



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

## Issued by the Chief Inspector

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	16 February 2021
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0031559

## About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 February 2021	09:30hrs to 16:30hrs	Caroline Connelly	Lead
Tuesday 16 February 2021	09:30hrs to 16:30hrs	Catherine Furey	Support

## What residents told us and what inspectors observed

At the time of the inspection, the centre had recently been declared free of COVID-19, following a significant outbreak which had impacted greatly on the residents, their families and staff. Level five restrictions were in place, which had an impact on the lived experience of the residents in the centre. However, from the observations of the inspectors and what residents told us, it was clear that the residents received a high standard of quality care. The overall feedback from residents was that the management and staff were kind and caring and that despite the COVID-19 outbreak, they were happy living in the centre.

On arrival to the centre, inspectors were met by the Assistant Director of Nursing who ensured that all necessary infection prevention and control measures including hand hygiene and temperature checking were implemented prior to accessing the centre. Inspectors were guided on a tour of the centre by the person in charge. It was very evident from the walk around with the person in charge that he was well known to all residents, who greeted him by his first name and were very complimentary about the care and attention he afforded them. Inspectors spoke with approximately eight residents in detail during the inspection to identify their experiences of living in Waterford Nursing Home. All of the residents who spoke to inspectors were highly complimentary of the service provided and described the staff as kind, caring and obliging. One resident described how they were upset when first admitted but that "wild horses would not drag me out of here now, staff are out on their own". Others said staff will do anything for you. The inspectors observed resident and staff interactions throughout the day and observed kind and caring interactions. It was obvious that staff knew the residents well and vice versa. Residents told the inspectors they were grateful to the staff for all the care they received during the outbreak and were very relieved that it was over.

On advice of Public Health and to ensure the continued safety of residents, the centre remained split into two zones, upstairs and downstairs, with no interaction of residents and staff where possible between the two. Each floor had a dining room and separate sitting area which ensured adequate space for the safe social distancing of residents during meals and activities. Some residents that inspectors spoke with said they preferred to have their meals in their rooms. There had been a number of residents who had moved bedrooms to allow for cohorting of residents during the COVID-19 outbreak. Most of the current residents had been reassigned to their respective rooms. Inspectors spoke with a resident who expressed relief at being back in her own room, however she was knowledgeable about the outbreak and stated that she had been kept informed of the reasons for the move by the person in charge. The centre was preparing for a new admission that afternoon and the person in charge was aware of the HPSC guidelines and procedures to be followed.

There was a staff member in the role of activity coordinator who was well known to the residents. The inspectors observed different activities taking place during the

inspection such as brain teasers, one to one activities and bingo which was a favourite of many of the residents. Social distancing was seen to be maintained in the day rooms and a number of residents choose to remain in their bedrooms. During the activities, the staff were observed to bring out the best in residents encouraging them to participate. Residents were also observed to walk around the centre accompanied by staff and into the grounds which they said they enjoyed. The centre had been decorated for Valentines day with heart shaped balloons. Pictures of residents activities adorned the walls.

Inspectors observed frequent tea and drinks rounds and residents were complimentary about the choice of food. The person in charge and assistant director of nursing was seen to oversee the care of residents and were a visible presence on the floor. Residents said they were aware of COVID-19 and the effects of it and regularly discuss it with the person in charge and the staff. They were made aware of visiting restrictions and a number of residents said they had missed their families as level five restrictions had been imposed with no internal visitors. However, residents told inspectors they spoke to their families via phones, Whatsapp and other forms of technology. Visiting on compassionate grounds was also facilitated.

Inspectors saw that some of the bedrooms were beautifully personalised with chairs, ornaments and lamps brought in from home. Pictures of family members were seen in many rooms and some placed on the wall at a level where residents could see them when lying in bed. Residents meetings were facilitated and the person in charge had informed residents of any changes via newsletters. The views of residents were sought at meetings and through satisfaction surveys. The centre was observed to be clean throughout and there was sufficient cleaning staff on duty. A review of the storage space within the centre was required as this was limited in some areas leading to clutter. Inspectors saw that residents had easy access to a large outdoor enclosed garden with raised flower beds and plenty of seating for residents to enjoy. This was available at the back of the centre with doors opening off the dining room. A smaller roof garden balcony was also available off the main sitting room upstairs allowing residents access to fresh air and views of the garden. Residents confirmed they enjoyed the garden areas very much in the fine weather.

Overall, the residents that inspectors spoke with expressed feeling content in the centre. Staff spoken with stated that they were well supported by management. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had

been addressed and rectified.

The centre is operated by Mowlam Healthcare services who are the registered provider. There is a clearly defined overarching management structure in place. The registered provider representative is supported in the role by a senior management and operational team which includes a human resource team, a finance team, estates, a director of care services and healthcare managers who each oversee several centres. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the overall delivery of care. He was supported in his role by a full time assistant director of nursing, a nursing and healthcare team, as well as a team of catering, domestic and maintenance personnel.

This was an unannounced risk-based inspection conducted over one day. The centre had a very recent outbreak of COVID-19 which had a significant impact on residents, staff and families in the centre. 42 residents had contracted COVID-19 and sadly 12 of those had passed away. A large number of staff had also contracted and now recovered from the infection. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. They acknowledged that staff and management had ensured that the resident's well being and safety had remained the central focus both during the outbreak and currently.

The centre had managed the outbreak well and had implemented their comprehensive COVID-19 contingency plan. The provider and person in charge had completed a COVID outbreak review and had a preparedness contingency plan in place if they were to experience a further outbreak of COVID-19. This plan had been communicated to all staff at regular meetings. Good COVID-19 awareness and emergency planning were evidenced including audits of social distancing arrangements, correct mask wearing and staff changing facilities, undertaken prior to the outbreak. Covid-19 preparedness drills were done by staff, simulating the application of the centre's outbreak management plan. The centre engaged proactively during the COVID-19 outbreak with the Health Service Executive (HSE) Outbreak Control Team. The provider managed to maintain staffing at the required levels through the use of agency staff. The centre had 23 vacancies on the day of inspection. There was a plan in place for the current vacancies to be filled, and the provider ensured that the staffing levels would be kept under constant review as the centre reached its maximum capacity again.

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and management of behaviours that challenge. Registered nurses undertook annual medication management training and had undertaken additional training such as venepuncture and collection of COVID-19 swab samples. All staff undertook monthly refresher training in infection prevention and control, including donning and doffing of PPE and hand hygiene. Records showed that the Assistant Director of Nursing provided demonstrations of this and assessed the staff competence on a regular basis. A review of a sample of staff files showed a robust induction process and regular appraisal of staff performance were in place.

Overall complaints were well managed in line with the centre's own policy. There

was one open complaint at the time of the inspection. A review of the complaints log showed that the complaint was being investigated in line with the centres complaints procedure.

### Regulation 15: Staffing

Based on the currently assessed needs of the residents, the centre had sufficient staffing and appropriate skill mix in place to provide a good standard of care. The staff roster was reviewed which showed there were at least two registered nurses on duty at all times in the centre. Staff were supervised in their work by the person in charge and Assistant Director of Nursing each day. Key senior staff were identified on the rota and allocated seven days a week to ensure continuity of care at weekends.

Judgment: Compliant

### Regulation 16: Training and staff development

Annual fire training had been cancelled on two occasions due to the centre's COVID-19 outbreak. This resulted in one newly recruited staff member not receiving this training. The person in charge confirmed that this training had been rescheduled and would take place in the coming weeks and in-house training had been provided in the interim.

Judgment: Compliant

### Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of staff files viewed met the requirements of Schedule 2 of the regulations, for example they contained the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place for staff prior to commencing work in the centre.

Judgment: Compliant

### Regulation 23: Governance and management



There was a defined management structure in place with clearly identified lines of accountability and authority. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. A 2019 annual review of the quality and safety of care delivered to residents had been prepared. The person in charge confirmed that this review had been shared at staff meetings. Copies of the review were freely accessible to staff, residents and families. The annual review for 2020 was being prepared and the person in charge was asked to forward a copy to inspectors on its completion.

There was a company-wide schedule of audits in place including audit of falls, care plans and medication management which were completed on a regular basis by the person in charge. Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each fall was risk assessed immediately after occurrence and changes to the resident's plan of care implemented as necessary. Records of management and staff meetings were reviewed and found to discuss clinical audit results, ensuring that required actions were scheduled.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

An effective complaints procedure was in place in the centre. This procedure was prominently displayed in the main entrance area. The complaints procedure identified the nominated complaints person and summarised the appeals process in place. The complaints log was reviewed by inspectors. This was maintained separately from the resident's individual care plan in line with regulatory requirements. All documented complaints had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that some improvements were required in the premises and in management of fire drills.

The provider had put infection control procedures and protocols in place to mitigate the effects of the outbreak in the centre. These included isolation areas for COVID-19 residents who were cared for by a separate team of staff who knew them well. Inspectors found that residents' healthcare needs during the COVID-19 outbreak had been well managed with a planned and coordinated approach by management. Support and advice was provided through their GP services and from the local geriatrician and palliative care teams. The needs of residents had been to the fore and this continued to be the ethos of care in this centre. Dedicated staff in the centre worked tirelessly to maintain safe levels of care to residents at the height of the outbreak. Following the outbreak single en-suite rooms had been kept free to enable new admissions and residents returning from acute hospital to isolate for 14 days as per HPSC guidelines. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used in line with the national guidance.

The design of the premises was homely and an ongoing programme of regular proactive maintenance was in place. A number of improvements had taken place in the centre since the previous inspection. A new shower/ wet room was installed upstairs to ensure the centre met the needs of the residents. There had been ongoing improvements with the decor particularly in the communal areas providing a bright and homely appearance. As previously outlined equipment storage was an ongoing challenge for the centre.

The inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. Inspectors found that residents 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. There was evidence that resident meetings took place and ongoing communication had taken place with families during the COVID-19 pandemic.

Systems were in place to promote safety and effectively manage risks. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed in 2020 and although some fire drills had

been undertaken the person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels and drills available did not provide assurances regarding suitable evacuation times.

Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement of work in the centre.

### Regulation 11: Visits

There were a number of visiting areas available in a number of locations throughout the centre and on the grounds of the centre. A dedicated visitors room that included overnight accommodation was in place for end of life situations. However currently due to COVID-19 level 5 restrictions, visiting was not allowed except for in compassionate circumstances. The person in charge outlined the plans in place for reopening to visitors on a phased basis maintaining social distancing as restrictions on COVID-19 were lifted.

Judgment: Compliant

### Regulation 17: Premises

There were some issues identified with the premises during the inspection that required review.

- Lack of suitable storage was evident throughout the building. Storage rooms and sluice rooms were seen to be cluttered and bathrooms were inappropriately used to store linen trolleys and other equipment.
- A bed bumper was noted to be worn with cracked surfaces and a commode was seen with rusting legs making effective cleaning difficult.

Judgment: Substantially compliant

### Regulation 27: Infection control

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 and had a comprehensive preparedness plan in place should another outbreak occur. Policies had been updated to guide staff and specific infection

control training had been provided monthly to all staff. This included hand hygiene technique and donning and doffing of PPE.

Cleaning procedures were updated and frequency increased for specific areas of the centre. An external company had provided terminal cleaning and the centers housekeeping staff were competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff wore appropriate PPE and hand sanitisers were appropriately located along corridors. A full assessment of the premises from an infection control perspective was undertaken by the infection control specialist for the HSE and all recommendations had been implemented.

Residents who returned from hospital and newly admitted residents were kept in 14 days isolation. PPE stations were appropriately set out along the corridors in close proximity to residents bedrooms and clinical waste was effectively managed.

Judgment: Compliant

### Regulation 28: Fire precautions

Inspectors were not assured that residents could be safely evacuated in the event of a fire, as there was no evidence that full compartment evacuations having been completed in a timely manner. The largest compartment was of eight residents and minimal staffing was five staff at night time. The person in charge was requested to simulate a drill and submit the results to the chief inspector following the inspection which he did. Further drills are required to ensure better evacuation times and that all staff are familiar with the process. .

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. The resident assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required all residents care plans reviewed were seen to be updated post COVID-19.

Judgment: Compliant

## Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. There was evidence of good access to medical staff with regular medical reviews in residents files. During the COVID-19 pandemic and outbreak the regular GP practices continued to provide a service to the residents with support from geriatrician and palliative care services. In relation to COVID-19, there was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with some reviews taking place online. There was evidence of weekly reviews by the physiotherapist which was particularly required post COVID-19 to ensure residents had access to rehabilitation and could mobilise freely. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met this was particularly relevant to residents post COVID-19 who had lost weight. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

A restraint-free environment was promoted in the centre. There was evidence work had been undertaken in relation to promoting and educating staff around residents choices and rights. Alternative measures to restraints were tried and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required.

The requirement to maintain a social distance impacted on social activities in the centre. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and inspectors observed that there was space to facilitate social distancing. A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. Activities included bingo, arts and crafts, floor games, exercises, music and reminiscence..

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0031559

Date of inspection: 16/02/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Following a review of storage capacity an area has been identified on the first floor to provide increased storage capacity by relocating the current large smoking area elsewhere.</p> <p>It is also planned to increase outdoor storage space by provision of a new storage unit. It is expected that the programme of works on the smoking room and installation of an external storage unit will be completed by 30/09/2021.</p> <p>The bed bumpers have been replaced and the commode where rust was identified has been removed from use and will be replaced.</p> <p>The Person in Charge and Assistant Director of Nursing will monitor the storage of equipment and ensure that there is no inappropriate storage in bathrooms or sluice rooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We undertake fire drills on a fortnightly basis with a nighttime simulation once a month. The drills will be evaluated, and we will identify and record areas where improvements are required. There will be a particular focus on the evacuation of our largest fire compartment with our minimum staffing of 5 to achieve the most efficient evacuation times possible.</p> <p>We will ensure that all staff have an opportunity to practice the evacuation of a resident using a ski sheet.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2021
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.	Not Compliant		30/04/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	30/04/2021

	suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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