



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

Issued by the Chief Inspector

Name of designated centre:	Millbrook Manor Nursing Home
Name of provider:	Coolmine Healthcare Limited
Address of centre:	Slade Road, Coolmines, Saggart, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 April 2023
Centre ID:	OSV-0000763
Fieldwork ID:	MON-0039827

About the designated centre

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

Millbrook Manor was purpose built in 2015 and is provided over two floors. It is in a suburban village in South Dublin. They provide 24 hour nursing care to male and female residents over the age of 18 with low, medium, and high dependency needs. They provide both short and long term care. There are places for 63 residents, with 59 single en-suite bedrooms and two double rooms with en-suite. The centre has a range of communal areas inside, and enclosed garden, and also accessible grounds around the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 12 April 2023	08:55hrs to 17:25hrs	Arlene Ryan	Lead
Tuesday 11 April 2023	09:50hrs to 18:30hrs	Frank Barrett	Support
Tuesday 11 April 2023	09:50hrs to 18:30hrs	Gordon Ellis	Support
Wednesday 12 April 2023	08:55hrs to 17:25hrs	Karen McMahon	Support

What residents told us and what inspectors observed

The overall feedback from residents living in Millbrook Manor Nursing Home was positive. From what inspectors observed and the general feedback from the residents who spoke with inspectors, it was clear that the residents felt that it was a good place to live and they said that the staff were kind and supported them with their needs. The inspectors observed that residents were receiving a good standard of service and that the staff showed a caring and respectful attitude towards the residents in their charge.

On the days of inspection the inspectors were met by the reception staff, person in charge and general manager. The monitoring of temperatures and signs and symptoms of COVID-19 was undertaken on entering the nursing home and the inspectors signed the visitors log.

Following an introductory meeting, the inspectors did a walk around the nursing home accompanied by the person in charge and general manager. There was a large central foyer which held the reception desk, a communal seating area for both residents and visitors use, and a sun room. The seating areas were comfortable and inviting. The foyer had an active and vibrant atmosphere throughout the day with many residents and their families using this space.

During the morning time a visitor informed inspectors that they were always greeted on entering the nursing home and were able to receive updates on their loved one from the person in charge or nursing staff whenever they wanted. Another resident's daughter reported that they were encouraged to visit at any time and were always kept informed of their parents' care and well-being. Another resident that spoke with inspectors expressed satisfaction with the care and facilities that the centre was providing. Overall the residents who spoke with the inspectors were very complimentary of the care they received.

The residents' rooms visited by the inspectors were seen to be homely and decorated to the residents' individual taste. Rooms were decorated in different colours and some residents said that this helped them identify their own rooms more easily. The inspectors noted some residents had their rooms decorated and furnished with items from home such as pictures, photographs, cards and ornaments, while some had their rooms' more minimally decorated, all decided by the residents' own preference. The residents had adequate storage in their rooms and access to a lockable unit for the safekeeping of personal items.

The residents told inspectors that they enjoyed their food and had a good choice available to them. There were multiple dining areas throughout the centre. Some residents chose to eat in their bedrooms and this was facilitated by staff. Colourful menus with pictures of food options, for that day, were seen on display in the dining rooms. The menus showed evidence of ample food choice for residents and also included any relevant allergen information. Inspectors observed staff promoting

residents' independence at mealtimes and providing assistance when required in line with best practice. Drinks were offered frequently and residents could request food or a drink at any time.

The inspectors had the opportunity to speak with some visitors in the centre and all expressed satisfaction with the care received by their loved one. One resident told the inspectors, that while they had no issue with the care or facilities provided in the centre they just wanted to be at home. The person in charge informed inspectors that the resident was being supported with this request and that the independent advocacy services had been contracted to support the resident.

The designated centre had colourful information displays throughout the nursing home informing residents about the National Screening programmes, pharmacist information, information on HIQA inspections and concerns/safeguarding information.

A resident told the inspectors that they were facilitated to attend a variety of activities throughout the day. The activity schedule for the week was evident in the communal areas and photographs on walls around the designated centre reflected the participation and enjoyment of these activities. The centres hair dresser was also present on the day of the inspection and was based in a small salon in the reception area which was easily accessible by the residents. Residents told inspectors that they looked forward to having their hair done in the salon.

There was an enclosed courtyard, accessible to residents on the ground floor through the sun room and residents lounge. Inspectors noted that the doors had not yet been unlocked during the morning walk around. The doors were subsequently unlocked when the person in charge was alerted to this by inspectors. Assurances were given by the person in charge that the doors were usually unlocked during the day time and only locked at night for security.

Staff who spoke with inspectors on the days of inspection reported being happy working in the designated centre and said that they felt supported by management. They said that they felt they were facilitated to attend both mandatory and other training relating to their roles. Staff were able to answer questions on safe-guarding and medication management appropriately and clearly demonstrated understanding of good practises.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

There was a clearly defined management structure in place with clear lines of

authority and accountability. The registered provider ensured that sufficient resources were available to provide a good standard of care for the residents. However, this inspection identified that further action and improvements were still required in relation to governance and management, premises, information for residents, infection control and fire precautions.

The purpose of this unannounced risk and fire inspection was to monitor ongoing compliance with the regulations and to review an application submitted by the registered provider to vary conditions 1 and 3 of the current registration. This was to increase the numbers of residents in the designated centre through the provision of an additional 22 single ensuite bedrooms, additional communal spaces and store rooms. The extensions affecting the ground floor, first floor and an additional two storey extension was complete when the inspectors inspected the centre. However, inspectors required some additional documentation and assurances in order to support this application.

Coolmine Healthcare Limited in the registered provider for Millbrook Manor Nursing Home. The senior management structure was clear with a management team comprising of the company directors, general manager and person in charge. The person in charge worked full-time in the centre and was supported in their management role by three clinical nurse managers (CNM's) and house manager, administrators and accounts staff. A minimum of one clinical nurse manager was scheduled to be on duty each day covering seven days per week. Other staff members included nurses, health care assistants, activity, catering, housekeeping, laundry, maintenance and reception staff.

Staffing levels were adequate for the number of residents residing in the centre on the day of inspection. A recent recruitment campaign had increased the centre's number of staff in preparation for the opening of the new beds. Inspectors observed ample staff around the centre on the days of inspection and noted that all call bells were answered promptly. The training records showed that staff were mostly up-to-date with their mandatory training requirements and staff told the inspectors that they had access to training. Some training was online and other sessions were undertaken in-house, such as fire safety training.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the provider. The systems included a comprehensive auditing programme which was regularly reviewed and had led to improvements in practice such as the identification of the need for additional clinical hand wash sinks and the action plan to address this. However, some of the non-clinical audits and oversight processes did not identify issues relating to fire safety and premises issues as identified under the individual regulations below. Weekly governance reports were completed and reviewed by the general manager and person in charge. These were signed off and any matters arising were addressed in an action plan. The annual quality and safety review was available to inspectors and included evidence of consultation with residents and their families such as resident satisfaction survey and analysis of results, and a summary of complaints.

Inspectors reviewed procedures in place to protect residents in the event of a fire. Staff who spoke with inspectors were very familiar with the methods of evacuation, and the placement of evacuation aids throughout the centre. Inspectors found that staff in the centre were practicing fire evacuation drills regularly, and there was some good reaction times recorded. However, on speaking with staff in the kitchen, the procedure in relation to raising the alarm, and the gas detection facility required review as inspectors could not be assured of the gas detection system, or the shutting off procedure if staff were not present. The practice around storage throughout of the centre required review as they were found to be overcrowded, contrary to the centre's own policy on storage. These issues are detailed further under Regulation 28 Fire precautions

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary the registration of the centre and increase the bed capacity by 22 beds was submitted to the Authority. The inspectors reviewed all the documentation received to support this application prior to the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there was a sufficient number of staff available, with the appropriate skill mix, to meet the assessed individual needs of residents, given the size and layout of the centre. Planned and actual staff rotas were available and reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records reviewed showed that mandatory training was up to date for the majority of staff working in the centre. There was a planned training schedule in the coming weeks for those in need of updated training. There was evidence that training was regularly reviewed and planned according to the needs of the service.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed. They were compliant with the regulations. An Garda Síochána vetting had been completed for staff prior to commencing work.

Residents' records were stored on site in a locked storage room. The records were tracked by administration staff and prepared for destruction in line with the regulations time frame.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance to cover injury to residents and loss or damage to the residents' property was in place and the certificate of insurance was on display in the entrance hall.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that improvements were required to governance and management to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Non-clinical audits had not identified risks in relation to the findings of the inspection such as fire door integrity, door seals and storage issues.
- Improved oversight was required in the management of fire safety. The systems in place were not effective, safe and continuously monitored. Improvements were required in weekly checks being carried out at the centre to identify issues with fire doors.
- The fire safety policy at the centre outlined that a fire safety risk assessment (FSRA) would be carried out by a competent external party, and reviewed annually. There was no external fire safety risk assessment at the centre on the day of inspection. The FSRA on file was an internal document which failed to highlight areas of concern (as detailed under Regulation 28 Fire precaution).

Judgment: Substantially compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their health care needs were well met. Residents informed the inspector that they were happy, were well looked after by the staff and felt safe. The inspectors were satisfied that the residents were supported to enjoy a good quality of life in the centre. Good leadership, governance and management arrangements were in place in the designated centre with a clear organisational structure. The service was led by the general manager and person in charge and was supported by a team of clinical nurse managers on the day of inspection. However, some urgent improvements were required in relation to the premises, infection control practices and fire precautions as detailed under the individual regulations.

Overall the facilities and premises was observed to be clean and tidy and adequate for the needs of the residents. Alcohol hand gel dispensers were available along corridors and in communal rooms for resident, staff and visitor use. The provider was in the process of installing additional clinical hand washing sinks on the corridors for staff use. However all the clinical hand wash basins installed included a swan-neck tap which required a risk assessment to reduce the risk of contamination within the tap mechanism itself. This risk assessment was submitted shortly after the inspection. Improvements required in relation to sluice rooms are detailed further in regulation 17 Premises and regulation 27 Infection Control.

The first floor sluice room was located a long way from some bedrooms and the new extension. Longer travel distances for staff from resident rooms to empty bedpans and urinals increased the risk of spillages and cross contamination. The general manager and person in charge told the inspectors that they were considering relocating this room to reduce the associated risks. This room was undergoing renovation on the days of inspection and therefore did not contain a hand hygiene sink or sluice sink as required by the national standards.

Inspectors reviewed the arrangements in place relating to fire safety. Inspectors found detailed Personal Emergency Evacuation Plans (PEEPs) were in place and provided sufficient detail to guide staff on the evacuation methods for each resident. Staff were knowledgeable on the emergency evacuation methods, and on the procedure for horizontal evacuation. When asked, staff were able to identify the compartments within the building, however, on viewing the layout plans posted in each room, and throughout the centre, the compartments were not identified on these plans. The centre was equipped with a fire detection and alarm system to "L1" status, which means that all areas are covered by fire detection.

During the inspection, inspectors found that some doors were not in the position shown on the centres layout drawings, and additional doors were installed in other areas. Improvements were required to the containment measures in place at the centre. Inspectors observed damage to several fire doors, including cross compartment doors. Inspectors also found that fire sealing within compartments

was inadequate or non-existent for example, in the plant room in the basement. This would mean that in the event of a fire, containment of fire and smoke could not be assured. This is detailed under regulation 28 fire precautions.

Regulation 12: Personal possessions

Residents had adequate storage available for their clothes and personal belongings in their rooms. Each resident had access to a lockable unit for the safe storage of any valuables. Laundry facilities were available on-site and residents' clothes were returned to them clean and fresh every second day.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the centre provided a premises which was mostly in conformance with Schedule 6 of the regulations, however improvements were required for example:

- The sluice rooms were not in line with the requirements of the national standards. The standards require a sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system. This was not in place in the sluice rooms on the day of inspection.
- There was inappropriate storage of equipment and supplies in some store rooms, such as cardboard boxes on the floors preventing effective cleaning.
- One room had electrical tape on the plug socket. This was addressed on the day of inspection.
- The carpet flooring in parts of the building was stained and posed difficulties with cleaning on the first floor.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available and was provided with a copy of the centres statement of purpose to residents and their families. A copy of both was available in the entrance hall. However, the residents guide was not detailed and referred to the statement of purpose for much of the information required. A new draft residents guide was prepared on the day of inspection but required finalising.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence of appropriate procedures in place, in the event of temporary absence or discharge of residents. Residents' requiring transfer to hospital had a nursing transfer letter, copy of their drug administration chart and a health passport (document containing personalised care information) sent with them. Care plans reviewed, on the day of inspection, showed evidence of review/amendment on the residents return form hospital, to reflect any changes to care made in hospital. Relevant transfer documents were also filed appropriately, on return to the designated centre and were easily accessible to nursing staff for reference

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there were good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- Both sluice rooms required clinical hand wash sinks in line with national standards.
- Cups with spoons used for medication administration were seen stored on the on medication trolleys. Some of these cups also had pens and scissors stored in them creating a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the good practice found on inspection in relation to fire drills, and the installation of additional cross corridor doors to reduce the number of residents in each compartment in some sections of the centre, the registered provider did not make adequate arrangements for containing fires. Inspectors could not be assured of effective compartmentation within the building, for example:

- The fire doors at the centre required an assessment review. A number of cross corridor doors throughout the centre were fitted with double swing hinges which had large sections removed from the tops of the doors to accommodate the hinge. These doors were the dividing line between

compartments, and given the issues found, they would be ineffective at containing fire and smoke in the event of a fire.

- The policy at the centre outlined the procedure to check fire doors and ensure that no gaps above 3mm are present between door and frame. On the day of inspection, many doors with excessive gaps were found throughout the centre, and alterations had been made reducing the integrity of the doors.
- A cross corridor compartment door was not in place on the ground floor corridor south east wing, contrary to the floor plans. This resulted in the largest compartment being 12 residents and not eight as per the floor plan. It was noted at the inspection that staff fire drills included this compartment and trained for 12 residents.
- A recently installed hand hygiene sink was fitted in a corridor wall. Assurances were required of the integrity of the fire rating of the wall was intact following this installation.
- Extensive service penetrations were found in the basement plant room which appeared to have no fire sealing around them. This would result in a lack of containment within the plant room in the event of an emergency.
- Doors enclosing electrical distribution rooms were fire doors, however, there was no evidence of fire sealing between the door frames, and the walls into which they were fitted. This would result in a lack of containment of fire and smoke in the event of a fire.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment for example:

- There was inappropriate storage and excessive amounts of combustible materials were found in storage rooms for example; the basement storage area. This area appeared to be constructed of a single layer of plywood, and did not have any fire doors fitted. This room was overfilled with combustible materials such as christmas decorations, activities material and chairs. This room was cleared by the provider by day two of the inspection.
- A chemical room was constructed at the back of a storage room in the basement. Inspectors could not be assured of the fire rating of the room, and access to this room was obstructed through the storage area. No fire fighting equipment such as fire extinguishers were available at this area.
- Assurance was required for the system for the detection of gas in the kitchen. Cooking was carried out using gas. The shut off system would require staff to manually shut off the valve. The risk of a gas leak had not been assessed which could result in a gas leak going undetected if the kitchen was not occupied.
- There was no fire detection in the first floor storage room.
- Oxygen concentrators in the residents rooms did not have any hazard signage in place. This was rectified on the day of inspection.

The registered provider did not provide adequate means of escape for example:

- Dining tables were partially obstructing the escape route from one section of the day room through the newly constructed section to the outside. This

could result in difficulty in evacuation of persons from this area with mobility aids in the event of a fire.

- A section of corridor did not have any emergency evacuation directional signage (running man sign).

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that all medicinal products were stored appropriately in locked cupboards and drug trolleys. There was a working fridge with daily temperatures recorded in the nurses' treatment rooms. These were also noted to be safely locked and stored only appropriate medicines that needed to be refrigerated. Nursing staff were witnessed adhering to safe medication administration practices. Pharmacy information was evident and accessible to residents.

Judgment: Compliant

Regulation 8: Protection

Staff were up to date with safeguarding mandatory training and systems were in place to ensure that training was completed. Staff who spoke with the inspector were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

There were private spaces available for residents to meet with visitors other than in their bedroom. The registered provider was not a pension agent for any residents.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Millbrook Manor Nursing Home OSV-0000763

Inspection ID: MON-0039827

Date of inspection: 12/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Fire safety audit template to be reviewed to make sure all fire safety areas are checked /audited daily, weekly, monthly or annually. • FSRA will be completed by external party as per Policy 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Both floors sluice rooms are now with requirements of national standards- large sufficient, sluice sink installed, directly connected to the foul drainage system. • Top floor sluice room moved to different location to minimize risk of infection. • All store rooms checked and reorganized to keep floor free from any storage and easy to clean. • All plug sockets checked and in good and safety order. • Both floors carpet cleaner was booked prior an inspection and was completed 12th and 13th of April. • Carpet floor replacement plan in place. 	
Regulation 20: Information for	Substantially Compliant

residents	
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • Residents guide updated. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Both floors sluice rooms are now with requirements of national standards- large sufficient, sluice sink installed, directly connected to the foul drainage system. • Top floor sluice room moved to different location to minimize risk of infection. • Cups with spoons removed from the trolleys – disposable spoons stored with container with lid, available to administer medication. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All fire door to be reassessed for compliance in fire safety and replaced if required • All fire doors and compartments to be assessed by external fire consultant. • South east wing compartment door to be placed according to the floor plans • Fire safety integrity of the wall where clinical sink was fitted remain intact following installation. • All fire door frames inclosing electrical distribution will have fire sealing between frame and a wall. • Basement storage are will be fire proofed with the fire door fitted • Excess chemicals no longer stored on the premises, chemical storage room no longer required. • Gas shut off valve installed in kitchen. • Fire detector fitted in first floor storage room. • "Do not obstruct "signage installed in dining room. • Emergency evacuation signage (running man sign) installed on the corridor identified on inspection. 	

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	12/05/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	19/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 27	The registered	Substantially	Yellow	12/05/2023

	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.	Compliant		
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	12/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2023