding assurance of high quality care standards and that we have an acknowledgement of your commitment to our terms and conditions. We operate an open visiting policy, however to protect our residents we ask that all visitors wait in the designated visitors' area to enable staff to announce their arrival and partake in precautionary infection control measures. The home reserve the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions. To fulfil your personal, social and psychological needs the following services and activities are available: hairdresser, cards, music, and gardening. The following therapy services are provided on request: physiotherapy, chiropody, occupational therapy, dentist, optician, speech and language therapy, etc. Mass is held weekly on a Thursday, we are happy to cater for and accommodate all religious denominations in our home. Our ethos is that our residents are treated as unique dignified individuals and are encouraged to fulfil their potential.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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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 25 October 2022	07:30hrs to 16:15hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in Thorpes Nursing Home gave positive feedback with regard to their lived experience in the centre. Residents told the inspector that they received prompt assistance and care from a team of staff who were kind and respectful and they felt that staff were dedicated to keeping them safe and supporting them to enjoy a good quality of life. The only source of dissatisfaction expressed by residents was that the quality and frequency of meaningful activities had disimproved.

The inspector was met by a nurse on arrival at the centre. Following an opening meeting with the person in charge, the inspector walked through the centre and met with staff and residents.

The atmosphere was observed to be calm and relaxed. Staff were observed to be checking on residents, assisting residents with their breakfast and assisting other residents to safely mobilise to the toilet. The inspector overheard polite and engaging conversation between staff and residents. Some residents were observed attending the dining room for breakfast and told the inspector that they liked to get up early as this was always their routine when at home. Some residents chose to remain in bed until late in the morning and told the inspector that this suited them as they liked to stay up late at night to watch television. The inspector met with all residents in the centre and spoke to 10 residents in detail about their experience of living in the centre.

One resident told the inspector that the 'atmosphere created by staff and other residents made it feel relaxed and like home'. Residents told the inspector that staff were always patient and kind in their interactions with them and this made them feel safe and able to voice any concerns they may have. The inspector observed interactions between residents and staff throughout the inspection and it was as the residents described.

Throughout the inspection, residents were observed freely moving around the centre and enjoying their own company, and the company of others, in communal dayrooms. The centre had two communal dayrooms. One was an area where residents could meet other residents to chat, watch television or take part in an activity while the other provided residents with a quiet space if they wished to read or meet visitors. Both staff and management were present to supervise and respond to residents requests for assistance.

The premises had undergone some refurbishment since the previous inspection. This included new floor coverings in a communal dayroom and bedroom. Residents had access to call bell facilities in their bedrooms and in communal rooms. Corridors were wide and supported residents to mobilise safely through appropriately place handrails. The centre was observed to be well-lit, comfortable and warm for residents. The inspector observed that there were aspects of the premises that were not maintained in a satisfactory state of repair. This included floor coverings and

damaged doors and skirting that were not amenable to effective cleaning. Some equipment was also in a poor state of repair such as shower chairs and toilet seat raisers. Those items were not clean on inspection. The inspector observed that most bedroom doors had automatic door closures devices in place. However, some bedroom doors were observed to be inappropriately wedged open in the absence of an appropriate hold-open device.

Residents exercised choice with regard to mealtimes and where they would like to have their meals. Some residents enjoyed attending the dining room where the dining experience was observed to be pleasant and social. Some residents preferred to have their meals in their room and watch television. Staff were observed to provide supervision and support to residents during mealtimes.

Residents told the inspector that the provision of activities had deteriorated in recent weeks and that they found the days long. Residents said that they missed activities such as art and guided the inspector to some pieces of art that hung on the walls in the dayroom. Residents told the inspector that staff made efforts to keep them engaged in activities but were interrupted if they were required to assist another residents or answer a call bell. Residents were facilitated to attend religious services in the centre on a weekly basis.

The following sections of this report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents.

## Capacity and capability

This was an unannounced risk inspection by inspectors 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 reviewed the actions taken by the provider following the last inspection of the centre in January 2022 and followed up on notifications and information submitted by the registered provider and person in charge.

The findings of this inspection were that that while the governance and management of the centre was satisfactory, some aspects of the management systems were not robust and did not provide adequate assurance that a safe, consistent and quality service was provided to residents living in the centre. The inspector found that insufficient staffing impacted on the quality of environmental hygiene and provision of activities for residents. While the provider had taken some action to address issues with the maintenance of the premises and equipment since the previous inspection, the provider had not implemented or sustained some of the actions committed to in the compliance plan submitted following the previous inspection. Further action was required by the registered provider to comply with;

- Regulation 15, Staffing,

- Regulation 21, Records,
- Regulation 23, Governance and management,
- Regulation 27, Infection control, and,
- Regulation 28, Fire precautions.

Barnacyle Nursing Home Limited is the registered provider of Thorpe Nursing Home. The provider is represented by a company director. The organisational structure of the centre had remained unchanged since the previous inspection. The person in charge reported to a representative of the company who provided governance oversight and support. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined. The person in charge was supported within the centre by a clinical nurse manager and a team of nursing, care and support staff.

The provider had systems in place to monitor the quality and safety of the service provided to residents. Information arising from complaints, incidents and resident feedback was used to inform service improvements. Clinical and environmental audits were carried out on a scheduled basis and were effective in identifying deficits in the service. However, where deficits were identified, there was no corresponding quality improvement plan developed or evidence that the required action had been taken to improve the quality and safety of the service for residents. While there was evidence of governance and management meetings taking place between senior levels of management, there was no evidence that deficits in the service, identified through auditing, were discussed.

The centre risk management policy detailed the procedure for managing risks in the centre and the management systems that should be place for the oversight and monitoring of risks. As part of the risk management policy, a risk register to record all potential risks to resident's safety and welfare was required to be maintained. However, the inspector found that the management of risks was not in line with the centres own policy. Risks to residents safety and welfare such as, the impaired integrity of some fire doors and the storage of oxygen were not identified and appropriately entered into the risk register to mitigate the risk.

Record-keeping systems comprised of both electronic and paper based record systems. Information was securely stored and easily retrieved. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained all the information as required by the regulations. However, a review of a sample of resident records did not provide assurance that residents nursing records were maintained in line with professional and best practice guidelines.

On the day of inspection, there were sufficient nursing and healthcare staff, with the appropriate skill mix, to support the direct provision of care to the residents. The provider had increased the nursing staff with an additional staff nurse rostered to work from 4pm to 10pm, seven days per week. This additional resource was put in place to enhance resident and staff supervision and support the night nurse with the administration of medication. However, on the day on inspection, the position of

activities staff was vacant and additional staffing resources had not been rostered to cover this deficit in the roster. Additionally, the number of staff on duty to clean the premises was not adequate for the size and layout of the building.

An effective training and induction programme was in place to support staff in the provision of safe and effective care to the residents. Staff were facilitated to attend training commensurate their role. All training records reviewed were up-to-date. Systems were in place to ensure all staff had completed an induction that was overseen by an assigned mentor and members of the nursing management. Staff were supervised in their role by the person in charge and clinical nurse manager.

A complaints procedure outlined the process for making a complaint and the personnel involved in complaints management in the centre. A review of the complaints records found that all complaints were managed in line with the requirements of the regulation.

### Regulation 15: Staffing

There was insufficient staff to meet the social care needs of the residents as described under Regulation 9, Residents' rights.

The centre did not have an adequate number of cleaning staff available for the size and layout of the building to ensure that the environment and residents equipment was appropriately cleaned and as a result the centre had not maintained a high standard of cleanliness to provide a safe environment.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training in safeguarding of vulnerable people, fire safety and manual handling. Staff had also completed training relevant to infection prevention and control.

There were satisfactory arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant



## Regulation 19: Directory of residents

The directory of residents was reviewed and contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements.

The nursing records for residents' health and condition and treatment given were not completed in accordance with the requirements of Schedule 3. For example, a number of resident records did not accurately describe the health and condition and treatment provided to residents. A review of these records found that nursing notes were duplicated from previous entries over a four week period. This meant that the record was not person-centred and did not provide assurance that the daily care needs of the residents had been met.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The inspector found that management systems were not adequately robust to ensure the service was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- The systems to monitor, evaluate and improve the quality and safety of the service was not effective to identify risks. For example;
  - An audit completed in July 2022 identified gaps in daily fire checks and a requirement to carry out a scheduled fire drill. However, there was no improvement action plan to detail how the findings of the audit would be addressed.
  - The auditing systems did not include a review of infection prevention and control measures or the premises to support the management team to identify risk. Consequently, there was no quality improvement action plans or schedule of maintenance for the centre.
- The systems to manage and review risks were not robust. For example;
  - Identification of risk was poor and not in line with the centre's own risk management policy. For example, damaged fire doors and lack of

- appropriate fire detection had not been identified as a risk and therefore, no action had been taken to mitigate the risk.
- Risks such as the storage of oxygen had not been resolved or appropriately risk assessed.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A review of complaints received by the centre in 2022 evidenced that all complaints were managed in line with the requirements of the regulations.

A review of the records evidenced that complaints were acknowledged, investigated and the outcome communicated to the complainant, with the complainant's satisfaction with the outcome recorded.

Judgment: Compliant

### Quality and safety

Overall, residents health and welfare was maintained to a satisfactory standard of evidenced-based care. Residents reported that they received good quality care and support from staff and felt safe living in the centre. However, action was required with regard to the provision of social care for residents. In addition, the inspector found that action was required to ensure resident's safety, particularly in relation to fire safety and infection prevention and control, while living in the centre.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of fire alarm system, emergency lighting and fire-fighting equipment was available for review. Systems were in place to conduct daily checks to ensure means of escape were unobstructed and weekly checks were completed on the integrity of fire doors. However, action was required to ensure full compliance and ensure residents safety in the event of a fire. For example, some fire doors were not aligned and this resulted in a gap between the door and the door jambs when closed. This compromised the function of the doors in containing the spread of smoke and fire in the event of a fire emergency. The inspector was informed that the provider had arranged for a competent person to carry out a fire safety risk assessment of the premises in December 2022 and this assessment would also include fire doors.

There was adequate supplies of personal protective equipment available to staff and wall mounted hand sanatisers were placed throughout the centre and at the point of care. Arrangements were in place for the daily cleaning of the environment and staff

demonstrated an awareness of the centres cleaning procedure. However, the inspector found that the condition of some equipment and the physical environment, coupled with inadequate staff to clean the premises and lack of robust auditing, impacted on the standard of environmental hygiene and effective infection prevention and control measures in the centre.

The inspector reviewed a sample of resident care files and found that assessments and care plans evidenced that residents' needs were being assessed using validated tools. The care plans reviewed were person-centred and provided evidence-based guidance to support the current care needs of the residents.

A review of residents' records found that there was regular communication with the residents' general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented and reviewed frequently to ensure the care plan was effective.

Systems were in place to assess and monitor residents who may be at risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Residents reported that meals and mealtimes were an enjoyable experience. Menus were developed taking into account residents individual preferences and dietary needs. Monthly monitoring of residents weights was in place and weekly monitoring for resident identified as nutritionally at risk and this information was shared with health and social care professionals such as dietitians and speech and language therapists to inform person-centred nutritional care plans.

Arrangements were in place for residents to consult with the management team in the organisation of the service and were also provided with access to independent advocacy services. Residents were provided with access to local and national newspapers and were provided with access to telephone and internet services if they wished. Residents had access to television and radio in their bedrooms and communal dayrooms. Notwithstanding these positive findings, the provision of activities was poor. Records of residents' attendance and participation in meaningful activities evidenced that residents had not been facilitated with consistent activities over the previous three weeks.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or designated visiting area if they wished.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Visits were encouraged and residents could meet their relatives or friends in the privacy of their bedroom or in a designated visiting area if they

wished. Residents were also facilitated to go out to local amenities with their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

There is adequate space for residents personal storage that included secure storage for the safekeeping of valuables and money.

There were systems in place to record residents personal possessions on admission to the centre and update the record accordingly. Resident's personal clothing was laundered off-site and was returned in a timely manner.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents receive a nutritious and varied diet in pleasant surroundings at times convenient to them from a menu that offers choice and catered for specific diets. Drinks and nutritious snacks were available at all times and offered regularly and drinking water was readily accessible.

Food, including therapeutic and modified consistency diets, were presented in a manner which was attractive and appealing in terms of texture, flavour and appearance. Mealtimes were unhurried social occasions where sufficient numbers of staff to support residents with their meals.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by;

- There was an area of the premises that was in a poor state of repair that impacted on effective cleaning. For example, floors had gaps that trapped dirt and debris, doors and skirting were visibly chipped and damaged and did not facilitate effective cleaning.

- There was poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, bedrooms, sluice rooms and storage areas documented as cleaned were not clean on inspection.
- The sluice facilities did not have a dirty to clean flow. Toilet aids awaiting decontamination were stored in sinks below clean equipment. Storage cabinets in this area were visibly damaged and had an accumulation of dirt and evidence of damp on woodwork when inspected.
- Hoist slings continued to be shared between residents and there was no evidence of decontamination of this equipment. This presented a risk of cross infection to residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the registered provider to ensure full compliance with fire precautions in the centre. This was evidenced by;

- Some fire doors contained gaps due to damaged essential smoke seals and misalignment of the doors. For example, doors into the oratory had a visibly gap when released and a number of bedroom doors had gaps between the door and door jamb when closed. This compromised the function of the fire doors to contain smoke in the event of a fire emergency.
- Poor practices were observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system. For example, rubber wedges were used to hold two bedroom doors open.
- An area of the premises on the first floor was used to accommodate staff and office space and this area was not connected to the fire detection system.
- There was inappropriate storage of residents personal laundry hanging above the centres heating distribution system creating a fire risk.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment of needs completed on admission. Validated assessment tools were used to identify individual residents risk's such as the risk of malnutrition, impaired skin integrity and falls. The outcome of assessments were used to inform the development of the resident's care plans.

Care plans were effective in guiding staff to deliver person-centred care. Care plans were reviewed at intervals not exceeding four months, in consultation with the resident and, where appropriate, their relatives.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested. Services such as physiotherapy were available to residents weekly and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

### Regulation 9: Residents' rights

Arrangements had not been made to provide residents with consistent opportunities to participate in activities in accordance with their interests and capacities. Through conversations with the residents and a review of residents records, it was evident that residents had not been provided with meaningful activities in the absence of dedicated activities staff.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant

# Compliance Plan for Thorpe's Nursing Home OSV-0000436

Inspection ID: MON-0038285

Date of inspection: 25/10/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A new Activities coordinator has been appointed to meet the social needs of the Residents.</p> <p>We have reviewed the cleaning rosters and have altered the roster accordingly.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: PIC and CNM have reviewed the Medical Records and Care Plans, updated same and will continue to monitor same. All Nurses have updated their Training on Person Centered Care Planning.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC and CNM will monitor the Daily Fire Audits The Audits carried out in the Centre will now be accompanied by an Action Plan. This will be monitored on an ongoing Basis</p>	

<p>A maintenance Schedule will also be implemented.  Risk Management has been reviewed and appropriate actions taken.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  The Maintenance Program will identify any maintenance issues, these will be rectified accordingly. The areas identified during the inspection will be included in this log.  Audit system in place to ensure effective cleaning practice.  We will review the Clean / Dirty flow within the Sluice Room  The Use of slings will be reviewed and Monitored.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Fire Doors have been reviewed and will be repaired / replaced as appropriate  All wedges have been removed. And this practice will not continue.  Anywhere staff have access to the Fire Detection system will be reviewed and updated.  Resident's laundry will no longer be dried in the Hot Press.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  A new Activities coordinator has been appointed.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/12/2022
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	01/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/01/2023

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/12/2022