



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Valentia Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Wexford
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0043900

About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 39 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies; low, medium, high and maximum, and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of single bedrooms with ensuite facilities, single bedrooms without ensuites, twin bedrooms with ensuites, and twin bedrooms with shared ensuites. There are two dining rooms, two sitting rooms, and one conservatory. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 20 November 2024	11:20hrs to 18:50hrs	Catherine Furey	Lead
Wednesday 20 November 2024	11:20hrs to 18:50hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Through conversations with residents, observation of resident and staff interactions, and a review of relevant documentation, it was evident that residents in Valentia Nursing Home were enjoying a good quality of life that was respectful of their choices and preferences. The ethos in the centre promoted residents' health and wellbeing. The overall feedback from residents was that they were happy living in this centre. Residents said that the staff and management were "exceptional" "kind" and "hardworking".

There were a number of residents who could not fully express themselves to the inspectors, due to their level of cognitive impairment. These residents were observed to look content and comfortable in their surroundings, and staff were mindful and relaxed in their interactions and approaches with these residents. It was evident that staff knew all the residents well and were familiar with their individual preferences in relation to their own preferred daily routines. Residents were consulted with and informed of any activities or events occurring in the centre. A large noticeboard displayed the weekly activities. Where possible, residents were encouraged to walk freely through the centre and avail of the communal areas. Many residents liked to gather in the sitting room, particularly in the afternoon and evening, where they enjoyed the homely feeling created by the open fire and tasteful traditional furniture and décor.

Bedrooms were personalised with residents own belongings such as pictures and soft furnishings which provided an individualised and homely environment for each resident. All bedrooms met the minimum size and layout requirements of the regulations, with one twin room requiring amendments to the placement of the privacy curtain, as it was noted that it tightly enclosed the bedspace, minimising the private space available for the resident. Residents told inspectors that they liked their bedrooms and felt comfortable in them. Three newly-constructed single ensuite rooms had been registered since the previous inspection. These were generous in size and had plenty of storage for residents belongings. Large windows looked out on to the back gardens, and there were net curtains to protect residents privacy from the outside.

There are various communal spaces in this centre, including sitting rooms, a dining room and an oratory. The centre was warm and bright and residents were observed to utilise the different communal areas. Residents also had unrestricted access to an enclosed courtyard which was well maintained with appropriate seating and mature planting, providing a lovely outdoor space to enjoy. One resident told inspectors that even when it was cold they enjoyed going out for fresh air and a stroll around the paths.

The inspector observed that most parts of the residents' lived environment was adequately maintained, however, flooring in one bedroom was in need of repair as it was uneven in parts and could not be effectively cleaned. There were suitable

storage rooms and areas throughout the premises, and appropriate hand washing facilities.

A programme of activities was available to residents, which was provided by an dedicated staff each day. Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. Popular activities included bingo, exercises, and reminiscence. The inspector observed residents participating in the days scheduled activities which included ball games, Mass and cards. There were pictures on display of various day trips attended which included trips to local garden centres and parks. Residents and staff were in the process of planning for the annual Christmas party which family and friends were invited to attend.

Inspectors observed some of the lunch and evening mealtimes. Residents had a choice of meal options all of which were freshly prepared in the centre's kitchen. A number of residents required specialist diets and these were catered for. Staff were available to support and assist residents with their meals and this was observed to be provided in a kind and unhurried manner. Residents said that they enjoyed their meals and had choice. Residents who spoke with the inspector stated that they liked the food provided and were happy with the choices available.

The next two sections of the report describe the governance and management arrangements, and how these arrangements positively impacted on the quality of care and support residents received in the centre.

Capacity and capability

The findings of the inspection reflected a service that provided person-centred, positive outcomes for residents in an comfortable and pleasant environment. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life.

This was an unannounced inspection, carried out to assess ongoing compliance with the regulations. The inspection was carried out over one day. The centre was registered for 39 beds and there were 38 residents residing in the centre on the day of inspection; two of these were in hospital

Following the last inspection December 2023, the registration of the centre was renewed, with two additional restrictive conditions;

- Condition 4 required the provider to provide adequate means of escape, including emergency lighting, and to make adequate arrangements for the detection and containment of fire and the maintenance of fire equipment. The date for compliance with this condition was 31 August 2024. The provider had kept inspectors updated with the progress of fire safety works and this was assessed during this inspection. Significant work had been

completed, and a plan was in place to have works completed in the coming months. When complete, sign-off from a competent person to demonstrate all works were carried out to the the required standard will be required to be submitted to the Chief Inspector.

- Condition 5 stipulates that the registered provider will ensure that no more than one resident is accommodated in bedroom 7 and bedroom 9. This condition was applied as it was identified on the previous inspection, that the configuration of rooms 7 and 9 did not comply with the requirements of the regulations. The condition was required to ensure that each resident is afforded sufficient space to uphold their privacy and dignity. Inspectors verified that the provider had adhered to this condition, and rooms 7 and 9 were configured for, and occupied by one resident only.

The registered provider is Valentia Nursing Home Limited, a company with four directors who are engaged in the overall management of the centre and attended the centre regularly. There was a clearly-defined organisational structure in place, with identified lines of responsibility and accountability at each level. The clinical management team consisted of a person in charge and clinical nurse manager, whom were well known to residents. They were supported by the company directors who worked in the centre providing management and clinical oversight. There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The person in charge demonstrated a very good understanding of their role and responsibility. The management team was actively involved in the day-to-day management of the centre. They were a visible presence and provided effective leadership to all staff.

The provider ensured that sufficient resources were in place to ensure that the service provided to residents supported their healthcare needs, rights and wellbeing. There were well-established systems in place to monitor and review the quality of the service provided for the residents. Clinical and environmental audits were regularly completed by the management team, and there was a strong focus on developing quality improvement plans to enhance the service.

There was evidence of effective communication systems in the centre. Regular management team meetings had taken place. Staff of different departments came together to form different committees, for example safeguarding and nutrition. Records of meetings showed that these committees discussed various aspects of the service, reviewed relevant practice and implemented initiatives. For example, following a review of the dining experience, the committee recommended a redesign of the layout of the dining tables to ensure that all residents were afforded the opportunity to dine in the main sitting room.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. Staff were allocated to teams each day which included a registered nurse and a senior care assistant. Staff stated that this arrangement ensured that there was a streamlined and coordinated approach to the delivery of care. Staff demonstrated a good understanding of

important topics such as safeguarding and human rights. There were regular daily handovers where staff discussed presenting risks, the plans for the day and prioritised tasks

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The inspector observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training such as safeguarding of vulnerable adults, moving and handling, and fire safety was completed by all staff. Training in dementia care and responsive behaviours was planned for a small number of new staff. Staff were supported to complete a range of additional training such as end-of-life care and nutrition.

Staff were supervised in their roles daily by the person in charge and the assistant director of nursing. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included frequent reviews with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider was in breach of restrictive condition 4 on their registration. The purpose of this condition is to ensure that the registered provider at all times operates the designated centre in compliance with the regulations. The date for compliance was 31 August 2024 and the work had not been fully completed to date. When the programme of work is complete, in order to adhere with the condition applied to the registration, the provider is required to submit to the Chief inspector, sign-off from a competent person to demonstrate all works were carried out to the the required standard.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four contracts for the provision of care and services. All of the contracts reviewed met the requirements of the regulations. For example, they set out the terms and conditions of the agreement, and any additional fees for other services.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring urgent medical attention, and the incidents of restrictive practice use in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to live happily in the centre. Residents were provided with choices and their human rights were actively promoted. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and plentiful

opportunities for social engagement and development. Some minor improvements were required in the premises.

Residents' records were viewed by inspectors, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plan in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans.

Residents' records provided evidence that where residents experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), person-centred care plans were in place to guide staff in the appropriate management of the behaviour.

The centre was actively promoting a restraint-free environment and the use of physically-restrictive practices such as bedrails in the centre was kept to a minimum. Restrictive practices were initiated following an appropriate risk assessment, and in consultation with the resident, or where required, their representative. These procedures were in line with national guidance. There was an up-to-date policy on managing behaviours that challenge.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with the inspector reported that they felt safe living in the centre. Where potential safeguarding concerns had arisen, the person in charge ensured that a full investigation into the matter was completed, including referral to external agencies such as the safeguarding team or advocacy services, where appropriate.

There was a varied programme of activities in the centre, which took place over six days of the week. Minutes of residents meeting evidenced that residents were very happy with the variety and frequency of activities on offer. These included well-loved favourites such as baking and art and other interests such as Irish language lessons, book club and dementia-specific therapies. Some residents enjoyed visiting their family and friends outside of the centre and this was supported by management who engaged with residents and families to realise these wishes in a safe and supportive way. Visiting musicians attended the centre regularly and plans were underway for a Christmas party for residents and their families. There were pictures on display of residents attending social gatherings in Johnstown Castle and a local garden centre with staff. Residents religious rights were being catered for, with Roman Catholic Mass said every Saturday and a Church of Ireland minister attending every fortnight.

The premises was designed and laid out to meet the needs of the residents living in the centre. The three new bedrooms were now occupied and provided a comfortable

living environment. Residents had personalised their rooms and there was adequate space for personal belongings. Overall the centre provided a homely environment for residents; for example there was an open fire in the living room. Some action was required by the provider in relation to the premises, which is detailed under Regulation 17: Premises.

Overall, there was good oversight of fire safety by the provider and local management in the centre. During the walk-through, the inspectors observed that fire escape routes were kept clear and available for use. Staff spoken with had good knowledge of the evacuation strategy, and relayed this to inspectors. Records of fire drills reflected the evacuation strategy and detailed learning from the drill practice. The fire safety systems were maintained and there were service records to evidence this. The fire safety risk register was being updated and reflected risk reducing work which had been completed.

The provider had carried out a significant programme of work to improve fire safety in the centre, and this was ongoing;

- Additional fire containment was provided to protect the sun corridor from the adjacent sitting room and dining room; this improved means of escape
- the enclosure to the kitchen had been improved, the ceiling was upgraded and new fire doors installed
- fire doors had been serviced with adjustments made; there was documentation from the contractors on file to evidence this, and from a visual review, they were in good condition and those tested, closed when released
- additional emergency lighting had been provided to external escape routes to safely guide occupants from exits away from the building when dark

The provider had a further improvements identified and there were plans in place, with firm commitment by the provider, to complete the fire safety programme. Once complete, the provider is required to submit to the Chief inspector, sign-off from a competent person to ensure all works were carried out to the the required standard. Some action was required by the provider, which is explored further under Regulation 28: Fire Precautions

Regulation 17: Premises

The following required action to ensure compliance with Regulation 17 and Schedule 6:

- the ensuite in two twin rooms were not suitable for immobile residents; the alternative communal bathroom was a distance away from those bedrooms. The provider committed to reviewing each ensuite
- the privacy curtain in one bedroom was not configured to ensure adequate usable and private space for the resident
- the floor in one bedroom was uneven and resulted in pockets of the floor not being effectively cleaned

- the mechanical extract ventilation outlets in some areas required action to ensure they were clean

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for two residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy contained actions and measures to control a range of specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about ongoing, active risks and detailed the control measures in place to mitigate these risks.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. Audits of falls and incidents were regularly completed to identify areas for improvement and to minimise the risk of incidents reoccurring.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the extent of work carried out to date to address fire safety risks in the centre, some action was required by the provider to achieve compliance with this regulation.

The measures in place to contain fire required some improvement;

- attic hatches and mechanical extract vents penetrated the fire rated ceilings; assurance was required that appropriate proprietary systems were in place to ensure the continuity of the fire rated ceiling

- while the kitchen ceiling had been upgraded, the ceiling of the small store, which was part of the kitchen enclosure, was not upgraded. The provider confirmed this would be addressed
- a gap in the ceiling within a cupboard on a corridor required sealing

There was some outstanding items for completion from the inspection report from the fixed wire electrical installation. Notwithstanding the significant number of items which had been addressed, the provider committed to completing the remaining outstanding items.

Some action was required to ensure adequate means of escape;

- the magnetic lock to some exits were not connected to the fire detection and alarm system; this meant that the exits may not release in the event of a fire and required staff knowledge
- the escape path from one exit from the sun corridor narrowed owing to a ramp and may not be wide enough for various evacuation aids

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' documentation was reviewed by the inspector. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based medical and nursing care provided in the centre. GP's routinely attended the centre and were available to support residents healthcare needs. Health and social care professionals also supported the residents on site where possible and remotely when appropriate. Nursing care was delivered to a high level, for example, there was good management of wounds and good day-to-day oversight of residents' medical conditions such as diabetes, epilepsy and dementia.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint such as bedrails were used, an assessment was completed to ensure it was used for the minimal time only. Regular checks were in place for the duration of restraint use. Consent was obtained and documented for each restraint. A restrictive practice committee had been set up with the aim of promoting a restraint-free environment in the centre. The committee analysed the monthly use of equipment such as full and modified bed rails, sensor mats and low profile beds.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was well-known to staff. Staff demonstrated a good awareness in relation to their role in how to keep residents safe, and could clearly describe the reporting mechanisms should a potential safeguarding concern arise.

Any allegations of abuse were identified and investigated appropriately by management, with referral to external agencies including advocacy and safeguarding teams, where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valentia Nursing Home OSV-0004370

Inspection ID: MON-0043900

Date of inspection: 21/11/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: A meeting and discussion has been held with the competent fire safety professional. A report is to be prepared and submitted to the Chief Inspector. 31/3.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Ensuite in two twin rooms were reviewed. One ensuite has been upgraded while the other is scheduled. The privacy curtain identified has been reconfigured. Extract Vents are now on a regular cleaning schedule. Uneven floor has been reviewed and cleaned professionally. Remedial work will follow. Floor improvements are kept under review	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>External pathway has been widened from the sun corridor so all evacuation aides are possible.</p> <p>Green Break glass units are visible and accessible at any exits where the magnetic lock is not connected to the fire detection system.</p> <p>Magnetic locks automatically release when green break glass units are activated. Training records reflect that staff have knowledge of this process.</p> <p>Attic hatches and extract vents are in the process of upgrading.</p> <p>Ceiling in the kitchen and corridor has been fire sealed.</p> <p>Outstanding electrical work is near completion. 31/3.</p> <p>All of the above improvements and upgrades to fire safety will be included in the fire safety report as required to the inspector.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/03/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2025