

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Caherass Nursing Home
<b>Centre ID:</b>	OSV-0000411
<b>Centre address:</b>	Caherass, Croom, Limerick.
<b>Telephone number:</b>	061 600 930
<b>Email address:</b>	caherassnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services Unlimited Company
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
17 September 2019 10:30	17 September 2019 18:00
18 September 2019 09:00	18 September 2019 14:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

**Summary of findings from this inspection**

Caherass Nursing Home is a modern, purpose-built facility, set in a rural location close to the town of Croom. It is a two storey premises with bedroom and communal accommodation on both floors. Bedroom accommodation comprises 22 single bedrooms on the ground floor and 26 single and one twin bedroom on the first floor. All bedrooms are en suite with toilet and wash hand basin. There are separate shower facilities located on both floors. Access between floors is provided by lift and by keypad controlled stairwells.

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also identified some issues in relation to health and safety. Overall, the inspector found

that residents with dementia received a high standard of evidence-based nursing care and had access to appropriate healthcare services to meet their needs.

As part of the thematic inspection process, providers were invited to attend information seminars facilitated by the Office of the Chief Inspector. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge assessed the centre as compliant in two of six outcomes and substantially compliant four outcomes.

The journey of a sample of residents with dementia within the service was tracked. The inspector reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted by the centre prior to this inspection as part of their self-assessment process. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by the inspector were person-centred, therapeutic, respectful and kind.

The inspector found that the management team and staff were committed to providing a quality service for residents with dementia and were working to ensure the service was provided to a high standard. Restraint had all but been eliminated and the only form of restraint in use was environmental through locks on doors. A person-centered approach to care was observed. Residents appeared well cared for and it was evident that independence was promoted. The inspector met with the residents, some of whom had advanced dementia. The inspector also spoke with family members of residents who had dementia. The feedback was overwhelmingly positive.

There were adequate numbers and skill mix of staff to meet the care needs of residents. A staff recruitment, induction, supervision and training programme was in place. The inspector observed numerous examples of good practice in areas examined which resulted in positive outcomes for residents. The results from the formal and informal observations were positive and staff interactions with residents were caring and kind. Facilities for the entertainment and occupation of residents, however, could be enhanced as there were periods of time when residents were left alone in the sitting room with minimal stimulation. Access to outdoor space could also be improved. Over the days of the inspection the weather was sunny but the door to the outdoor space was locked on the first day of the inspection and residents would have to ask staff to unlock the door if they wished to go outside.

The general décor was of a high standard. The environment could be enhanced through the provision of improved signage to support residents with a cognitive impairment navigate the centre, however, the inspector was informed that this was on order. Residents had good access to their general practitioner and other

therapeutic services relevant to their needs. Care plans were of a very high standard, were person-centred and guided staff in meeting the care needs of residents.

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia.

Of the 48 residents in the centre on the days of the inspection, 23 had a formal diagnosis of dementia and another 15 residents had some degree of cognitive impairment and were suspected of having dementia.

Residents were admitted from a variety of locations, including from acute hospitals, from home and from other nursing homes. A pre-admission assessment was usually carried out prior to admission by the person in charge.

Residents had access to general practitioners (GPs) of their choice. Medical notes indicated that residents were reviewed regularly by their respective GPs. Residents with dementia were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. There were records available showing that information was shared between the centre when residents were transferred to hospital or discharged to the centre.

There was good access to allied health services and there was evidence of referral and review. Systems were in place for residents to have regular reviews by dental and optician services. Systems were also in place to ensure that residents that qualified for national screening programmes were facilitated to participate in the programme, should they so wish.

Nursing records were maintained predominantly in electronic format. Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as the risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed based on these assessments and these were seen to contain comprehensive information on each resident and were an excellent guide to support staff provide person-centred care to each resident on an individual

basis. These care plans were reviewed regularly and updated to reflect any changes in each resident's status and to incorporate any new advice from medical and allied health professionals.

The inspector found that staff knew residents well and were knowledgeable regarding residents' likes, dislikes and their individual needs. There was a system in place to ensure that the resident and their families were consulted in relation to the development of the care plan.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services, as required. Staff in the centre had recently received an award recognizing their efforts in providing a high standard of end of life care. A sample of care plans reviewed indicated discussions with each residents around end of life preferences, including treatment preferences in the event of cardiac arrest or a gradual deterioration in the resident's health status. Most residents were accommodated in single rooms, which supported residents to have privacy and dignity at end of life. Residents' relatives were facilitated to stay overnight with them when they became acutely ill and there were tea and coffee making facilities for relatives. Religious and cultural needs were facilitated. There was mass in the centre each week and members of the local clergy provided pastoral and spiritual support to residents as they wished.

The nutrition and hydration needs of residents with dementia were assessed and monitored. A validated assessment tool was used to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked regularly with an increase in the frequency of weights for those residents that were identified as at risk of malnutrition. Nutritional assessments and care plans were in place that outlined the recommendations of the dietician and speech and language therapists, where appropriate.

A discussion with catering staff indicated that they had a personal knowledge of individual residents likes and dislikes. Food was attractively presented and residents requiring assistance at mealtime were assisted in an appropriate manner by staff. Residents had a choice of food at meal times, including residents that were prescribed a modified diet. Most residents had their lunch and evening tea in the dining rooms and meal times were seen to be social occasions.

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. All residents had photographic identification in place. Prescriptions were typed, clearly legible and all were signed by a medical practitioner. Medications in the centre were supplied in a monitored dosage system. There was a system of reconciliation to ensure that what was delivered matched the prescription. Medication management practices were also monitored through the audit system.

The supply and administration of scheduled controlled drugs was checked and was correct against the drug register, in line with legislation. Two nurses checked the quantity of these medications at the start of each shift. Nursing staff spoken with by the inspectors displayed a good knowledge of the requirements in the area of controlled drugs and the responsibilities of the registered nurse to maintain careful records.

**Judgment:**  
Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a policy and procedure in place to inform the prevention, detection and response to any allegations, disclosures or incidents of abuse in the centre. Staff were facilitated to attend training on recognising and responding to suspicions or allegations of abuse and all staff had attended this training. Staff spoken with by inspectors demonstrated a good knowledge of what constituted abuse and what to do in the event of suspicions of abuse. Residents told the inspector that they felt safe in the centre and spoke positively about the staff caring for them. All interactions by staff with residents observed by the inspector were kind and respectful.

There were no barriers to residents, relatives or staff reporting abuse. Where there were suspicions or allegations of abuse, these were adequately investigated and safeguarding measures were put in place while the investigation was underway.

There were systems in place for the management of residents' finances. The inspector was informed that the provider was pension agent for a small number of residents. The procedures in place for managing finances were reviewed and the inspector found that satisfactory records were maintained.

There was a policy and procedure in place for the management of responsive behaviour. The inspector was told that a small number of residents with dementia were predisposed to experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable of the various triggers that may precipitate these behaviours and how to prevent them from escalating.

A policy to inform management of restraint was available and reflected procedural guidelines in line with the national restraint policy. It was clearly evident that staff in the centre explored all alternatives prior to using restraint. The only form of restraint in use was environmental, such as locks on doors. On the days of the inspection, no residents had bedrails or lap belts in place and no resident was prescribed PRN (as required) psychotropic medications.

**Judgment:**



Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents, including residents with dementia, were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There were adequate arrangements in place for consultation with relatives and families, who said they were regularly asked for their views in relation to their relatives' care and the service provided. There were regular residents' meetings and residents were also consulted on a one-to-one basis.

The inspector observed that staff interacted with residents throughout the day, while also respecting their privacy. Residents were able to exercise choice in relation to the time they got up and went to bed and told the inspector they were able to have breakfast at a time that suited them.

The inspector spent four periods of time observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in the communal sitting areas and dining rooms. The inspector observed that staff knew residents well and engaged with them in a personal, meaningful way by asking about their wellbeing, plans for the day, activities and meals. The inspector observed that residents had good levels of social engagement that appeared to provide them with enjoyment when staff were present in the sitting rooms. Residents told inspector that they had good relationships with staff and found them very helpful.

Social care opportunities were facilitated by a designated activity coordinator who was present in the centre for five days each week, which included one Saturday each month. The programme of activities included group activities such as gardening, puzzles, bingo, word games and Sonas. There were also one-to-one activities for residents that did not wish to participate in group activities. Some activities, such as music and arts and crafts, were provided by external providers. There were also occasional trips to local amenities such as a local hotel for afternoon tea, an art exhibition and a visit to the local pub. While there was a range of activities available during the time the activity coordinator was present in the centre, the inspector did observe considerable periods of time when residents spent time alone in the sitting rooms with little or no stimulation of interest to them.

While there was enclosed outdoor space, access to this was restricted by key. The

inspector was informed that access was restricted due to identified risks such as the possibility of the gate being left open for delivery staff and a slope leading to the outside. The inspector requested the person in charge to review the identified risks in the context of making the outdoor space more accessible to residents while maintaining their safety.

During main meal times, staff were observed to offer assistance in a respectful and appropriate manner. All staff sat beside the resident they were assisting and were noted to encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace, with minimal assistance to improve and maintain their functional capacity. Adequate time was allocated to mealtimes and residents were observed to take as much time as they wished over their meals.

The inspector was informed that the returning officer visited the centre and residents were facilitated to vote in local and European elections and in the referendum.

**Judgment:**  
Substantially Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a complaints procedure in place. The inspector found that any complaints made in the centre were listened to and acted upon in a timely manner. Information advising residents and others about how to complain was described in the residents' guide, the statement of purpose and the procedure was on display. The person in charge was responsible for addressing complaints.

The inspector spoke with a number of residents who confirmed that they were aware of the procedure in relation to making a complaint and would feel confident to do so, if needed.

The inspector reviewed the complaints log. A record was kept of all complaints. Complainants were updated promptly of the outcome of the investigation. All complaints were reviewed by the person in charge and areas for improvement and learning were identified and discussed at staff meetings.

**Judgment:**  
Compliant

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***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector observed staff providing care in a respectful manner. Residents appeared to be familiar with staff and were complimentary of the caring nature of staff.

Staff were appropriately supervised, which included an induction process for new staff and ongoing appraisals for existing staff. An actual and planned roster was maintained in the centre, with any changes clearly indicated. There was a regular pattern of rostered care staff. Based on a review of the roster and the observations of the inspector, there were adequate numbers and skill mix of staff to meet the needs of the residents living in the centre on the days of the inspection.

The staff in the designated centre were knowledgeable of the residents, their needs, personalities and preferences. Inspectors observed staff speaking with residents in a polite, patient and friendly manner with good person-centred interactions and dementia friendly methods of engagement. When assisting residents, staff were discreet and respectful of residents' dignity, guiding the resident when transferring or mobilising and ensuring the person was comfortable. Staff were facilitated to attend mandatory training in manual handling, fire safety, responsive behavior and safeguarding of vulnerable adults. Call bells were answered in a timely fashion. Residents spoke positively to inspectors about the staff of the centre.

Of a sample of personnel files reviewed, staff had all documentation required under Schedule 2 of the regulations, including evidence of qualifications and vetting by An Garda Síochána.

**Judgment:**  
Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre is a modern, purpose-built facility, set in a rural location close to the town of Croom. It is a two storey premises with bedroom and communal accommodation on both floors. Bedroom accommodation comprises 22 single bedrooms on the ground floor and 26 single and one twin bedroom on the first floor. All bedrooms are en suite with toilet and wash hand basin. There are separate shower facilities located on both floors. Access between floors is provided by lift and by keypad controlled stairwells.

The centre was bright, clean, and well maintained throughout, with appropriate heating and lighting as required. The entrance area was bright and nicely decorated. There was a sitting room close to the entrance on the ground floor that was suitably furnished. There was access to a secure outdoor area from the sitting room that was controlled with a key. There was adequate dining space located adjacent to the sitting room.

There was also a sitting room and dining room located on the first floor. There was a balcony area located off the sitting room and access was controlled with a key. The balcony offered views of the surrounding countryside and was decorated with items created by residents as part of the programme of activities.

Communal areas throughout the centre were furnished in a homely style with dressers and soft furnishings. Handrails were provided in circulation areas and there were grab-rails in shower and toilet facilities. Specialist assistive equipment, such as hoists, were available as necessary. Residents' rooms were well maintained and personalised to varying degrees with individual belongings and memorabilia. Each room provided a bedside locker, chair and wardrobe. The centre was decorated with pictures, mirrors, clocks and soft furnishings. Staff were provided with separate changing and storage facilities. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. There is temporary signage located throughout the centre to assist residents and visitors to navigate the centre and permanent signage has been ordered with delivery awaited.

**Judgment:**

Compliant

***Outcome 07: Health and Safety and Risk Management***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Some areas of required improvement were identified during the inspection. These

included:

- there was a gap in some fire doors that would compromise the ability of the doors to adequately contain smoke and flames in the event of a fire. The door to the laundry was repaired during the inspection but a full review of all fire doors was required.
- oxygen cylinders were stored outside the centre, chained to a garden shed. The cylinders were covered in grass as a result of the lawn being cut.
- while there was thermostatic control for the water the temperature of the water from some hot water taps posed a risk of scalding to residents.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Caherass Nursing Home
<b>Centre ID:</b>	OSV-0000411
<b>Date of inspection:</b>	17/09/2019
<b>Date of response:</b>	21/10/2019

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Residents' Rights, Dignity and Consultation

#### Theme:

Person-centred care and support

#### The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

While there was enclosed outdoor space, access to this was restricted by key. The inspector was informed that access was restricted due to identified risks such as the possibility of the gate being left open for delivery staff and a slope leading to the outside. The inspector requested the person in charge to review the identified risks in the context of making the outdoor space more accessible to residents while maintaining their safety.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**

We will ensure that the access gate will be kept locked in order to facilitate keeping the door to the garden area unlocked so that residents can enjoy unrestricted access to the garden.

We will ensure that all suppliers of goods and services to the nursing home are informed of the need to collect the key as this access gate is now locked.

There will continue to be an alert to the nurse call bell system when residents open the door to the garden, but this is only to ensure that a member of staff can provide assistance or supervision as required and will not restrict residents from freely accessing the outside areas as they wish.

The risk register and individual resident care plans will be updated to reflect the residents preferences regarding access to outside space.

**Proposed Timescale:** 31/10/2019

**Theme:**

Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

While there was a range of activities available during the time the activity coordinator was present in the centre, the inspector did observe considerable periods of time when residents spent time alone in the sitting rooms with little or no stimulation of interest to them.

**2. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**

- We will ensure that Healthcare assistants are allocated daily to be involved in activities with the residents as part of their daily duties.
- Several residents prefer to remain in the Quiet Room on the first floor, especially residents who find the noise of the communal areas can be over-stimulating, including TV, radio etc. We will ensure that there is a record in the individual care plan of those residents who indicate a preference for a less stimulating environment.
- We have scheduled individual therapeutic interactions with the Activities Coordinator, in accordance with their PAL assessments. These sessions are outlined in each individual resident's care plan.
- An additional Healthcare assistant will undertake Sonas training by 31/01/2020 to enable participation in active reminiscence programmes for residents with a diagnosis of dementia.

**Proposed Timescale:** 31/01/2020

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

While there was thermostatic control for the water the temperature of the water from some hot water taps posed a risk of scalding to residents.

**3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

Repair works and plumbing repairs have been undertaken to replace a faulty valve, which will regulate the water temperature.

Water is now consistently at the correct temperature since the repairs have been undertaken and this is frequently checked.

**Proposed Timescale:** 21/10/2019

**Theme:**

Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Oxygen cylinders were stored outside the centre, chained to a garden shed. The cylinders were covered in grass as a result of the lawn being cut.

**4. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**

We have purchased a purpose-built cage for the appropriate and safe external storage of oxygen cylinders in accordance with the home's policies and procedures.

**Proposed Timescale:** 21/10/2019

**Theme:**

Safe care and support



**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

There was a gap in some fire doors that would compromise the ability of the doors to adequately contain smoke and flames in the event of a fire. The door to the laundry was repaired during the inspection but a full review of all fire doors was required.

**5. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

A full review and inspection of fire doors was carried out and all issues are being addressed. All fire doors will be in full compliance with fire safety recommendations following this comprehensive review.

**Proposed Timescale:** 31/10/2019