



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

Issued by the Chief Inspector

Name of designated centre:	Bramleigh Lodge Nursing Home
Name of provider:	Derg Healthcare Ltd.
Address of centre:	Cashel Road, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0000204
Fieldwork ID:	MON-0038229

About the designated centre

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

Bramleigh Lodge Nursing Home is registered to accommodate up to 26 residents and the provider is a limited company called Derg Healthcare Ltd. The centre is a detached single storey building, situated close to the centre of Cahir town. It is located within easy reach of the tourist centre of the town and is serviced by nearby restaurants, public gardens, public houses, library and community hall. The stated aims and objectives of the centre include a commitment to providing the highest standards of person-centered care, developing and improving the quality of life in the centre for all residents, and to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice. The residents' accommodation comprises of 14 single bedrooms and six twin bedrooms. A pre-admission assessment is completed on all potential admissions and this assessment determines the suitability of the centre to meet each resident's needs. The centre offers to meet the needs of low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. The centre caters for both male and female residents requiring support with the following care needs: General care, Dementia care, Respite care, Palliative Care and Acquired Brain Injury Care. All nursing care is provided on a 24-hour basis. Residents medical care is directed by their own General Practitioner (GP). The centre currently employs approximately 31 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 25 October 2022	09:30hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with a number of residents over the course of the inspection and spoke with three residents in more detail. Residents spoken with were very positive about their experience of living in the centre and were complimentary of the quality of care provided and of the responsiveness of staff.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of the nursing staff. The person in charge was on leave, so an opening meeting was held with the staff nurse followed by a tour of the centre. The person in charge arrived to the centre shortly afterwards and supported the inspector for the remainder of the inspection.

Bramleigh Lodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area of Cahir town, Co. Tipperary. It is a single storey facility and can accommodate twenty six residents in fourteen single and six twin bedrooms. Seven of the single bedrooms are en suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins. There are three communal bathrooms, each with shower, toilet and wash hand basin. There is one additional communal toilet for use by residents and two staff toilets, one of which is reserved for use by kitchen staff. Communal shower and toilet facilities are located proximal to the bedrooms that do not have en suite facilities.

Communal facilities comprise a sitting room, a dining room, a visitors room and a television room. The television room was being used to store wheelchairs on the day of the inspection and was not therefore available as a communal area to residents. There was a secure outdoor area that was accessible from the sitting room and from one of the corridors. This area had an artificial grass surface and had garden furniture and large potted plants.

On the tour of the premises the inspector noted that the dining room was furnished with eight dining tables, each suitable for two residents. The tables were set for twelve residents for lunch. The inspector observed that six residents, predominantly residents that were high dependency, had their lunch in the sitting room. A small number of residents had their lunch in their bedroom. Residents that required assistance with meals were assisted appropriately by staff. While lunches were attractively presented for most residents, two residents that were prescribed modified diets had their vegetables, potato and meat mashed up together. This did contribute to an appetising appearance of the food. It was noted that no residents had their evening meal in the dining room. Residents were observed to have this

meal in the sitting room from bedside tables or in their bedrooms.

Throughout the inspection, the inspector noted that the person in charge and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided. The inspector observed residents enthusiastically participating in activities that were facilitated by an activities coordinator.

The inspector spoke with individual residents, and also spent time in communal areas, observing residents and staff interactions. The general feedback from residents was one of satisfaction with the care and the service provided. Residents told the inspector that they were happy in the centre and that the staff were kind and attentive. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The provision of care was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance with respect and kindness.

Residents' bedrooms were clean and bright and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

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

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the previous inspection in February 2022.

The inspector found that, overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. A number of the actions required following the previous inspection had been completed by the provider. However, the inspector

noted that further actions were required in the areas of staff training and personnel records.

Derg Healthcare became the registered provider of Bramleigh Lodge Nursing Home on 01 June 2022. The company comprises two directors, both of whom are involved in the operation of one other designated centre. From a clinical perspective, care was directed by a suitably qualified person in charge. The person in charge was scheduled off duty on the day of the inspection but made himself available for the inspection. He demonstrated an understanding of his role and responsibilities. The person in charge is supported in his role by a team of nurses, health care assistants, household, catering and activities staff.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. A review of the staffing rosters found that housekeeping staff hours had increased since the previous inspection. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of a minimum of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Staff had access to education and training appropriate to their role. While training in the areas of safeguarding resident from abuse and responsive behaviour was imminent for some staff, a review of records indicated that four staff overdue refresher training had not been scheduled to attend training. Generally, recruitment was in line with recommended practice, however, some improvements were required in relation to the verification of previous employment for some staff. There was evidence that there was effective communication with staff in the centre.

The provider had systems in place to monitor and review the quality of the service provided for the residents. There were arrangements in place for the oversight of quality and safety. A range of audits had been completed which reviewed various elements of the service such as medication management, infection prevention and control, care planning, and the dining experience. Adequate measures were in place to ensure the centre was clean and adequate records were maintained.

There was a risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 14: Persons in charge

There was a person in charge of the designated centre. The person in charge had been appointed to the role in January 2022. He is a registered nurse and had the

required experience and qualifications to be person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A small number of staff were overdue attendance at training in responsive behaviour and these had not been scheduled to attend. While refresher training was scheduled to take place, four staff that were overdue attendance for which a training date had not been arranged.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of personnel records found that there were gaps in some employment histories for which a satisfactory explanation was not recorded and not all references were verified.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and details responsibilities for all areas of care provision.

The management systems in place assured the inspector that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

The accident and incident log was viewed by the inspector on the day. All required incidents and accidents were notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place, that included an appeals process. The procedure for making a complaint was on prominent display in the centre. The inspector reviewed the complaints log and found that no complaints had been recorded since the last inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They had all been reviewed within the required three year time frame. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of the safe and effective delivery of care to residents.

Judgment: Compliant

Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in the centre. Over the course of the inspection the inspector observed a good service and a well-managed centre where the care delivered to residents was of a high standard. However, this inspection identified that action was required by the provider to respond to issues in relation to infection prevention and control, medication management, premises, care

planning and fire safety.

Residents had timely access to medical, health and social care professionals. The inspectors informed that three general practitioners (GPs) visited the centre but most residents were under the care of one of these. Access to specialised services such as geriatricians and psychiatry of later life were available when required through a local hospital. Residents' records showed that residents had access to services such as dietetics, speech and language therapy and tissue viability nursing. Inspectors were also told that eligible residents were facilitated to access the services of the national screening programme.

Each resident had an individual care plan which was personalised to meet the needs of each resident on an individual basis. Care plans were supported by comprehensive assessments using evidence-based tools for assessing issues such as the risk of falling, the risk of developing pressure sores or the risk of malnutrition. However, there were areas that require improvement in order to ensure that the information was comprehensive and up-to-date. This further discussed under Regulation 5; Individual assessment and care plan.

Residents were provided with a good selection of nutritious meals. Menus were displayed and residents could also request something that was not on the menu. Meals were presented in a appetising way and adequate staff were available to assist residents, if required or requested. Residents that required different consistencies of food and drink were observed to receive them. Meal times were a calm and un-rushed experience for the residents. Some improvements were required in the presentation of food for residents that were prescribed modified consistency diet.

The provider had a policy on the use of restrictive procedures that was most recently reviewed in September 2022. This policy detailed the measures that would be put in place with any restrictions, such as a full risk assessment, trialling alternatives, a care plan and informed consent. The inspector found that practice within the designated centre was in line with national policy of the Department of Health Towards a Restraint Free Environment in Nursing Homes. There were no residents in the centre using bed rails on the date of this inspection.

The inspector was told that the provider was not a pension agent for any residents. The provider had a policy on Safeguarding of Vulnerable Adults. Training records showed that staff were trained in relation to the detection and prevention of and responses to abuse. Staff spoken with were knowledgeable on how to respond to various types of abuse that could take place and residents spoken with reported to feel safe within the centre.

Although the premises were found to be clean, there were some areas for improvement to ensure that the premises conformed to the matters set out in schedule 6 of the regulations. These are outlined under Regulation 17: Premises.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and there was a good level of

participation by residents.

The provider had a risk management policy which was revised in May 2021. In addition to this policy, the provider had a safety statement and emergency evacuation plan. However, this policy did not include the measures and actions in place to control all of the specified risks outlined within the regulations, for example in relation to abuse. In addition, this policy did not include the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Clinical and general waste was segregated in line with national guidelines. Ample supplies of personal protective equipment (PPE) and alcohol based hand sanitisers were available in dispensers throughout the centre. While there was some evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

Regulation 11: Visits

There were no restrictions in place on visiting. The monitoring for signs and symptoms of COVID-19 were completed on arrival to the nursing home. While limited, there was adequate space available for residents to receive visitors other than in their bedrooms.

Judgment: Compliant

Regulation 17: Premises

Action was required in relation to the premises, including:

- equipment was being stored in the television room, which negatively impacted on the availability of communal space for residents
- the floor covering was damaged in one of the bedrooms
- there was a slope leading into the visiting room that was not adequately highlighted to minimise the risk to residents and visitors
- some bedroom and bathroom furniture required repair
- there was not always a comfortable chair in residents' bedrooms to allow them to sit at their bedside, should they wish to do so

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While the food for residents prescribed a modified diet was served by kitchen staff in an attractive manner, staff were seen to mash up the vegetables, potatoes and meat in a manner that made the food less appetising in appearance.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

Action was required to support compliance with infection prevention and control standards. For example:

- the bedpan washer was out of order
- there were a large number of clinical waste bins stored in the sluice room and this was not a suitable location for storing items that were not in use
- there was no system in place for identifying that equipment had been cleaned after use
- there were no clinical wash hand basins that complied with HB 00-10

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management. For example:

- there was a gap in the maintenance records of the fire alarm and emergency

- lighting that extended beyond the recommended quarterly intervals
- a certificate was not available to verify that the fire alarm and emergency lighting were serviced in accordance with relevant standards
- there was an area to the front of the building designated as a smoking area that did not have fire fighting equipment such as a fire blanket
- a small number of cross corridor fire doors were not aligned and did not fully close when the hold-open device was released

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Nurses transcribed prescriptions but these were not signed by the nurse that transcribed the prescription or by a second nurse to verify they were accurate

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A small number of care plans contained out of date information, such as the medication currently prescribed for a resident. Other care plans required more detail, such as the frequency at which blood sugar levels should be recorded for a resident with diabetes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to healthcare. Residents had the option to retain their own GP whilst living in the centre but most opted to use the same one. Clear processes were in place to refer residents to allied health professionals as and when required. Evidence of referrals to other services and recommendations by allied health professionals were seen throughout the residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre using bed rails on the day of the inspection. Staff knew residents well and were familiar with issues that may precipitate responsive behaviour in residents. In instances of responsive behaviour, adequate records were maintained of the antecedent, the behaviour and the consequence of the behaviour (ABC) to support staff in identifying the residents needs.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to working in the designated centre.

The inspector spoke with many residents who stated they felt safe and would have no problem approaching management or staff if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The food for some residents prescribed a modified diet was not presented in an attractive manner. For example, the vegetables, potatoes and meat were all mashed up together.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Bramleigh Lodge Nursing Home OSV-0000204

Inspection ID: MON-0038229

Date of inspection: 25/10/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training matrix updated to reflect training completed and all staff included in any future training that has been scheduled.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>One staff file had a gap in their employment record. This was followed up and the staff file has been updated.</p> <p>All staff files checked, and all are in compliance.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Residents activity equipment which had been stored in the television room has now been stored appropriately. • The floor covering in one of the bedrooms has been repaired. • The slope leading into the visiting room has been adequately highlighted by illuminous 	

strips to minimise the risk to residents and visitors

- All bedroom and bathroom furniture assessed. Any repairs required have now been carried out.
- Two bedrooms had no armchair on the day of inspection as they had been moved to other rooms. Extra armchairs have been ordered to have extras available to place in communal space and bedrooms if required.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

On the day of inspection, a member of staff assisted a resident with their dietary intake by mashing up vegetables, meat etc. together. This is not normal or acceptable practice within the nursing home. Staff are aware of the importance of food presentation and making it appetizing for all our residents.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The bedpan washer is out of order. A replacement bedpan washer has been ordered.

Extra empty clinical waste bins have been moved from the sluice room and stored appropriately.

A new tagging system will be introduced to identify when equipment has been cleaned.

An area for a new clinical wash hand basin has been identified within the home. This work will be scheduled for early 2023. This will be in compliance with HB 00-10.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- On the day of inspection it was identified that there was a gap in the maintenance

records of the fire alarm and emergency lighting that extended beyond the recommended quarterly intervals – this issue arose during the switch over of the new provider commencing in the nursing home. This issue has been acknowledged by the new providers and records since have been kept up-to-date in line with policy.

- A certificate is now available to verify that the fire alarm and emergency lighting are serviced in accordance with relevant standards for 2022.
- Fire fighting equipment is now in place in the smoking area to the front of the building.
- All cross corridor fire doors have been inspected and are now aligned when the hold-open device is released.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Transcribing practices by all nurses have been reviewed and updated. Practices now reflect our policy.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All care plans and assessments reviewed and updated where necessary by the PIC and named nurse for each resident.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	12/12/2022
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	31/12/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	12/12/2022
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	12/12/2022

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	12/12/2022
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	12/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Substantially Compliant	Yellow	12/12/2022

	are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	12/12/2022