



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

Issued by the Chief Inspector

Name of designated centre:	Abbot Close Care Centre
Name of provider:	Abbot Close Nursing Home Ltd
Address of centre:	St. Marys Terrace, Askeaton, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0004682
Fieldwork ID:	MON-0042422

About the designated centre

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

Abbott Close Nursing Home is part of the Windmill group of nursing homes. It is a purpose built nursing home which opened in 2006 and is registered to provide care to 65 residents. It has 47 single bedrooms and nine twin bedrooms, all of which are en-suite. The centre includes spacious dining facilities, lounge areas and gardens. There is a dedicated dementia specific wing, with its own dining and lounge facilities as well as an enclosed private garden and walkway.

Abbott Close Nursing Home provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The aims and objectives of care, as set out in the statement of purpose, are to provide quality care for all the residents and to ensure all services are delivered to the highest standard. The ethos of care is to promote residents' dignity, individuality and independence and to assist residents to maintain their goals and objectives. The centre aims to ensure that residents are nurtured and cared for in a warm, safe, friendly and homely environment.

The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 January 2024	09:00hrs to 18:00hrs	Sarah Quilter-Lee	Lead
Wednesday 10 January 2024	09:00hrs to 18:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Residents living in Abbot Close Nursing Home informed the inspectors that they were happy living in the centre, they felt safe and that the staff were "fabulous". Residents with a diagnosis of dementia who could not inform the inspectors of their lived experiences, appeared relaxed and content in the environment and in the company of other residents and staff.

This was an unannounced inspection. On the morning of the inspection, the inspectors were met by a recently appointed assistant director of nursing, who was the person in charge on the day of the inspection. Following an introductory meeting, the person in charge accompanied the inspectors on a walk around the centre.

The atmosphere in the centre was welcoming and busy. The two-storey building environment was well laid out to meet the needs of residents. Inspectors observed that residents bedrooms were individually furnished with personalised items such as photographs and personalised wallpaper. There was lockable storage present in the bedrooms. In shared bedrooms, some wardrobes and drawers clearly identified the area for each residents storage requirement.

On walking around the centre, inspectors observed that areas occupied by residents, such as the dining room and communal spaces were visibly clean. Residents informed the inspectors that they were satisfied with the cleanliness of their bedrooms and that their bedrooms were cleaned daily by staff. However, inspectors observed that some areas of the premises were not cleaned to an acceptable standard. This included some residents en-suites and bedrooms floors which were visibly damaged and as a result visibly unclean.

On the morning of the inspection, residents were observed sitting in their bedrooms reading, or watching television. Some residents were mobilising independently in the corridors. The majority of residents were observed sitting in multiple communal spaces watching television, talking or having breakfast. Inspectors observed staff interactions with residents to be calm, kind and person-centred. Inspectors met with residents and spoke in detail to four residents about their experience of living in the centre. Residents told inspectors that staff spent time with them in the morning supporting them to select their clothing and ensuring that they had everything they needed.

Inspectors spent time in the Abbey unit, the centre's specific dementia care unit. Residents were observed walking around the unit, and relaxing in the day room. Staff were present to supervise and support residents with their needs. Inspectors observed that some residents were provided with individual supervision and support.

Inspectors observed that activities, designed to be enjoyed by residents who had communication difficulties or who were unable to participate in general group

activities, were taking place. In the afternoon, residents were observed to be enjoying participating in a group bingo activity and residents who required additional support to engage in the activity were supported by staff. Residents informed the inspectors of their satisfaction with the variety of activities available. Weekly activities included music, art, mass and ball games and residents were aware of these events and when they were scheduled. Some residents told the inspectors that chatting with staff about areas such as local news and sport was the most enjoyable activity. Notice boards containing details of daily activities were prominently displayed throughout both floors.

Inspectors observed information on various advocacy services prominently displayed on notice boards in the corridor.

The next two sections of the report present the findings of the inspection in relation to capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in January 2023.

The findings of this inspection were that the centre had an established management structure that was responsible, and accountable for the provision of safe and quality care to the residents. Following the previous inspection, the provider had taken further action to improve fire safety systems, the quality of residents care plans, and to ensure that residents contracts for the provision of services met regulatory requirements. However, inspectors found that further action was now required in relation to the governance and management of the centre to ensure full compliance with the regulations. This included the organisation and management of the staffing resources, monitoring of infection prevention and control, and fire safety systems. Further action was also required to ensure that information and records pertaining to residents finances were accessible.

Abbott Close Nursing Home Ltd is the registered provider of Abbot Close Nursing Home. The directors of the company are involved in the operation of a number of other designated centres and the company was represented by one of the directors. The organisational structure had changed since the last inspection with the appointment of a quality and safety manager. The person in charge reported directly to the quality and safety manager, and an operations manager, both of whom were persons participating in the management of the centre. The governance and management structure was clearly defined. Responsibilities for key aspects of the service were delegated to members of the management team to support the person

in charge to maintain oversight of the quality and safety of the service provided to residents.

Within the centre, the person in charge was supported by two assistant directors of nursing, and a team of clinical nurse managers who were responsible for supporting the administration and oversight of the service. The provider had also increased the number of nursing staff on duty daily to support and supervise the direct care provided to residents. This arrangement was found to have a positive impact on the quality of care provided to residents. On the day of inspection, the person in charge was on leave and an assistant director of nursing and person participating in the management of the centre facilitated the inspection.

The organisation and management of the staffing resources were not effective to ensure aspects of the residents care needs were met. A significant number of residents were assessed as requiring individual supervision by staff over a 24 hour period. Inspectors found that a number of residents did not have their individual supervision needs met. For example, while three residents were assessed as requiring individual supervision at night time, a review of the staffing rosters for the month of December 2023 identified there was one staff member allocated to provide individual supervision to three residents at night time, where there should be three staff. While this did not appear to have a direct impact on the quality of care provided to residents, an assessment of risk had not been completed, and the provider had not assessed the potential risk to residents associated with the reduction in the supervision of residents with complex care needs.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, analysis of complaints, weekly monitoring of quality of care indicators and trending of incidents involving residents. However, a review of completed audits found that some audits were not effectively used to identify risks and deficits in the service. For example, recent audits of the quality of environmental hygiene reflected high levels of compliance with cleanliness in specific areas that were observed to be visibly unclean on inspection. This included some bedrooms and toilets.

The risk management systems were informed by an up-to-date risk management policy. While there were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents, the inspectors found they were not effectively monitored. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at quarterly intervals, however, the risk to residents regarding inadequate staffing levels was not comprehensively assessed.

Record management systems consisted of paper-based and electronic systems. The management system of some records did not ensure that that were always available for inspection. For example, on the day of inspection, records of residents finances were accessible only to one member of staff. In their absence, those records could not be accessed.

The inspectors reviewed a sample of contracts for care and found that the terms relating to the bedroom to be provided to the resident, the number of other occupants of that bedroom on which the resident will reside, fees and any additional fees for services were documented as required by the regulations.

There was an effective complaints policy and procedure which met the requirements of Regulation 34: Complaints procedure. Inspectors reviewed the records of complaints received by the centre and found that they were appropriately managed, in line with the requirements of the regulations.

A review of the staff training records evidenced that staff had completed training relevant to the provision of safe quality care to residents. Training completed included safeguarding, managing behaviour that is challenging, fire safety, cleaning and decontamination training and manual handling training.

Regulation 15: Staffing

There were insufficient staffing levels in the centre to meet the assessed needs of the residents, or for the size and layout of the centre. A review of the rosters found that there was inadequate staff on duty to meet the assessed health and social care needs of the residents. This was evidenced by;

- A review of the staffing rosters and allocation of staffing for the previous four six weeks showed that staffing levels were not in place to meet the assessed individual supervision needs of residents during the day time. For example, there was one staff member allocated to provide individual supervision to two residents with complex care needs.
- There were three residents assessed as requiring individual supervision at night time. Rosters evidenced that there was inadequate staffing levels at night time to meet the assessed needs of those residents. For example, there was one staff member allocated to provide individual supervision to three residents with complex care needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training such safeguarding of vulnerable people, and infection prevention and control.

Staff were appropriately supervised through annual appraisals, induction for newly recruited staff, and through senior management presence in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not organised and managed the staffing resources to ensure there was sufficient resources in place to meet the assessed care needs of residents. The staffing arrangements and resources, as outlined in the centre's statement of purpose, were not reflective of the requirement for a number of residents with complex care needs to have individual supervision over a 24 hour period.

The management systems in place to monitor the quality of the service to ensure the service provided to residents was not fully consistent and effectively monitored. For example;

- Some of the systems used to evaluate and improve aspects of the service were not effective. For example, audits of infection prevention and control, and the quality of environmental hygiene were not effective to identify areas of the service that required quality improvement.
- The systems in place to manage and access records of resident's finances was not robust. For example, in the absence of a nominated staff member, access to records of resident's finances was not possible. This meant that records were not immediately available to the residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which was signed by the resident or the resident's representatives and included the terms of residency and the fees to be charged for services.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record of all complaints. A review of the records found that complaints were management and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the residents were safe and that they received good quality care and support from the staff. There was a person-centred approach to care, and residents' well-being and independence were promoted. While the provider had taken significant action to address fire safety issues identified on the previous inspection, further action was required to ensure that residents received care in an environment that protected them from the risk of fire and infection, and to comply with the regulations.

A review of the care environment found that the provider had taken action to maintain an appropriate standard of environmental and equipment hygiene. There was a cleaning schedule in place that ensure all areas of the centre were appropriately cleaned. However, the standard of cleanliness in the one area of the premises that accommodated residents with complex care needs was not consistent with the standard of cleanliness in other areas of the centre. Quality assurance processes to monitor the quality of environmental hygiene in some areas were not effective. This is discussed further under Regulation 27: Infection control.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting, and fire-fighting equipment. The provider had sought expertise from an external fire consultant. Remedial works were nearing completion to address the findings of the assessment report. This included the repair and replacement of a number of fire doors. However, further action was required to comply with Regulation 28: Fire precautions, with regard to the management of keys to locked storage areas that contained flammable materials, and to ensure that appropriate systems of fire and smoke containment were in place.

A sample of residents' assessment and care plans were reviewed. Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. The information was used to develop care plans that provided person-centred information on the current care needs of the residents.

A review of residents' records found that residents had access to a general practitioner (GP) of their choice, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented, and reviewed frequently to ensure the care plan was effective.

The centre had an up-to-date safeguarding policy which guided staff in the protection of residents from the risk of abuse. All staff had completed the necessary

training on safeguarding. The provider acted as a pension agent for some residents and had taken reasonable measures to protect the residents from financial abuse.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service residents received was based on their preferences and choice. Meetings were held with residents and records reviewed showed a high attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors were complimentary of the care provided to their relatives.

Regulation 27: Infection control

Infection prevention and control procedures were not consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA.

- Some walls, doors, skirting and surfaces of equipment such as bedside tables were visibly damaged and poorly maintained. This prevented effective cleaning and decontamination.
- The quality of environmental hygiene was impacted on by the poor condition of floor coverings in some areas of the premises. For example, floors in residents en-suites and assisted bathrooms were lifting and damaged. This resulted in a build up of dirt and debris that could not be effectively cleaned.
- Some items were visibly unclean. This included some resident floor areas, a shower cubicle and resident equipment such as a crash mat which were visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions. For example;

Arrangements for reviewing fire precautions in the designated centre required further action.

- There was inadequate management of the keys to locked storage and service

areas that contained sources of ignition, or flammable materials. The keys for locked doors were not managed appropriately, creating a high risk that those areas were not accessible in the event of a fire emergency.

Arrangements evacuating residents in a timely manner were not in line with the requirements of the regulation. This was evidenced by;

- While regular fire evacuation drills were practiced frequently, fire drill reports did not contain sufficient information to demonstrate the effectiveness of the evacuation procedure. This included evidence of the evacuation strategy, details of the compartment used as the place of safety, or an analysis of the deficits and improvement actions required.

Arrangements for containing fire in the designated centre were not in line with the requirements of the regulation. This was evidenced by;

- There were some areas where services such as pipes and electrics penetrated the walls and ceiling. There was a large gap around those penetrations with the potential to impact the containment of fire and smoke in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for residents in the centre. Care plans were developed following a comprehensive assessment of need and were reviewed at four month intervals. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Residents also had access to a range of health and social care professionals such as physiotherapy, dietitian and tissue viability nursing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Arrangements were in place to support residents to manage their finances and pensions.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had opportunities to engage in activities in accordance with their interest and capacities. Independent advocacy services were available. Frequent residents meetings ensured that the voice of the resident was listened.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbot Close Care Centre OSV-0004682

Inspection ID: MON-0042422

Date of inspection: 10/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Conduct a risk assessment focused on staffing shortages and their impact on residents requiring high levels of supervision. Completed 2. Based on the risk assessment, immediately adjust staffing levels to ensure that one staff member is dedicated to each high supervision resident during day/nighttime. Completed 3. Review and update the staffing model to ensure it reflects the actual care needs of residents, especially those requiring individual supervision. This review and update is completed. 4. Maintain a continuous monitoring framework to evaluate the sufficiency of staffing levels in meeting the residents' needs, with a particular focus on those requiring high supervision. This includes monthly review meetings to assess and adjust staffing as necessary. 5. The Nursing Home Group's emergency staffing protocol has been updated to address any unforeseen staff shortages in the Care Centres, ensuring that the needs of high supervision residents are continuously met without compromise. 11th of March, 2024. 6. Maintain an up-to-date risk register, reflecting the current staffing-related risks and the efficacy of implemented mitigation strategies. This register will be updated as part of the quarterly risk management report to the management team. First update due: April 1st 2024. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

1. Initiate an immediate review of current staffing levels versus the assessed needs of residents, with a focus on ensuring a sufficient number of staff for residents requiring 24-hour individual supervision. Completed
2. Revise the centre's statement of purpose to accurately reflect the staffing arrangements and resources necessary to meet the needs of residents with complex care requirements. This includes detailing the provision for individual supervision. By 6th of March.
3. Maintain a strategic plan that ensures staffing resources are organized and managed to meet the needs of all residents. This plan will include provisions for recruitment, training, and retention strategies to maintain a workforce capable of providing high-quality care.
4. Maintain the system for ongoing monitoring and regular adjustment of staffing levels based on the evolving needs of residents and the operational requirements of the centre.
5. Conduct quarterly reviews to assess the effectiveness of the staffing strategy and management systems in place, ensuring the quality of service provided to residents is consistent, safe, and meets regulatory standards. First review 1st April.
6. Strengthen the audit processes for infection prevention and control, and environmental hygiene, ensuring they effectively identify areas requiring quality improvement. By 6th of March.
7. Establish a regular inspection and monitoring system to ensure the maintenance of high standards of cleanliness and hygiene in line with IPC guidelines.

A review of the system to manage and access records of resident's finances to ensure that records are available to residents was completed and implemented

Regulation 27: Infection control

Substantially Compliant

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

1. A review of the premises was completed by the PIC and the Maintenance Manager on 12/02/2024. Assess and initiate repairs on all damaged walls, doors, skirting, and surfaces of equipment to ensure they are conducive to effective cleaning and decontamination.
2. The maintenance plan was reviewed and a plan to repair damaged flooring put in place.
3. The PIC and the Quality & Safety Manager reviewed the cleaning schedules and rosters, met with the housekeeping team and a deep clean of the centre was implemented immediately.
4. Establish a comprehensive IPC audit system, to ensure that the cleanliness of the care centre is always maintained.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Consulted with Fire Officer with regards timely access to locked areas system. Advised to install keypad locks to all storage and service areas. This installation will support a unified system accessible by common code. Completion by: March 31st, 2024. 2. A common code system will be implemented, to ensure timely access to all locked areas during a fire emergency. Staff members will be trained on this protocol. Completion by: March 31st 2024 3. Revise fire evacuation drill protocols to include comprehensive reporting that details evacuation strategy, the effectiveness of the evacuation, areas used as places of safety, and a thorough analysis of performance with identified areas for improvement. Completed. 4. A review of a Fire drill report with the External fire instructor carried out and expectations of required documentation of a comprehensive fire drill report discussed. 5. Perform a detailed audit of the centre's infrastructure to identify and address any gaps around penetrations in walls and ceilings that may compromise fire and smoke containment. By March 6th 2024. 6. Based on the audit findings, undertake necessary repairs or enhancements to ensure all penetrations are adequately sealed to prevent the spread of fire and smoke. Repairs completion by: May 31st, 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/04/2024
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	30/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/03/2024

	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	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/05/2024

	detecting, containing and extinguishing fires.			
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