

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

Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Limited
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0045299

About the designated centre

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

Norwood Grange is situated in the quiet countryside of Ballinora, Waterfall, near Cork. It is a single storey building with bedroom accommodation for 30 residents in fourteen single bedrooms and eight twin bedrooms. All but one of the bedrooms are en-suite with toilet, shower and wash hand basin. The centre provides 24 hour nursing care to respite, convalescent and long-term residents. The centre is flexible regarding visiting hours, however, they do advise relatives and friends to avoid mealtimes if at all possible. There is space for sitting outdoors at the front of the home, which is controlled by a coded entrance gate. There is also a secure courtyard to the rear and seating is provided for residents and their visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Wednesday 27 November 2024	08:30hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This was an unannounced one-day inspection of Norwood Grange. The inspector met many residents during the inspection and spoke with seven in more detail, and four visitors. Residents gave positive feedback about their lives in the centre and were complimentary about staff and the care provided. They reported that staff were good fun, considerate and kind. Visitors spoken with were very complimentary of the management team and all staff in the centre. They spoke of the welcome they receive when they visit, and how staff are so kind, friendly and helpful to their relative. All of which was observed on inspection. Overall, the inspector found that residents were supported to have a good quality of life and a rights-based approach to care was promoted. It was evident to the inspector that the person in charge spent time with the residents, was well known to them and knew their care needs.

There were 29 residents residing in Norwood Grange at the time of inspection. Norwood Grange is a single storey building and resident accommodation comprises a sitting room, dining room and quiet visitors' room; bedroom accommodation comprises, single and twin bedrooms with en suite toilet, shower and wash-hand basin facilities. Pull-cord call bells in en suites were very long and were not anti-ligature. Some residents had access to double wardrobes to store their clothing, others had access only to single wardrobes; there were chest of drawers in some bedrooms for residents' personal storage. Additional toilets are located near communal spaces.

In the hallway there was information about the centre, the complaints procedure and advocacy services for example. Information regarding meal choices and the activity schedules were on display. Hand sanitisers were displayed throughout the centre with advisory signage demonstrating appropriate hand hygiene.

During the walkabout the centre, the inspector saw that some residents were receiving personal care and there was clear signage on the residents' door to say that personal care was being undertaken at this time; others were being taken to communal areas following personal care, and others were in the dining room having their breakfast. As residents were arriving to the dining room, catering staff welcomed them and served their breakfast in accordance with their choice.

Some residents were seen to enjoy reading the newspaper, others were chatting with their friends. Two friends sitting together having their breakfast sang a duet and staff and other residents joined in. Later in the morning there was a sing-song where staff and residents were seen to have a lovely enjoyable time. A game of bingo was held in the afternoon and residents said they loved playing. The activities programme displayed showed that mass was live-streamed from the local church each morning and resident were seen to watch this. Musicians attended the centre on a weekly basis; other activities included sonas, the knitting club, manicure and hand massage.

Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choice at every meal. The daily menu was displayed on dining tables. Meals were pleasantly presented and looked appetising. Staff engaged with residents in a positive manner and residents needing assistance during the meal were given this in respectful and calm manner.

The outdoor area of the centre contained mature and colourful gardens. The residents who were able to go out independently had a key code available for them to exit. Residents also had access to an enclosed outdoor garden accessible via the dining room. There was a large storage unit to the back of the centre which housed incontinence wear and other equipment. Large clinical waste bins were stored outside nearby, while these were locked they were not stored securely.

Emergency evacuation floor plans were displayed at different locations in the centre. They had evacuation routes detailed, a point of reference for ease of interpretation and were orientated to reflect their relative position in the centre. Wheelchairs were discreetly stored at vantage points around the centre for evacuation purposes should the need arise. A sample of fire doors were checked along corridors and these were seen to be in good working order. Fire extinguishers were service in August 2024.

Some clinical stores were kept in the office behind the nurses station and this door was seen to be open throughout the day. There was a medication store located on the corridor, and this was seen to be left open with an unsecured storage unit. Sharps containers were seen to be closed when not in use in accordance with best practice safety guidelines.

The centre was generally clean, well decorated and warm throughout. The inspector saw that bedrooms were decorated with residents' personal belongings and photographs. Many areas were repainted and decorated and some flooring replaced, with plans to upgrade other flooring by main reception upon completion of the new en suite by bedroom 1.

Capacity and capability

This inspection was undertaken to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended) and to follow up on previous inspection findings.

Norwood Grange is a designated centre for older adults and is registered to accommodate 30 residents. The provider has a clearly defined governance structure in place to promote and enable a quality service. The person representing the registered provider was on site on a daily basis along with the facilities, health and safety manager. The facilities manager and facilities supervisor supported the service regarding non-clinical aspects of service provision. The person in charge was supported in her role by a team of clinical care staff, housekeeping, laundry and

catering staff. Deputising arrangements were in place with the clinical nurse manager (CNM) deputising for the person in charge when required.

The findings of this inspection showed improvement in aspects of the premises and household cleaning staff rostered. Ongoing painting, re-decorating and upgrading was evident including the addition of an en suite bathroom for bedroom 1. Areas for improvement identified on this inspection included risk management, aspects of the premises, infection control, assessment and care planning documentation and residents' personal storage space. These will be discussed under the relevant regulations in this report.

As part of their quality improvement strategy, key performance indicators such as pressure ulcers, antibiotic usage and complaints for example were monitored on a weekly basis; the person in charge had excellent oversight of these and documentation demonstrated action plans developed following assessment and trending of KPIs, such as wound care prevention initiatives. The findings of these audits and assessments informed the daily handovers to staff as well as the daily safety pauses to ensure a high standard of evidence-based nursing care.

Regarding non-clinical oversight, weekly audits of the premises were completed by the facilities supervisor; where issues could be dealt with immediately, these were completed in a timely manner; action plans were developed for larger pieces of work.

While all policies required in Schedule 5 were available, some required review to ensure regulatory compliance; these are further detailed under Regulation 4, Written policies and procedures.

There was adequate staff in the centre during the day and night as seen on the staffing roster. Improvement was noted following the findings from the last inspection as household cleaning staff were now rostered over seven days per week. Additional staff were being recruited at the time of inspection to ensure residents had access to meaningful activation on a daily basis.

The complaints procedure was updated at the time of inspection to ensure it was easily accessible to residents and visitors to the centre.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary qualifications and experiences as required in legislation. She was involved in the operational management and the day-to-day running of the service; she positively engaged with the regulator and was pro-active in responses to issues identified.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rosters, feedback of residents and observation on inspection, there were adequate care staff to the size and layout of the centre and the assessed needs of residents. While there was a reduction in activities staff, care staff were allocated to activities when the co-ordinator was off duty. Recruitment for a designated activities staff was advertised.

Judgment: Compliant

Regulation 23: Governance and management

The following required attention to ensure the service was safe and effectively monitored, as follows:

Regarding risk:

- the office behind the nurses' station was routinely left open so clinical supplies were accessible to unauthorised personnel
- the medication store on the corridor (with an open storage unit) was not secured
- pull-cord call bells in en suites were very long and were not anti-ligature and posed a risk to resident safety
- while large clinical waste bins were locked they were not stored securely.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications, correlating with incidents logged, were submitted, within the specified regulatory time-frame of three-day notification.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was updated at the time of inspection to ensure ease of access to residents and visitors. The inspector viewed the complaints log which demonstrated that complaints were appropriately recorded and followed up in a

timely manner by the person in charge. There was evidence that written responses were given to complainants as well as follow up either in person or phone call by the person in charge. Outcomes, whether the complaint was upheld or not, and the satisfaction of the complainant was recorded in line with regulatory requirements. Actions taken on foot of complaints to mitigate recurrence were recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of the following policies was required to ensure compliance with Schedule 5:

- the complaints policy to be updated to reflect SI 628
- policy relating to the creation of, access to, retention of and maintenance of and destruction of records required updating to reflect the specified requirements of Regulation 21
- policy relating to the temporary absence of a resident to another health care facility required updating to reflect the legal requirements regarding maintaining a copy of transfer letters on site, as well as setting out responsibilities for this.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the culture in Norwood Grange promoted the well-being of the residents to enable and ensure a person-centred approach to care delivery.

Consents forms were used and signed by the resident giving consent for assessment and care planning for example. Records demonstrated that independent advocacy was accessed for residents in accordance with their wishes. Residents personal emergency evacuation plans (PEEPs) were in place and detailed necessary assistance for both day and night. The daily narrative for both day and night duty was maintained on the resident's status and progress. A sample of residents' care planning documentation was reviewed and showed mixed findings. While validated risk assessments were available to enable staff assess residents care needs, these were not comprehensively or consistently completed to adequately inform the care planning process, or updated in accordance with the changing needs of residents. This is further discussed under Regulation 5, Individual assessment and care planning.

Residents had timely access to GP services and out-of-hours GP cover was provided. Residents were seen to have access to health and social care professionals to enable better outcomes for residents. An up to date record of residents with previously identified multi-drug resistant organism (MDRO) colonisation (surveillance) was maintained and the person in charge was knowledgeable regarding this information. Staff spoken with were knowledgeable regarding the medication management of residents.

In general, the premises was well maintained, with ongoing painting and redecorating seen, however, there were a few areas identified that required attention and these are outlined under Regulation 17: Premises.

Service records demonstrated that equipment was serviced in accordance with specified requirements, some annually and others biannually, such as electrical equipment, oxygen concentrators, call bell system, generator, water supply and drains for example. Weekly audits were completed regarding the premises both internally and externally, to enable immediate actions to remedy issues identified.

Regulation 11: Visits

Visiting was facilitated in line with the requirements of the regulations. Visitors were welcomed into the centre and offered refreshments; the inspector saw that visitors were familiar with the risk management procedures upon entering the centre of signing in and hand hygiene. Staff took time to chat with visitors and provide care updates on their relative when appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

While some residents had access to double wardrobes to enable storage of clothing including hanging coats, dresses, skirts and trousers, many residents only had access to single wardrobe space which is inadequate space for people living in residential care.

Judgment: Substantially compliant

Regulation 17: Premises

Action was required to ensure the premises was maintained in line with the

<p>requirements of Schedule 6 of the regulations as follows:</p> <ul style="list-style-type: none"> • some flooring was stained • storage space for equipment was limited as commodes were stored in the sluice room when not in use' making the hand-wash sink inaccessible.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
<p>Mealtimes were seen to be social occasions where residents met up with their friends and enjoyed their meal together. Food served looked appetising and residents reported they had choice at mealtime and the quality of food was good.</p>
Judgment: Compliant
Regulation 27: Infection control
<p>Action was necessary to ensure compliance with Regulation 27 as follows:</p> <ul style="list-style-type: none"> • work-flows in the laundry did not ensure segregation of dirty and clean laundry in line with infection control guidelines to mitigate the risk of cross contamination • as commodes were stored in the sluice room, the hand-wash sink was inaccessible.
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>A sample of fire doors were checked along corridors and these were seen to be in good working order. Emergency evacuation floor plans were displayed at different locations in the centre. They had evacuation routes detailed, a point of reference for ease of interpretation and were orientated to reflect their relative position in the centre and were easy to follow. Wheelchairs were discreetly stored at vantage points around the centre for evacuation purposes should the need arise. Fire extinguishers were service in August 2024. Residents personal emergency evacuation plans (PEEPs) were in place and detailed necessary assistance for both day and night.</p>

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were examined and these were seen to be comprehensively maintained. Staff spoken with were knowledgeable regarding residents and their prescriptions. Sharps containers were seen to be closed when not in use in accordance with best practice safety guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were examined and these showed mixed findings. Some had personalised information to inform individualised care while others did not have this detail and required action to enable staff provide individualised care. For example:

- a resident's assessment and care plan were not updated to reflect the additional care needs associated with recent surgery
- their pain management was not updated to determine if their pain management was effective for the resident
- the agitated behaviour assessment did not indicate the level of risk associated with the score so the impact could not be determined
- while there was personalised information included in the resident's care plan relating to end-of-life care wishes, the assessment did not have this information so it could not be determined the source of the information in the care plan
- medical history such as diabetes did not inform the nutritional assessment to ensure individualised care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services. Out-of-hours GP services was provided. Residents' documentation showed that a multi-disciplinary team was involved in resident care to enable better outcomes for residents, such as speech and language, dental, dietician, and specialist care such as gerontology and psychiatry of old age. Wound care charts showed effective management of wounds. Residents notes demonstrated that they had access to tissue viability nurse specialist to support

wound care, and supporting wound care management documentation was maintained. Residents had access to palliative care services when required.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Care documentation evidenced that alternatives to bed rail restrictive practice were implemented such as low-low beds and sensor mats. Appropriate assessments were evidenced to inform the care planning process in line with national policy. The inspector observed that residents were not restricted in their movement and staff interaction with residents was seen to be positive and engaging throughout the inspection.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Staff were appointed to the activities programme and a review of this programme showed a variety of activities such as music, bingo, arts and crafts, manicures and nail care, and newspaper reading. Children from the local play school and primary schools regularly visited the centre. Several visits were planned over the coming weeks as part of Christmas celebrations; this enabled residents to maintain connected with the local community.</p> <p>Staff were seen throughout the day to engage socially with residents and im-promptu sing-songs were heard as staff encouraged and jollied-along residents to enjoy their day.</p>
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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Norwood Grange OSV-0000258

Inspection ID: MON-0045299

Date of inspection: 27/11/2024

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>1. Access Control:</p> <ul style="list-style-type: none">• The door behind the Nurses' Station, adjacent to the Nurses' Office, is now kept closed at all times to maintain security and privacy. <p>2. Medication Storage Security:</p> <ul style="list-style-type: none">• The lock on the Medication Store Door located off the corridor has been replaced. This door is now secured at all times to ensure the safe storage of medication. <p>3. Bathroom Pull Cord Safety:</p> <ul style="list-style-type: none">• Following the inspection, our Supplier was contacted to address the pull cord length and style in some of the bathrooms. Our Supplier, Sound and Vision has escalated this matter to their Management Team, and has since sourced a suitable solution for pull cord safety. <p>4. Clinical Waste Management:</p> <ul style="list-style-type: none">• Clinical waste bins have been relocated to a secure area at the rear of the premises, enhancing safety and compliance with waste management protocols. <p>5. Enhanced Governance Oversight:</p> <ul style="list-style-type: none">• Regular walkarounds are now being conducted to proactively identify and address any compliance or safety issues. <p>6. Staff Communication and Awareness:</p> <ul style="list-style-type: none">• The nursing team has been briefed on these changes and reminded to remain vigilant in maintaining these standards. This communication was delivered and implemented with immediate effect.	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • Complaints policy was updated on the day and subsequently displayed. Statement of Purpose updated to reflect the same. • Policy relating to Creation, Access and Retention of and Maintenance of Records updated with the timelines for Data held. This was done immediately post inspection. • With regards to the temporary absence of a resident, some wordings were changed and inspectors input was taken on board, however, all of the Shall/ Must/ Will interpretation has not been amended at this this time as this would implicate a full review of all of our policies in our service. <p>Please note , our understanding of Shall is used to indicate a requirement that is contractually binding, meaning it must be implemented, therefore the use of Shall and Must and will are interchangeable in all our Policies.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • We remain committed to a person-catered approach by actively engaging with residents to determine their preferred storage options, including the choice between a double or single wardrobe. • Residents are encouraged to store their personal possessions according to their individual preferences and needs. This flexible approach has consistently been our practice and aligns with our commitment to respecting resident autonomy and personal choice. • Feedback provided during the recent inspection aligns with our ongoing practice, and we will continue to look at the best storage options for our residents and look to improve/increase where deemed necessary. We will continue to support each resident's right to personalise their living space in a manner that best suits their comfort and lifestyle. <p>This strategy ensures that our facility remains in full compliance with Regulation 12, reinforcing our dedication to upholding residents' dignity and personal freedom. We will continue to add appropriate storage when the resident requests the same. We have taken this on board since the inspection, have added wardrobes and we will continue to review and audit all storage available to each resident.</p> <p>Meeting to be held with a storage/ furniture supplier with a view to look at enhancing storage options in the future.</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"> • Whilst acknowledging that there are three spots in the home that are stained, this was already acted upon in advance of any Inspection to understand the route cause. Having taken our Flooring experts advice on board, we must accept that chemicals were most probably the route cause. Please review as per feedback. • The section outside the Sluice room was as a result of Maintenance on the Sluice machine at that time. • Sluice facilities have been accessed by the Management team, staff have been re-educated about the flow within the room, orientation and storage of equipment to make the best use of the space available and to ensure the handwashing sink is accessible at all times. • The location of the hand washing sink is being reviewed currently. Awaiting final assessment from a Plumber to see if this is feasible to be moved to an exit point. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Practice on the day in the Laundry was immediately corrected. • There is clear Green and Red Zone signage throughout, on the walls and on the floor. • Staff have been re-educated on the flow in the laundry room and the importance of maintaining the correct workflow process that was implemented for this Laundry room. • As mentioned under Premises, we are accessing the location of the Sink and Storage Facilities as a whole. • IPC training was recommenced, and all departments were retrained by the end of February. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and care plan:

- Nurses meeting held. Ongoing training, support and mentorship being given.
- All Care plans and assessments are being reviewed.
- This is an ongoing review and will be completed by the end of March 25.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2025
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	31/03/2025
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	28/11/2024

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/03/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/11/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social	Substantially Compliant	Yellow	31/03/2025

	care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/11/2024
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	31/03/2025