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St Theresa s Nursing Home, OSV-0000451, 3 December 2019

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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Announced
Date of inspection:	03 December 2019
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0022824

About the designated centre

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

St. Theresa's Nursing Home is a purpose built single-storey facility which can accommodate up to 40 residents. It is located close to the town of Kilrush. It accommodates both male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite, convalescence, palliative and dementia care. Bedroom accommodation is provided in 24 single bedrooms, six twin bedrooms and a four bedded room. Twenty eight of the bedrooms have en suite toilet and shower facilities. There is a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. Residents also have access to secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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How we inspect

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
03 December 2019	09:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector spoke with approximately 15 residents and some relatives during this announced inspection. Eighteen questionnaires completed by residents and their families in advance of the inspection were also reviewed.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre.

Residents stated that staff were very helpful, friendly, kind and caring, and that staff respected their privacy and always knocked before entering their bedroom. They stated that staff were very approachable and they felt listened to.

Residents were complimentary of the quality of foods on offer; they told the inspector that there was always a choice.

Others mentioned that they enjoyed the variety of activities taking place. They confirmed that they could choose to partake in activities or not. Some told the inspector that they enjoyed music sessions, bingo, physiotherapy exercise classes, playing cards, attending weekly mass in the centre, reciting the daily rosary and attending local tea dances. Some residents mentioned that they enjoyed using the exercise bicycle particularly in the warmer weather.

Residents said that visitors were always welcomed and offered refreshments.

Residents told the inspector how they liked their bedrooms and found them to be comfortable. Others mentioned that they liked the variety of communal areas available to sit, chat and relax in.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom or dining room.

There was good communication between residents and staff, residents stated that they felt listened to and that the management team were approachable.

Many residents stated that they wouldn't change anything in the centre as they were happy with everything.

The inspector also spoke with a number of relatives, all were complimentary of the care and service provided.

Capacity and capability

This was a well managed service and a good service was being provided to the residents. The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. Issues identified in relation to enhancing the enclosed garden area at the previous inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to.

The two directors of Sundyp Ltd (the provider) worked full-time in the centre as the manager and person in charge. The manager was a nurse and along with the administrator supported the person in charge in carrying out her role. The manager deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. They continued to evaluate compliance with relevant standards and regulations and there was a audit schedule in place. Regular audits and analysis were carried out in areas such as health and safety, incidents, falls, medication management, use of restraints, infection control, food and nutrition, activities privacy and dignity and environment. Audits were found to be meaningful and used to bring about improvements to the service provided. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. Feedback from residents committee meetings and resident satisfaction questionnaires were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff

and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Care and support for residents was delivered by the appropriate number and skill mix of staff and good access to allied health services. This is further evidenced under the quality and safety section of the report. There was a low turnover of staff in the centre and no dependency on the use of agency staff which ensured continuity of care for residents.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents.

Contracts of care in line with the regulations were agreed with all residents.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge and knew the individual needs of each resident. The person in charge had previously undertaken a Higher Diploma in Palliative Care, trained as a Sonas licensed practitioner and completed a European certificate in holistic dementia care. She had trained as a manual handling and fire safety instructor.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 22 residents. Seven residents were assessed as having maximum dependency needs, four with high needs, five with medium needs, five with low needs and one as independent. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally three care assistants and one nurse on duty during the morning and afternoon, one nurse and two care assistants on duty in the evening time and one nurse and one care assistant on duty at night time. The person in charge and

manager were normally on duty during the day time Monday to Friday.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Training included specialist training in relation to care of the older person in areas such as dementia care, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), infection control, restraint management, medication management, end of life care, health and safety, stoma care and food safety management systems.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a contract of care in place which outlined the terms of their

residency including the type and number of room occupied. Regular fees payable were clearly identified and the contracts included a list of services facilitated which would incur additional charges.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating in order to fully comply with the requirements of the regulations. The narrative description of all rooms in the centre as well as communal toilet and bathroom facilities required review to ensure they were accurate, specific and in line with the associated floor plans. Arrangements in place to support residents avail of their entitlements to the national screening programme also required updating.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

To date all relevant incidents had been notified as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was clearly posted in a prominent position. The policy had nominated a designated person to manage complaints made in the centre. Records showed that all complaints were recorded and investigated in a timely fashion and in line with centre policy. Verbal complaints were recorded with the same level of detail as those submitted in writing.

The person in charge had recently attended a training day on learning from complaints which was facilitated by the Ombudsman. She stated that she was in the process of updating the complaint policy as a result of learning from the training day.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. All staff were involved in the provision of activities for residents. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. Two staff members had completed Sonas training (therapeutic programme specifically for residents with Alzheimer's disease) and had attended an activities training course. The centre had its own pet dog which many of residents enjoyed.

Residents were protected through medicine management and practices that were in line with national standards. This was evidenced by audits carried out by the person in charge which found good levels of compliance.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre. The building was found to be well maintained, clean, warm and odour free. There was a good variety of communal day spaces which were bright and spacious.

It was found to be accessible and aided residents to be independent. The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. Residents had access to a safe, secure outdoor garden areas which was easily accessible from the dining room. The garden area had been enhanced with wall murals, hanging baskets and garden furniture since the last inspection.

Bedroom accommodation was provided in 24 single bedrooms, six twin bedrooms and a four bedded room. Twenty eight of the bedrooms had en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Residents told the inspector they felt safe and well looked after living in the centre.

The provider did not manage the finances or act as a pension agent on behalf of any residents. The person in charge advised that there was no money or valuables kept for safe keeping on behalf of residents. All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. Some residents had taken part in the fire drills.

Further assurances were required to ensure that staff could evacuate all residents in a timely manner in the event of fire at night time. Fire drills were carried out regularly and simulated both day and night staffing levels however, drills had not simulated evacuating all residents from the largest compartments.

Staff continued to promote a restraint-free environment, guided by national policy. Many staff members had received training in the management of restrictive practice. At the time of inspection there were no bed rails in use but other forms of restrictive practice in use were adequately assessed, care plans were in place and consent was documented. Regular safety checks were being recorded.

The management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to follow their own routines, join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and read newspapers in their preferred location.

Residents continued to maintain links with the local community. There continued to be regular visits from local musicians, therapists and school students. Photographs were displayed of residents enjoying a variety of activities including day trips and themed parties.

Residents had access to advocacy services, the appointed advocate visited and spoke with residents regularly.

Regulation 11: Visits

There was no unnecessary restriction on visitors coming into the centre. There were multiple rooms and areas in the building in which residents could receive their visitors. A visitor log in the front lobby recorded people coming and going from the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Residents had personalised their bedrooms with their own decorations, flowers, ornaments and photographs.

Judgment: Compliant

Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. The person in care had completed a Higher Diploma in end-of-life care and all care staff had completed the end-of-life module as part of their FETAC level 5 training. Residents were accommodated in a single bedroom if available. Religious sacraments were available to all residents as desired. Families were facilitated to stay overnight and were provided with refreshments and food.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents needs. The centre was well maintained, clean, bright and nicely decorated. There was a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. The communal areas had a variety of comfortable furnishings and were domestic in nature. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Service records showed that equipment was regularly serviced and well maintained. Residents had access to enclosed garden patio areas which was easily accessible from the dining room area. The building was secure. The entrance door was fitted with a numerical key pad and all fire exit doors were alarmed.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre was suitably supplied and equipped to provide varied and healthy meals and snacks for the number of people living there. Residents were consulted with regarding their preferred meal options and the menu plans had recently been reviewed by the dietician for nutritional value. Residents were offered choice at mealtimes and food was served promptly and hot. There was adequate staffing to ensure that residents who required assistance to have their meals were attended to. Residents spoke positively on the quality and choice offered at mealtimes. Drinks were readily available in day rooms. The inspector observed that drinks and snacks were served and encouraged throughout the day.

Judgment: Compliant

Regulation 26: Risk management

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

There were service contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment and hoists.

All residents had a comprehensive up to date personnel emergency evacuation plan

in place.

Judgment: Compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place involving both staff and some residents. Fire drills included simulated evacuation involving night time staffing levels. The person in charge continued to assess all residents evacuation needs and allocated bedrooms accordingly.

Further assurances were required to ensure that staff could evacuate residents in a timely manner in the event of fire at night time. Drills had not simulated evacuating all residents accommodated in the larger compartments.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were regularly reviewed by the general practitioners (GPs) and good supports were available from the local pharmacists. Medicines were appropriately stored and managed. The inspector reviewed a sample of medicine administration charts and noted that medicines were being administered as prescribed. Regular medicines management audits were carried out by nursing management. All nursing staff had recently completed medicines management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission and care plans were developed based on their assessed health and social care needs. There was evidence that residents or their representative were involved in the completion of care plans and in reviews of care.

The social care needs of each resident were assessed, details of residents' interests

and hobbies were recorded and recreation and social interaction care plans were documented.

Care plans were found to be individualised, person centred and informative.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic, tissue viability and psychiatry of later life services. Chiropody, optical and dental services were also provided. A physiotherapist attended each week.

All eligible residents were made aware of the national health screening service and arrangements were in place to support residents who wished to avail of the services.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. There were no residents with pressure ulcers at the time of inspection.

All residents had recently been offered the flu vaccine.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff continued to promote a restraint-free environment, guided by national policy. There were no residents using bed rails at the time of inspection. Alternatives such as low low beds and crash mats were in use for some residents to reduce risk of injury.

There was a policy on managing responsive behaviours including the use of psychotropic medications which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Staff had attended training in relation to dementia care and the management of challenging behaviour. Responsive behaviour care plans reviewed were found to be person centered, informative and outlined strategies for dealing with residents behaviours.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Allegations of abuse in the past had been managed in line with the safeguarding policy. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults. Residents spoken with stated that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents' varying religious and political rights were supported. Mass was celebrated in the centre every week. Residents were facilitated to vote in house. Residents were supported to go on day trips and attend local events

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. Daily, regional newspapers and the weekly parish newsletter were provided. A monthly residents newsletter was published each month.

Staff continued to provide meaningful and interesting activities for residents. Both group and one to one activities took place. The daily and weekly activities schedule was displayed. During the inspection, residents were observed enjoying and partaking in a variety of activities including physiotherapy exercise class, live music, sing song and card playing. Many of the staff were talented musicians and singers and regularly performed for the residents. Residents spoken with told the inspector that they enjoyed the variety of activities taking place. Some residents liked specific activities such as bingo and gardening and these were encouraged and facilitated. Some residents told the inspector how they enjoyed taking part in the cycle without age programme which was facilitated by volunteers from the local cycling club.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000451

Inspection ID: MON-0022824

Date of inspection: 03/12/2019

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose was reviewed post inspection and sent by Registered Post to HIQA on December 19th 2019 with the Re registration application. It is hoped it is compliant in line with the new recommendations from HIQA however any further alterations will be made if required</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The DON/PIC is the Fire instructor and has made a schedule of training for January 2020 with all staff to attend to ensure the area noted with the largest compartment and with the minimum staff will be able to safely evacuate the compartment within the recommended time frame for evacuation. Please note this compartment although the largest is never at full capacity due to bed availability but it is totally appreciated that the full capacity with minimum staff should be practiced with all staff for best practice.</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 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	31/01/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/12/2019