



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	13 August 2024
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0044587

About the designated centre

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

Padre Pio Nursing Home is a family run designated centre and is located in the quiet suburban area of upper Rochestown, a few miles from Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey facility. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available. Communal areas comprise a day room, dining room and conservatory. Residents have access to a secure paved enclosed courtyard with seating and smoking shelter at the back of the centre; there is a seating area at the side of the main entrance. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 13 August 2024	09:15hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a one day unannounced inspection. The inspector met with all 25 residents living in Padro Pio Nursing Home and spoke in detail with five residents. Residents spoke positively about their life in the centre, particularly about the kindness and the care they received from staff. The inspector also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. On arrival the inspector observed three residents sitting outside the centre in the external smoking area, chatting and having a cup of tea.

Padro Pio Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is a single story facility situated in the suburb of Rochestown in Cork City and it is registered to accommodate 25 residents. The centre was full on the day of this inspection. The inspector observed that the centre is situated on a mature site with nice shrubs and planting to the front. This area also included seating for residents. The inspector was informed that the hedges to the front of the property had recently been removed. This had facilitated residents and the people from the local community in engaging and chatting with each other as people were out for walks. The inspector observed residents waving and talking to local people as they passed throughout the day.

Bedroom accommodation in the centre comprises of five single and 10 twin bedrooms. Twelve of these bedrooms have en-suite facilities and the remainder of the bedrooms have shared toilets and showers. Some bedrooms within the centre were seen to be personalised with residents' belongings from home such as pictures and soft furnishings. However, the layout of some twin bedrooms required review to ensure that residents could have a chair beside their bed and access to their wardrobe facilities. The inspector was informed that there was a plan in place to extend the five twin bedrooms in the centre as well as the communal space available for residents. A review of residents meetings indicated that residents had been informed of this upcoming project and informed of any disruption to their quality of life that the building works may bring. The inspector observed that a new fire alarm had been installed in the centre.

Overall, the centre was found to be generally clean throughout, however, some equipment was observed to be in need of replacement or repair. The inspector also observed that the corridors lacked decor. These findings and others pertaining to the premises are detailed under regulation 17. The inspector saw that sluicing facilities for the centre were in an external building. From discussions with staff and observations of these facilities the inspector found that they were not currently functional and there was a lack of awareness amongst staff with regards to their appropriate use. This posed a risk of cross infection to residents and is actioned under regulation 27.

The inspector saw that communal space within the centre consists of a sitting room and a dining room. There was also a conservatory with a large fish tank at the entrance to the building, with three chairs available for residents use. Off this conservatory was the person in charges office and a small visitor's room with toilet facilities. Two residents were observed sitting in the foyer during the day greeting staff and visitors as they passed. The inspector had the opportunity to meet with two visitors during the day who praised the kindness of the staff in the centre one saying they were "exceptional".

The inspector spent time observing the dining experience for residents. Residents spoken with stated that they were happy with the food choices and that the chef would always accommodate if they wanted something different than what was on the menu. One resident told the inspector " we can get whatever we want to eat" and stated that they looked forward to their meal time in the centre. Some residents chose to have their meals in their bedrooms and this decision was respected by staff. The inspector saw that staff provided assistance when required, to ensure meals were consumed while hot and appetising. However, the inspector saw that the dining room could only accommodate eight residents at a time, therefore, some residents were observed eating in the sitting room with a bed table in front of them. The management team acknowledged this finding and discussed the plans for extension of the dining facilities to address this. This finding is further detailed under regulation 9.

Residents were supported in Padro Pio Nursing Home to leave the centre for days out with family and friends. Some residents attended day care services in the local area. It was evident throughout the day that the staff knew residents very well and were familiar with the residents' daily routines and preferences for care and support. Residents confirmed that they were happy with the care provided to them and complimented the kindness and commitment of the staff working in the centre. The inspector observed that there were enough staff working in the centre, to respond to the needs of the residents in a timely manner. There were positive interactions between residents and staff observed throughout the day.

From the observations of the inspector and from speaking to residents, it was evident that residents enjoyed a good quality of life in the centre. Residents were seen to be well dressed and it was apparent that staff paid attention to residents dress and appearance. Residents were complimentary about staff and said that they were approachable and responsive to their needs. The inspector observed resident and staff engagement throughout the day and noted kind and caring interactions. The inspector also observed that staff encouraged residents to walk and assisted them in taking short walks around the centre and outside.

This inspection took place on a bright sunny day in August. Residents had unrestricted access to the garden at the front of the centre and the inspector observed residents sitting on garden furniture enjoying the sun during the day. Some garden games took place in the afternoon with five residents and staff. One of the residents also had a significant input into maintaining plants and flower beds in the garden. Residents had opportunities to participate in a range of group and individual activities. All staff were involved in the provision of activities for residents

in the centre. The inspector observed that group activities took place in the centre's sitting room. The inspectors observed residents positively participating in a group exercise class lead by a staff member. A karaoke session also took place where residents and staff sang before lunch. The inspector was informed that a celebration called "Summerfest" had taken place in the centre in July where over 80 people attended including residents, families and people from the local community. Three residents spoken with stated that they really enjoyed this party. Pictures and videos had been taken of the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The inspector found that overall Padro Pio Nursing Home was a good centre where the residents were supported and facilitated to have a good quality of life and they were in receipt of a high standard of care by staff that were responsive to their needs. The majority of the required improvements from the previous inspection had been implemented. However, some further actions were required to achieve regulatory compliance in relation to fire safety, infection control and the general environment. These are discussed under the quality and safety section of this report.

Padro Pio Nursing Home is operated by Webhill Limited who is the registered provider. The company comprises of two directors, one of which works full time and has a strong presence in the centre. There was a full time, suitably qualified person in charge employed who was supported in their role by a clinical nurse manager, a team of nursing staff, care staff, housekeeping, catering and maintenance staff. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined, staff and residents were familiar with staff roles and their responsibilities.

On the day of the inspection there were adequate resources, in terms of staffing, to meet residents' individual care needs. There was a comprehensive programme of training and mandatory training for all staff was up-to-date. Staff were facilitated to attend training in areas such as safeguarding residents from abuse, fire safety, moving and handling, infection prevention and control and responsive behaviour.

Record management systems within the centre were robust. A directory of residents was maintained, as per regulatory requirements and all residents had a contract of care in place. A sample of three staff personnel files were reviewed by the inspector and found to have all the information required, under Schedule 2 of the regulations and residents' records were stored securely. A vetting disclosure, in accordance with

the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, was in place for all staff.

The provider had systems in place to monitor the quality and safety of the service provided to residents. Information arising from complaints, incidents and resident feedback was used to inform service improvements. Clinical and environmental audits were carried out on a scheduled basis. However, the monitoring of fire precautions, the premises and infection prevention and control required further action, which is detailed under regulation 23 and in the quality and safety section of this report. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2023, as per regulatory requirements.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. Complaints were managed in line with the centres complaints policy and all concerns and complaints, brought to the attention of staff, were addressed in a timely manner.

The provider had management systems in place such as risk management, auditing and management and staff meetings, to ensure that the service provided was safe and effectively monitored. There were good systems of communication evident. Internally meetings took place between all departments and the management team and actions and to improve the service were implemented.

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and management of the service. The person in charge was knowledgeable of individual residents needs and it was evident that residents were familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix across all departments.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training as per the centres policy. There was good oversight of training by the management team. The registered provider had appropriate staff supervision arrangements in place to ensure that care delivery was appropriately monitored and delivered. There was a comprehensive induction programme to support staff when commencing their role.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although there were a number of good management system in place some management systems pertaining to the oversight of infection control, maintenance of the premises, and fire safety were not sufficiently robust and required action to ensure the centre delivered appropriate, safe and consistent care to residents. This is further detailed under regulation 17, 28, and 27.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services as per the requirements of the regulations. The contracts outlined the services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises. It contained all information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained electronically and being overseen by the person in charge. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy that was in line with the requirements under regulation 34. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were documented and investigated in line with the centres policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the healthcare needs of residents were met to a high standard in Padro Pio Nursing Home. It was evident that residents had a good quality of life in the centre and they were supported to maximise their level of independence. However, action was required with regards to infection control practices, fire precautions and maintenance of the premises. These will be further detailed under the relevant regulations.

Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. Residents' had timely access to their local general practitioners. A referral system was in place that ensured residents had access to allied health and social care professionals such as speech and language therapy and a dietitian. A review of resident's care records found that the centre incorporated allied health professionals treatment plans into the resident's care plans.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and the dietitian. Residents weights and risk of malnutrition were appropriately monitored. However, the dining experience for residents required action to ensure residents were offered an appropriate dining experience, which is actioned under regulation 9, residents rights.

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre. The inspector identified some examples of good practice in the prevention and control of infection and improvements had been implemented since the previous inspection with regards to cleaning process and appropriate equipment. However, as mentioned in the first section of the report the process with regards to the use of the sluicing facilities posed a risk to residents, as actioned under under regulation 27.

Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. Personal emergency evacuation plans were in place for each resident and updated four monthly or if a residents condition changed. The provider had recently upgraded their fire alarm system in the centre and a number of fire doors. All staff had received fire training and this took place yearly. However, some action was required pertaining to fire evacuation drills and ensuring that fire evacuation exits were kept free from obstruction, which are further detailed under regulation 28.

Residents told the inspector that staff respected them in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for

consent prior to any care interventions. The centre promoted a restraint free environment and there were no bedrails in use on the day of this inspection. An appropriate activity schedule was in place to meet the social needs of residents. This schedule included both group and individual opportunities for social engagement.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conformed to the matters set out in schedule 6 of the regulations. For example:

- the layout of some twin bedrooms did not ensure that residents could have access to a chair beside their bed
- the inspector observed that some residents with electric mattresses, did not have these safely secured to their bed
- two toilet seats were observed to be damaged
- some walls and door frames were seen to require repair and painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or their general practitioner if required to ensure best outcomes for residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that outlined the risks in the centre and measures in place to mitigate the risks identified. This policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- there was one sluice (dirty' utility) room which was located in an external building to the side of the premises. The inspector found that staff were not using the bedpan washer available to decant and dispose of waste contents. These were being washed in an external sink. This posed a risk to residents of cross contamination. The bedpan washer was also found not to be serviced in over three years
- a commode was observed to be rusted, therefore, effective cleaning could not be assured
- the communal bathroom facility was cluttered and there was items stored in the bath, therefore, it could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to comply with regulatory requirements, evidenced by:

- although fire drills were taking place in the centre weekly, drill records available did not adequately identify if residents could be evacuated in a timely manner, from the largest compartment (six) when staffing levels were at their lowest. The day after inspection, the provider submitted a fire drill simulating the evacuation of this compartment, at the time when staffing resources in the centre are at their lowest. This was submitted with acceptable times. The provider is required to regularly undertake these drills with all staff to ensure all staff are competent to carry out a full compartmental evacuation

- an area outside of the building had been designated for smoking, however, there were not call bell facilities available in this area should they be required in the event of an emergency
- two fire evacuation exits were observed to be obstructed with furniture, therefore, evacuation may be delayed in the event of an emergency. These were removed on the day of this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident residing in the centre had a care plan in place. The inspector found on review of a sample of records that a comprehensive assessment was seen to be carried out on residents to assess their health, personal and social care needs prior to admission. Care plans were person-centred to each resident and reviews were carried out at intervals not exceeding four months or if the condition of the resident changed, as per the requirements of the regulation.

Judgment: Compliant

Regulation 6: Health care

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care, psychiatry, and community mental health nurses if required. There was a very low incidence of pressure ulcer formation in the centre and residents' skin integrity was being closely monitored.

Judgment: Compliant

Regulation 8: Protection

The provider was not acting as a pension agent for any of the residents residing in the centre on the day of this inspection. Residents and relatives were invoiced on a monthly basis for service fees and services. On review of financial records it was evident that there was a good system of reconciliation and verification of services provided before residents or their families were invoiced.

Judgment: Compliant

Regulation 9: Residents' rights

This inspection found that some residents did not have access to a dining room for meals as the dining room facilities could only accommodate approximately eight residents. Therefore, some residents remained in the day room for their meals, with a tray table in front of them. This did not afford them a proper dining experience or a chance for movement to another room for their meals. It also did not facilitate residents choice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0044587

Date of inspection: 13/08/2024

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> <p>The Clinical governance committee in Padre Pio nursing Home held a meeting on the 15/08/2024 and reviewed the issues identified and adopted strategies to strengthen governance and management in certain specific areas .A dedicated quality improvement committee to carry out improvement plans with regards to premises was formed. The committee comprises of a panel of 7 members, 2 resident representatives, RPR, PIC, CNM1, maintenance manager and a representative from the IPC committee. IPC committee and fire safety committee meetings were held on 14/08/2024 to review the identified issue areas.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The quality improvement committee formed to carry out improvement plans with regards to premises met on 20/08/2024 and 26/08/2024 to discuss plans for improvement, set out priorities for managing the improvement works, allocate responsibilities to various committee members etc.</p> <p>On 15/08/2024, weekly checklist has been assigned to the maintenance manager which identifies all such areas as wear and tear to the furniture, any damaged items, painting and repair works required. The monthly walkaround audit by the manager was updated to oversee the overall quality of the premises.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The bedpan washer was serviced on 02/09/2024 and the company Rep did a training session on the use of the machine. On 03/09/2024 a new standard operating procedure was put in place for washing the commodes and bedpans using the bedpan washer.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Concerns regarding the obstruction of fire exits with furniture was discussed with staff and was addressed on staff training needs analysis form. Inhouse discussion and training for staff was carried out from 18/09/2024 with the plan for assessing staff knowledge and competencies regarding fire precautions. Induction checklist for new staff was also reviewed to ensure that information regarding fire precautions were communicated to staff at the very early days of employment. Daily fire escape checklist was reviewed and plan was put in on 18/09/2024 to carry out spot checks by management to ensure that fire exits are always free from obstruction. Starting from 14/08/2024 plan in place to perform every second fire drill in the largest compartment simulating night staffing levels.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>On 18/09/2024, residents meeting was held to discuss about the current dining experience. Residents' satisfaction survey with regards to the existing arrangements (two sittings) was carried out. Choice regarding the times of the mealtimes were also discussed. PIC and RPR met with the nutrition committee on 19/09/2024 to review the current dining experience and to plan further quality improvements based on the outcome of the residents meeting. On 16/08/2024 an architect was consulted to carry out baseline studies and commence design planning regarding the project. On the 18/08/2024 the architect visited the site again for further consultation and survey. The extension of the dining room is listed as the main priority when the building commences.</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	26/08/2024
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	15/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	03/09/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/08/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	14/08/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	18/09/2024