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:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0044177

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and two twin rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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 29 January 2025	08:20hrs to 17:20hrs	Sinead Lynch	Lead
Wednesday 29 January 2025	08:20hrs to 17:20hrs	Frank Barrett	Support

What residents told us and what inspectors observed

The inspectors observed that staff were supportive and kind towards the residents living in the centre. Residents spoken with were very complimentary about the staff and the support they received. Residents were observed enjoying activities on the day of the inspection. There had been two new activity positions filled since the last inspection and residents spoke very positively about this improvement. One resident said 'its great, it passes the days' while another residents said 'we have a bit of crack together'.

This was an unannounced inspection. The inspectors were facilitated by the management and staff throughout the day and provided with any information or documentation that was requested.
On the day of inspection there was a painter on site. The centre required upgrading which the provider had identified. There was a plan of works in place to ensure the residents would be comfortable while maintenance works were being carried out. Notwithstanding the upgrade works, inspectors observed that two assisted showers were not functioning on the day of inspection. The lack of working showers was a concern and the provider assured the inspectors following the inspection that those showers have been repaired.

The premises of Hazel Hall Nursing Home, is all laid out on the ground floor, and is constructed around a central courtyard, which is enclosed for the use of residents. There is an additional enclosed space to the rear of the centre, which residents can access off the dining room. These external spaces were well-maintained, and decorated with items to initiate conversation such as a small thatched cottage, an old car and garden furniture. Residents were observed enjoying this space, and walking around while chatting to one another. Internally, further decorations added to the surroundings, and there were ample spaces for residents to partake in activities, or spend time with visitors.

Residents were provided with a choice at all meal-times. Residents complimented the food and were happy with portion sizes. Residents were observed having meals in the dining room and some residents remained in their bedrooms. Residents who remained in their bedrooms informed the inspectors that this was their choice and one resident said 'I like to watch the TV while having my meals'.

There was a display of leaflets for residents and their relatives to view. These included contact details for services available to them. Such services included advocacy and other supports for residents living in designated centres.

There were numerous examples of good practice in respect of infection prevention and control (IPC) observed on the day, including cleaning check-lists and infection control care plans. However, there was a concern around the hand wash sinks that were in use in the centre. Hand hygiene facilities were not provided in line with best

practice guidelines therefore may increase the risk of infection spread. For example, the water was not connected to the main supply and only provided cold water.

Staff who spoke with inspectors about fire safety procedures, were very knowledgeable, and demonstrated a high level of competence to deal with the outbreak of fire under different circumstances. Although the provider had undertaken some fire safety review and works at the centre, inspectors observed that a number of fire doors did not have the required fire seals to close properly and prevent the spread of smoke and fire, and in one area the glass was broken to a compartment fire door. Other findings including issues such as storage practices, obstructed means of escape or compartmentation are further discussed under Regulation 28: Fire safety.

Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents' needs. Resident's call bells were responded to promptly and residents were appropriately supervised in communal areas.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, on this inspection improvements were observed across many regulations. There had been a well-resourced team put in place since the last inspection which supported the delivery of a high standard of care to the residents and improved regulatory compliance across most regulations. However, there were additional findings in respect of fire precautions, individual assessment and care plans and premises. In addition, inspectors found a number of outstanding issues in relation to the findings of the last inspection that were not completed within the time-frame assured by the provider. This is discussed under Regulation 23: Governance and management.

There was a new person in charge appointed who was supported in their role by a clinical nurse manager two (CNM2) and two clinical nurse managers one (CNM1). There had been an increase in the staffing whole time equivalents (WTE) now employed in the centre. The provider was now in line with their staffing model as registered in their Statement of Purpose which ensured that there were sufficient staff in place to meet the needs of the residents living in the centre. There were a team of nurses and healthcare support staff in place. The provider was an active member of management and present on site on a daily basis.

This inspection included a review of the centre's management of the risk of fire. While significant resources and progress had been made on fire safety within the centre, the findings of this inspection were that further work was required. Previous inspections of the centre had identified a concern with fire doors that did not close

fully to form a seal. This was further noted as a compartmentation concern on a fire safety risk assessment (FSRA) completed by an external consultant in May 2024. On this inspection, fire doors including compartment doors were still in need of adjustment as they did not close to restrict fire, smoke and fumes spread thoughout the corridors in the event of a fire. The FSRA required action on certification of the electrical system also, however, this was not available on the day of the inspection. From conversations with the provider, it was clear that the servicing of fire safety systems was being changed to another service provider, however, some certification was not available as it was held by the previous service provider. The provider was able to submit certs for the fire alarm, however, the annual certification of the emergency lighting was not provided. This is discussed further under Regulation 23: Governance and Management. Fire safety issues are detailed in the Quality and safety section of this report under Regulation 28: Fire Precautions

The person in charge had notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

There was an annual review available which reported on the standard of services delivered throughout 2024 and included a quality improvement plan for 2025. It included feedback from residents.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was viewed by the inspectors. There was one open complaint. The provider and the person in charge had followed the procedure in relation to the process for responding to complaints. The review officer was also made available. The procedure was displayed in the reception area.

Regulation 15: Staffing

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

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, repeated items were identified in this inspection, and some further actions were required to ensure that these systems and processes

were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- This inspection found that the registered provider had not appropriately responded to previously identified issues in respect of fire doors and no action plan implemented to address this as required by the provider's own FSRA. This issue is further discussed under Regulation 28: Fire Precautions.
- Audits completed at the centre were not identifying obstruction on the means of escape; for example, hoists were stored on escape corridors.
- Monthly audits of fire doors were not raising issues with some compartment doors not closing fully.
- Certification of the fire alarm and emergency lighting system were not available on the day of inspection. The provider submitted certificates following the inspection, however, the annual certification of the emergency lighting was not sent.

Judgment: Not compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was displayed in the entrance corridor of the centre. Complaints were recorded and responded to in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the residents in the centre were receiving good-quality care. The standards of care were observed to have improved since the last inspection. Residents were confident to tell the inspectors they felt safe living in the centre.

The inspectors found that the compliance plan actions from the previous inspection had not all been completed in relation to Regulation 17: Premises and Regulation

28: Fire. However, improvements were observed throughout many of the other regulations which are indicated in this report.

On reviewing the premises of Hazel Hall Nursing Home, inspectors noted that an upgrade programme was being undertaken with painters renovating some rooms. During these renovations, room identifiers including room numbers had been removed from the doors and in some cases were not replaced. Staff undertook to have the numbers set onto the doors as soon as possible. Further upgrade work was required to improve the quality of the floor coverings, renovate damaged ceilings and walls in some locations. Storage practice required review at the centre, as there was not adequate suitable storage available which resulted in hoists being stored on corridors. Two shared showers were out of order in the centre, which resulted in residents having to travel further distances to receive a shower, and this also meant that more residents were relying on the remaining shower areas. These issues are discussed further under regulation 17: Premises

Inspectors reviewed fire safety arrangements at the centre. Staff were training in fire safety practice. However, in fire safety evacuation drills, improved recording of the detail of the scenarios being trialled in the drills was required. In addition, storage practice was seen impacting on fire safety, as hoists were stored on corridors, and separately, flammable and combustible items were stored in close proximity to each other in various storage areas which increased the risk of fire. There were continuing issues with containment of fire identified on this inspection. Many bedroom doors were not fitted with appropriate fire rated ironmongery including hinges, handles, doors closers. Compartment fire doors in the corridors did not assure inspectors that containment of fire smoke and fumes would be effective in the event of a fire, and a door was not in place on one section of corridor leading to the Abbey day room. These and further fire safety issues are discussed further under regulation 28: Fire Precautions.

Notwithstanding the improvements in care planning and assessment further improvements were required. This is discussed under Regulation 5: Care planning and assessment. The provider had comprehensive monitoring arrangements for the use of restrictive practices, ensuring that any use of restraint was risk assessed and aligned with the national policy. Behavioural support care plans were developed for residents, and these detailed the triggers of behaviours and contained de-escalation strategies to guide staff when supporting residents, further demonstrating the centre's commitment to person-centred care.

Residents reported to the inspectors that they believed their rights were respected at all times.

Regulation 17: Premises

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Two showers for use by residents that did not have access to an en-suite facility, were out of order on the day of inspection. This put additional pressure on the remaining two showers, and meant that some residents had to travel longer distances to a shower facility.
- There was damaged floor covering in place in some areas of the centre. For example, in one bedroom, flooring was significantly stained from what appeared to be a water leak.
- Sections of the flooring on the corridors required repair and upgrade, as they were damaged and cracked.
- Maintenance attention was required to repair ceilings; for example, outside the kitchen, there was a hole in the ceiling which was partially repaired.
- There was evidence of dampness and water damage on the walls of a bedroom and an electrical services room.
- Some paint was blistering and flaking off the wall in these locations.
- There was broken tiles on the wall of a shared shower room. This shower room was not in working order on the day of inspection.
- There was a rusted bracket holding up the sink in a cleaners room. The floor in this room, and some parts of the walls required cleaning as dust and staining was evident.
- There was insufficient storage space available in the centre as evidenced by hoists being stored in the corridors.
- The ventilation system was not working in a cleaners room.
- Hand hygiene facilities were not provided in line with best practice guidelines therefore may increase the risk of infection spread. For example, the water was not connected to the main supply and did not provide tepid water.

Judgment: Not compliant

Regulation 28: Fire precautions

While it was noted that upgrade works were ongoing to improve fire safety at the centre, further actions were required to ensure fire safety as follows:

The registered provider did not take adequate precautions against the risk of fire and provide suitable fire fighting equipment. For example:

- There was no fire extinguisher present in the main dining room. This room had a hot food serving service and a kitchenette space including a toaster and microwave.
- There was no certification available to assure inspectors that the electrical installation had been checked to ensure that it was not presenting a risk of

fire. This was an action item on the FSRA from 2024 which had not been completed.
- The provider committed to reviewing the location of the portable deep fat fryer within the kitchen. While the correct fire extinguisher was available close by, the fryer was located beside the gas hob naked flame. This was so that the overhead extractor would be effective while using the fryer, however, this introduced a risk of fire with the hot oils in close proximity to the gas hob.
- Storage practice increased the risk of fire with flammable items such as alcohol gels and aerosols being stored along with combustibles such as cardboard boxes and paper products in a cleaner's store.

The registered provider did not provide adequate means of escape, including emergency lighting, for example:

- The annual certification for the emergency lighting was not available. This meant that inspectors could not be assured of the adequacy of emergency lighting including directional signage in the centre. It was noted during the inspection that some of the emergency lighting remained on at all times, as additional hallway lighting.
- Escape routes were partially obstructed in some areas for example:
- The placement of furniture in the Abbey dining room was partially obstructing the exit door.
- Hoists were being stored on escape corridors restricting the escape routes.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- There was no fire detector fitted within the visitors room.
- Containment concerns were noted with doors in various locations, for example:
    - Inspectors could not be assured of the effectiveness of some bedroom doors to contain fire and smoke. Some bedroom doors did not have appropriate fire rated hinges and handles. Some door closers were not effective, and there were gaps around the perimeter which would not contain smoke, fire and fumes in the event of a fire.
    - Compartment doors were not lining up to form a seal when closed. The alignment meant that large gaps were present in the doors when closed. There were also some smoke seals which had been painted over, which would reduce their effectiveness.
    - A door was not in place on a corridor leading to the Abbey dining room.
    - A compartment door had a section of glass broken in the door. This would mean that the door would not contain fire smoke or fumes in the event of a fire.
    - A fire door to the oratory was being held open with a hook on the wall. This would mean that the door would not close in the event of a fire, and would allow smoke fire and fumes to spread through the adjoining escape routes.

- Inspectors could not be assured that attic access hatches in the centre, provided appropriate levels of containment to the attic space above.
- There were services penetrating the compartment line of the ceiling in an electrical riser. This could result in smoke fire and fumes spreading outside of compartment areas in the event of a fire in the riser.
- Inspectors could not be assured of the containment measures in place between some rooms. For example, there was a window between a cleaners store and an adjacent bedroom. The containment measures appropriate to separate these two rooms did not appear to be in place. This was also the case with a closed up door between one bedroom, and an adjoining day room.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not always completed following an assessment that identified a need for intervention and in some cases the assessments were not completed appropriately. This may negatively impact the care the resident requires being delivered. For example;

- One resident with breathing difficulties did not have a care plan to indicate their needs and guide staff on how to respond to this need.
- One resident was assessed as being at low risk of pressure ulcers and therefore no care plan had been initiated to respond to this need. However, when the assessment was calculated correctly the resident was identified as very high risk of pressure ulcers. As a result the care plan did not clearly identify the care needed.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that the staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

The centre was a pension-agent for nine residents. There were appropriate measures in place to ensure residents' finances were safeguarded.

The inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and respectful. There was independent advocacy services made available to all residents and their contact details displayed around the centre.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Hall Nursing Home OSV-0000049

Inspection ID: MON-0044177

Date of inspection: 29/01/2025

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 Registered Provider has recently retained the services of a new Fire Safety Engineering Company with which it will work to ensure that all aspects of the FRSA are addressed and to enhance auditing procedures which collectively will improve overall fire prevention and safety. The Registered Provider has worked with staff of the Centre in identifying new storage areas for the Centre's hoisting equipment and identifying associated works which are now scheduled on the Centre's Maintenance and Refurbishment Plan. This will remove the need to store hoists on corridors going forward. The Registered Provider's Maintenance and Refurbishment Programme includes the installation of new compartment doors. These are in production and are scheduled for installation in early course. All Fire Safety Certificates will now be held on the premises at all times to facilitate timely inspection.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Repairs were carried out on two showers on the day of inspection. An associated leak causing damage to a floor covering and dampness on walls was addressed. Tiles were replaced in the shower room. In the cleaning room, the ventilation system and bracket were attended to and a deep clean of the room was effected. New floor coverings are planned in the identified bedroom and Abbey corridor. Patch on the ceiling outside the kitchen was repaired and repainted.	

Plans are in place to increase storage space for hoists. A review of the handwashing facilities has taken place and planned installations added to the Centre's Maintenance & Refurbishment Plan.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire extinguisher and fire blanket were installed in the main dining room.
The Centre's new Fire Safety Engineers will assist with ensuring that all required certificates are available on site for inspection.
The deep fat fryer was relocated within the kitchen.
New storage was provided to housekeeping staff in order to store chemicals, hand gels and aerosols.
The annual certification for the emergency lighting has been submitted to the Inspectorate and records will be stored on site in future to facilitate inspection.
The emergency lighting remaining on at all times was checked and confirmed as safe by the Centre Fire Safety Engineers.
Furniture placement in the Abbey was reviewed and adjusted to ensure escape routes are kept clear.
A new storage area for hoisting equipment has been identified and works have been added to the Centre's Maintenance & Refurbishment Plan.
The Centre's new fire safety engineers will fit a fire detector in the visitors room and will conduct a review of the bedroom doors to ensure all hinges and handles are appropriate.
Door closers were installed as required and a programme of sealing any gaps around doors is in place.
Compartment doors are in production and due to be fitted.
A review to establish the need for a door in the corridor leading to the Abbey dining room is scheduled.
The compartment door in which the glass had broken is under repair.
The hook for the door to the oratory was removed to ensure this door remains closed.
A review of the attic access hatches is scheduled with the fire safety engineer to ensure appropriate levels of containment to the attic space above.
A review of the compartmentation between some rooms and the electrical riser will be carried out by the fire safety engineer, who is scheduled to install fire detection in the visitors room.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The current process for assessments and care planning is under review to identify and address any and all gaps and/or inconsistencies. Additional training will be provided to all staff involved in conducting assessments to ensure they fully understand how to accurately assess risks and the importance of completing and updating care plans based on these assessments. The Nurse Management team will ensure adherence to protocol where care plans must be completed within 24 hours of an assessment identifying a need for intervention and will ensure that all assessments are cross-checked for accuracy before the care plan is written. Monthly audits of care plans and risk assessments will be carried out to ensure all required care plans are in place, and to check for alignment with updated assessments. All assessments will be reviewed to ensure they are calculated correctly and that care plans reflect the residents' care needs appropriately. A flagging system will be developed within the resident records to indicate where residents are at high risk. This will ensure that staff can quickly identify residents who require immediate and more detailed care plans. Regular meetings will be held with the care team to discuss any issues with care plans, assessments and ongoing resident care and a feedback loop will be implemented to ensure concerns are raised and addressed promptly. Residents and, with permission, their families will be actively involved in care planning discussions where possible to ensure all needs are identified and adequately met.

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.	Not Compliant	Orange	31/12/2025
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.	Not Compliant	Orange	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,	Not Compliant	Orange	31/12/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/07/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2025