Health Information and Quality Authority

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:	Aperee Living Conna
Name of provider:	Aperee Living Conna Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0041400

About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with toilet and shower facilities some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, a large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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
Thursday 9 November 2023	09:10hrs to 17:00hrs	Siobhan Bourke	Lead
Thursday 9 November 2023	09:10hrs to 17:00hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

The inspectors met with the majority of the residents living in the centre during the day, and spoke with seven residents in detail, to gain insight into their lived experience. From the observations of the inspectors and from speaking to residents, it was evident that residents were happy with the care they received from staff. They described staff as "excellent here" and "very kind." One resident told an inspector how they were "delighted" to be there and that staff were great to them "despite them having to work in difficult circumstances." However, inspectors were not satisfied that the overall governance and management of the centre was sufficiently robust and that effective management systems had been implemented to protect residents, particularly in relation to management of fire safety in the centre. The inspectors saw no visible evidence, on the day of this inspection, of required structural works being carried out to the premises. The management team informed the inspectors that while an engineer had been on site in the weeks before the inspection, a confirmation date as to when the required works would commence was awaited from the registered provider.

On arrival to the centre, the inspectors met with the assistant director of nursing, who participated in an opening meeting. The person in charge was on annual leave, but attended the centre once informed of the inspection. Following the meeting, the inspectors were guided on a tour of the premises by the person in charge, where inspectors met with residents and staff. It was evident during the walkaround that the person in charge was well known to residents and she was knowledgeable regarding their assessed needs.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village, and is registered to accommodate 50 residents. The centre had 44 single bedrooms and three twin bedrooms arranged in three main wings called Aghern, Douglas and Castle. The twin rooms were occupied by only one resident on the day of inspection. The inspectors saw that a number of renovations to the centre had been carried out since the last inspection and flooring had been replaced near reception and a number of residents' bedrooms. Work had commenced in the housekeeping room and the staff toilet to replace the tiling. The inspectors saw some improvements to fire precautions in the centre, whereby the treatment room and the wheelchair room had been fitted with fire detection. The person in charge showed inspectors how discreet Personal Emergency Evacuation Plans (PEEP) symbols were placed outside each residents' bedroom door, to guide staff on the required evacuation method. However, a number of fire risks had yet be addressed as discussed further in this report.

The inspectors observed that there was plenty of communal spaces for residents' use with a large dining room, day room, activities room, sun room and oratory. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. The sun room had been recently decorated with pictures and cosy furniture to provide a tranquil space for families and residents. The inspectors were

informed that this room was furnished thanks to fund raising by families of residents.

Inspectors observed that the centre was bright, spacious and visibly clean in areas occupied by residents. Residents with whom inspectors spoke with, were happy with their bedrooms and the standards of cleanliness in the centre. The inspectors saw that residents with respiratory symptoms on the day of inspection had appropriate transmission based precautions in place.

The inspectors saw that the lunch time meal was a social experience and residents spoke positively about the choice and quality of food available to them. The inspectors observed that residents who required assistance were provided with this, in an appropriate manner by staff. A small number of residents told the inspectors that they would like their trays removed from their rooms in a more timely manner and the person in charge agreed to review this.

Residents who were unable to speak with inspectors were observed to be content and comfortable in their surroundings. The care provided to residents was observed to be person-centred. The inspectors also had the opportunity to meet with four visitors, who spoke highly regarding the staff and quality of care their loved ones received.

There was a schedule of activities in place every day and a range of activities were observed to take place throughout the day. Planned walks had to be cancelled due to the weather and were replaced with a lively bingo session, which residents seemed to enjoy. In the afternoon, a local town's men's group provided an entertaining music and singing session which was well attended by residents. Residents' views on the running of the centre was sought through monthly residents' meetings, and issues such as activities, food and any concerns were raised and discussed by residents.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This risk inspection took place to follow up on the action taken by the provider to address serious issues of non-compliance found on previous inspections of the centre.

The inspectors continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. Findings of this inspection were that the registered provider had failed to carry out the fire safety works required in the

centre, as committed to, following inspections of September 2022, April 2023 and September 2023. This omission of action posed a risk to residents receiving a safe quality service.

Following an inspection of this centre in September 2022, the provider submitted a compliance plan indicating that the required remedial fire safety works to address the fire risks in the centre would be completed by 30 March 2023. An inspection of the centre in April 2023, found that these works had yet to commence. The Chief Inspector had committed to working with the provider, in the best interests of the people living in the centre. This was via ongoing regulatory engagement with the provider, which included provider meetings, cautionary meetings and warning meetings to highlight concerns about the governance and management of the centre and fire safety issues. However, the provider had not followed through on commitments to take the necessary actions, to address the areas of non compliance, which put residents at risk.

Following extensive engagement with the provider, the Chief Inspector had taken enforcement action, by attaching a restrictive condition to the centre's registration. This was to hold the provider to account, for non-compliance with the Act and regulations. This restrictive condition required the registered provider to have the following requisite fire safety works completed by 31 October 2023, to ensure the safety of the residents living in the centre:

- Upgrade of ceilings of bedrooms to fire rated ceilings.
- Upgrade of external escape routes to rear of building.
- Servicing and/or replacement of inadequate fire doorsets and internal screens.
- Upgrade of laundry room fire rating to area added to room.
- Provision of passive fire protection to all ventilation outlets passing through fire rated construction.

However, findings of this inspection were that the provider had failed to carry out the work required to comply with fire precautions. There was also no evidence of a time bound action plan to complete the required fire safety works.

Aperee Living Conna is operated by Aperee Living Conna Limited, the registered provider. The company comprises of one director. The centre was part of the Aperee Living Group, which operates a number of centres around the country. The Chief Inspector remained concerned, as per the findings of previous inspections, with regards to the registered provider's ability to sustain the delivery of a safe, quality service for residents.

The provider had committed to strengthening the governance structure during engagement with the Chief Inspector. However, the inspectors noted that the governance structure and reporting relationships of Aperee Living Conna remained a concern. The person in charge reported to the Chief Operations Officer for the group. The Chief Operations Officer had submitted their resignation and had notified the Chief Inspector that they would be leaving the role of person participating in management (PPIM) for the centre on November 10 2023. One of the two regional

manager positions was vacant while the other post holder had resigned their position. The Chief inspector had been notified that this person was no longer in position yet that person had recently completed some onsite training in the centre.

The human resource manager for the provider had also resigned since the previous inspection. Therefore the human resource department was also no longer available to the management team working in the centre to assist in recruitment and implementation of policy relating to human resource issues. Recruitment was undertaken by the person in charge in the centre.

The onsite management team comprised the person in charge, an assistant director of nursing, a clinical nurse manager and the centre's administrator. The centre also had a team of nurses, healthcare assistants, housekeeping and catering staff as well as a full time maintenance person and night porters. The person in charge was knowledgeable regarding their role and responsibilities and had oversight of residents' care needs which were found to be of a good standard. The inspectors were informed that the assistant director of nursing had resigned from her position and was due to leave the role in the weeks following the inspection. Inspectors were concerned that, in the absence of strong governance, there was an over-reliance on the person in charge and the clinical management team to provide the governance and leadership for this service.

The centre was adequately resourced in terms of number and skill mix of staff on the day of the inspection, when considering the size and layout of the building and the assessed needs of the residents. There was an adequate nursing staff on duty with two nurses rostered every day and night, supported by a team of healthcare staff. The person in charge ensured that an extra member of staff, in the role of night porter, was rostered at night, to mitigate identified fire risks in the centre. However, the provider had failed to ensure that adequate monetary resources were made available to the centre to implement the fire safety work to the premises, required to address fire safety concerns.

A comprehensive training schedule was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role and demonstrated an appropriate awareness of their training with regard to safeguarding residents from abuse, infection prevention and control and fire safety. Due to recent staff resignations, the person in charge had recruited a number of new health care staff and housekeeping staff for the centre. There were arrangements in place to provide supervision and support to staff through an induction process.

Inspectors reviewed a sample of staff files and found that required garda vetting was in place for newly recruited staff in the centre and staff records were maintained in line with Schedule 2 of the regulations.

The onsite management team ensured that there were management systems in place to monitor the quality and safety of services provided to residents. This included a schedule of clinical and environmental audits and weekly collection and monitoring of key quality indicators such as infections, weight loss, pressure ulcers and falls. A review of completed audits found that the audit system was effective in

supporting the management team to identify areas for improvement and develop action plans.

The previous inspection of this centre found that the procedures in place to ensure residents' finances were safeguarded, were not in place. Inspectors had concerns about the manner in which residents' funds were being managed, particularly in relation to the system in place to return monies and property to the estates of residents who were deceased. Since the previous inspection, the inspector saw evidence that the person in charge and the centre's administrator had returned monies to the estates of deceased residents where possible. In the case of three residents who died before 2018, their estates or families could not be contacted, the appropriate authorities were informed. However a separate residents' account was still not in place as agreed in the compliance plan submitted following the April 2023 inspection, therefore the provider could not implement the centre's policy on management of residents' personal possessions as outlined under Regulation 4; Written policies and procedures.

Overall, despite a history of extensive engagement and communication between the Office of the Chief Inspector and the registered provider, to address the serious risk to residents, the provider had failed to implement agreed improvements, in order to protect people using the service.

Regulation 15: Staffing

The inspectors found that the person in charge ensured ongoing recruitment of staff to maintain staffing levels in the centre. The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. From speaking with staff and from a review of a comprehensive training matrix, it was evident to the inspectors that the management team ensured that staff were provided with ongoing training. There was evidence that mandatory training was completed and in date.

Judgment: Compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

As identified during inspections carried out by inspectors of social services on 22 September 2022, April 26 2023 and 7 September 2023, the registered provider failed to operate the designated centre in line with the requirements of Regulation 23

The overall governance and management systems in place were not stable and clearly defined.

- The provider Aperee Living Conna Limited, comprised only one director. The availability and access to the director was very limited and the current lines of authority were not clearly defined.
- The management structure of the registered provider was not clearly defined to identify the lines of authority and accountability, specifically in relation to the senior management team. The Chief Operations Officer had submitted their resignation and the office of the Chief Inspector was notified that this position would become vacant on 10 November 2023, the day after this inspection.
- One of the regional managers had resigned and it was not clear if the second regional manager was currently in position. There was no evidence that the registered provider had attempted to fill these positions.
- There was no longer human resource support available from the registered provider company. The result of this was that the local management team had to assume these duties as well as their own roles and responsibilities.
- There was an over-reliance for the governance and management of the centre on the local management team instead of it being the registered provider's responsibility. While the local management team worked hard to ensure the quality of care provided to residents was of a good standard, issues such as resourcing of fire safety works and setting up a residents' account for the centre could only be managed at registered provider level.

Inspectors remained concerned in relation to the governance and management of the service and the registered provider's ability to ensure sufficient resources to ensure the effective delivery of care and to ensure that the service provided was safe. This was evidenced by the following:

- As found on previous inspections, resources had not been allocated to carry out work to the premises required to be fire complaint and to ensure the safety of residents in the centre. The provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in January 2022. This assessment identified a number of red (high) fire safety risks in the centre. A number of these risks had yet to be addressed and five of the risk issues remained outstanding. These are further discussed under regulation 28, fire precautions.
- There was also significant concerns about the availability of finances required to ensure the effective delivery of care, in line with the statement of purpose. A review of bank statements for the centre's current account showed that two creditors who provided agency health care staff were owed monies from the centre, therefore alternative agencies had to be used when agency staff were required.

Some management systems required action as evidenced by the inadequate financial systems in place. The provider had not set up a residents' account by July 2023 as committed to in the compliance plan submitted following the April 2023 inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were implemented into practice as:

- the policy in place for the management of residents' personal possessions and finances was updated since the last inspection, however, it could not be comprehensively implemented in practice as a residents’ account was yet to be set up

Judgment: Substantially compliant

Quality and safety

This inspection found that kind and caring staff working in the centre promoted and respected residents' rights. Residents' needs were being met through very good access to health care services and opportunities for social engagement. However, the registered provider's history of poor governance and failure to implement effective fire management systems impacted on the quality and safety of care and continued to put residents' safety at risk.

Inspectors were assured that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy and physiotherapy. Residents' nursing and health care records were maintained electronically. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process and developed in consultation with residents where possible. An inspector reviewed a sample of records and found that care plans were detailed enough to direct care and were person centred.

The provider was not a pension agent for any of the current residents living in the centre. The administrator who worked in the centre, had ensured that all money where possible, had been returned to deceased residents estates, in response to the findings of the previous inspection. However, the provider had not set up a residents' account, to which they committed to, to enhance financial systems within the centre.

As mentioned throughout this report, significant action was required by the registered provider in relation to fire precautions. There was a night porter completing hourly checks as an interim mitigating measure against the fire safety risk identified in the providers fire safety risk assessment. The person in charge had arranged for the local fire officer to do a tour of the facilities for further guidance and management of fire safety issues in the centre. Fire detection devices had been installed in the treatment room and the wheelchair store room. While there was appropriate certification in place for servicing and maintenance of equipment and fire safety training was up-to-date for all staff, the provider had not addressed the high risks pertaining to fire safety that existed in the centre. These findings are outlined under regulation 28, fire precautions.

Regulation 27: Infection control

The assistant director of nursing was the lead for infection control for the centre and had undertaken a link nurse practitioner course to support staff in the centre. There was a schedule of environmental and equipment audits in place for the centre. There were sufficient staffing resources allocated to ensure residents' rooms in the centre were cleaned daily. Staff had access to personal protective equipment such as glove and aprons from danicentres which were in place throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

As found on previous inspections, the provider had failed to take adequate precautions against the risk of fire. As mentioned in the first section of this report, the provider had committed to completion of fire safety works rated as of high risk identified in the fire safety risk assessment completed in January 2022 by the provider. While the management team in the centre informed the inspector that an engineer had been onsite in relation to the required fire works in the weeks prior to the inspection, they did not have confirmation of a time bound action plan for commencement and completion of fire safety work required, to ensure the safety of residents. Furthermore, the inspector did not observe any structural work having been completed on site. Action required to address the risks included;

- Upgrade of the ceilings to fire rated ceilings.
- Upgrade to the external escape routes in the rear of the building.
- Servicing and/or replacement of inadequate fire doorsets and internal screens
- Upgrade of laundry room fire rating to area added to room.
- Provision of passive fire protection to all ventilation outlets passing through fire rated construction.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents, relatives and staff, it was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulations. The inspector saw that assessments and care plans were updated when residents' condition changed.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, and opticians.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an activities programme over seven days. The activities programme was varied and included external entertainment from the community as well as scheduled activities led by the activity co-ordinator. Residents' meetings were facilitated each month and issues raised were followed up by the assistant director of nursing and the person in charge. Mass was celebrated weekly in the centre and residents enjoyed days out to local amenities every six weeks. A number of residents had enjoyed a recent day out to Lismore. The hairdresser was in the centre on the day of inspection and provided hairdressing services to a number of residents. Resident were supported to access independent advocacy when required.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0041400

Date of inspection: 09/11/2023

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

With effect from the 20th November three new company directors were appointed with the previous director resigning on the same date. One of the new Directors has also been appointed as Registered Provider Representative of the Company. The 3 new company directors are all actively involved in the management of the company and one of the directors is also a Regional Clinical Manager.

The new consortium took over the management of the home on November 20th 2023 and have already held two formal management meeting with the Home team and the new governance structure has been submitted to the regulator under separate cover.

Currently there are two regional managers in post and a new Head of Clinical governance is joining the overall group in February 2024.

Human Resource support is currently being provided by an external company, however internal Human resource support will be in place in February 2024.

As outlined under separate communication to the regulator, an experienced senior management team is now in place to support the home's management team, with additional senior team members joining in Q1 2024.

Fire rectification works commenced in December 2023 with an anticipated completion date of end of February 2024.

The company is sufficiently financially resourced to ensure a safe and effective delivery of care as evidenced in the person centred care observed during the inspection.

A 2nd Bank account has been opened by the new directors. This account is solely for managing Residents finances and is administered and managed by two company directors.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The policy for the management of resident's personal possessions and finances has been updated in December 2023.

A second bank account is in place specifically to protect resident money from November 2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The necessary Fire rectification works commenced in December 2023, with all necessary work to bring the centre into full compliance planned to be completed by end of February 2024.

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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	20/11/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	20/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	20/11/2023

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/02/2024
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.	Not Compliant	Orange	28/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on	Substantially Compliant	Yellow	31/01/2024

	the matters set out in Schedule 5.			