



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

## Issued by the Chief Inspector

Name of designated centre:	O'Gorman Home
Name of provider:	O'Gorman Home Committee
Address of centre:	Castle Street, Ballyragget, Kilkenny
Type of inspection:	Announced
Date of inspection:	16 January 2024
Centre ID:	OSV-0000547
Fieldwork ID:	MON-0033520

## About the designated centre

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

O’Gorman Home is conveniently located in the centre of Ballyragget in Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of O’Gorman Home is overseen by a committee of 10 people. The centre caters for men and women from the age of 65 years old mainly. The centre manager is employed to work on a full-time basis. The centre offers non-nursing personal and social care to low dependency residents and care is provided by a team of trained healthcare professionals with two nurses who provide nursing care services over two days of the week. The centre is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007. Resident accommodation consists of ten single rooms and one twin bedrooms. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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
Tuesday 16 January 2024	09:40hrs to 16:30hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an announced inspection which took place over one day. Based on the observation of the inspector, and discussions with residents and staff, O'Gorman Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with six residents living in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.

On arrival the inspector signed the centres visiting log. The inspector was met by the team of staff working on the day of inspection. Following a brief introductory meeting with the person in charge to outline the format of the inspection, the inspector walked the premises. The inspector greeted, spoke with, and observed residents in communal areas and in their bedrooms.

O'Gorman Home is located in the centre of Ballyragget village, Co. Kilkenny. Residents had access to the local shops, church, the credit union, coffee shop, GP's surgery and local community groups.

The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. Residents had access to a dining room, sitting room, private visiting room and a large oratory. The centre was registered to accommodate 12 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The building comprised of two levels with the ground floor accessible to residents. The first floor of the building contained a changing area for staff and storage space and was not part of the designated centre.

Residents were accommodated in 11 single rooms and one twin room. Two single rooms had en-suite shower, toilet and wash hand basins. All of the remaining single rooms and twin room had wash hand basins. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with resident's wishes. Lockable locker storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. The rooms in the centre of the building were arranged around an internal courtyard and the rooms at the rear of the centre overlooked the centres garden. Residents had access to two shared shower rooms, a bathroom and three toilets.

Residents had access to an enclosed courtyard yard and an orchard garden to the rear of the building. The courtyard had level paving, comfortable seating, potted scrubs, and raised beds. The centres designated smoking area was in the orchard garden.

The centre provided a laundry service for residents. All residents' whom the

inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. The menus for all meals and snacks were conveniently displayed in the dining room. Jugs of water and cordial were available for residents in communal areas and bedrooms. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents' spoken with said they were very happy with the activities programme and told the inspector that the activities suited their social needs. The daily activities programme was displayed in the dining room. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and magazines were available to residents. The inspector spoke with a number of residents who had their own cars, who would regularly visit family and friends nearby or the local towns. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical and social care needs.

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 was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the findings of the previous inspection of May 2023. Improvements had been made regarding infection prevention and control, and fire precautions since the last inspection. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 17: premises, and Regulation 34: complaints procedure.

The registered provider had applied to renew the registration of O'Gorman Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew the registration.

The registered provider is O'Gorman Home Committee. The registered provider is a voluntary committee with a nominated provider representative. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides care to low dependency residents who do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The person in charge worked full time in the centre and was supported by an assistant manager and a team of nursing, healthcare, and support staff. The registered provider representative also provided support to the person in charge.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Dementia and responsive behaviour management training was scheduled to take place in the weeks following the inspection.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, call bell and medication management audits. Audits were objective and identified improvements. Findings from audits were documented and discussed at the centres quality improvement meetings. Records of meetings showed evident of audit actions completed which provided a structure to drive improvement. Monthly board of management, monthly local management meetings and regular staff meetings took place. Agenda items included key performance indicators, training and fire precautions, COVID-19 vaccinations, and resident committee meetings feedback. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022 with an associated quality improvement plan for 2023. The annual review of the quality and safety of care to residents in 2023 was under review.

The centre did not have electronic records. All paper based documentation was well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. The contract for the provision of services contained all of the items as set out in regulation 24. The contract of provisions contained details of the room number, the cost of care, services included in the cost of care and details of additional fees to be charged were also clearly outlined. An audit of the resident's contracts of provision against the national standards was completed in October 2023

which was found to be fully compliant.

The inspector viewed the centres incident and accident log and found that incidents and accidents were managed in accordance with the centre's policies. There were no incidents recorded as set out in schedule 4 of the regulations required to be notified to the Chief Inspector of Social Services since the previous inspection.

The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. There had been one complaint received since the previous inspection. The inspector reviewed the record of the complaint raised by a resident. Details of the investigation completed and communication with the complainant were included. The complaints procedure was available in the main entrance area in the centre. Residents spoken with were aware of how and whom to make a complaint to. There was evidence that the nominated persons and all staff in the centre had received suitable training to deal with complaints. Further improvements were required to the complaints procedure, this is discussed further in this report under Regulation 34: Complaints procedures.

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, the management of behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established a Directory of residents and ensured it was maintained in line with the regulatory requirements.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits were routinely completed and scheduled, for example; falls, nutrition, call bells and medication management. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

### Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were no records of incidents as set out in Schedule 4 of the regulations that were required to be notified to the office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to review the management of complaints. A complaint viewed by the inspector did not record if the complainants were satisfied with the outcome.

Judgment: Substantially compliant

## Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in O’Gorman Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to the premises on this inspection.

Residents’ health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP’s from local practices and the person in charge confirmed that GP’s called to the centre regularly. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff whom the inspector spoke with confirmed that they would have no hesitation in reporting any concern regarding residents’ safety or welfare to the centre’s management team.

The centre was bright and tidy. Apart from improvements required to the laundry room, the overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all communal rooms and corridors. Bedrooms were personalised and residents had ample space for their belongings. The inspector observed that the twin room which was vacant on the day of inspection had privacy curtains, separate wash hand basins in each resident’s space and ample storage for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, bathroom, shower rooms and toilets. Residents has access to a call bells in their bedrooms, ensuite rooms, bathroom, shower rooms and toilets.

The centre had good routines and schedules for cleaning and decontamination. Used laundry was segregated in line with best practice guidelines and the centres laundry

had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. There was a high uptake of COVID-19 vaccination among residents and staff and procedures were in place to facilitate testing and isolation of residents should the need arise. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits and weekly environment checks were carried out by the person in charge and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included separate guidance for staff on COVID-19 and multi-drug resistant organism (MDRO) infections.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were displayed in the residents' dining room. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Meal times varied according to the needs and preferences of the residents. The inspector observed the dinner time dining experience on the day of inspection. The dining experience was relaxed. The dinner time meal was a social occasion, all residents sat together in the dining room and were observed engaging in conversation with each other. Residents' weights were routinely monitored.

Improvements were found in fire safety since the previous inspection and the provider had good oversight of fire equipment servicing procedures. All bedrooms and compartments had automated door closures. All fire doors were checked over the day of inspection were found to close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. In addition to fire safety training all staff had completed fire marshal training. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents. There were fire evacuation maps displayed throughout the centre on corridor areas and residents bedrooms. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire drills took place regularly in 2023. Fire drills records contained details of the number of residents evacuated and how long the evacuation took. All fire safety equipment service records were up to date. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. There was evidence that fire safety was an agenda item at meetings in the centre. On the day of inspection there was one resident who smoked. A detailed smoking risk assessment was available for this residents. A call bell, fire blanket, fire extinguisher and fire retardant ash tray were in place in the centre's smoking area.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. On the day of inspection there were no controlled drugs prescribed for

residents living in the centre. There was a record of a recent visit from the pharmacist who met each of the residents to advise them on medications they were receiving.

The inspector observed that the resident's pre- admission assessments, nursing assessments and care plans were maintained on paper format. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of infections and falls. There was evidence that the care plans were reviewed by nursing staff. Consultation had taken place with the resident to review the care plan at intervals not exceeding 4 months. A record of each resident's health and condition was recorded on a daily progress note by care staff and a separate nursing progress note was recorded twice weekly.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to SAGE advocacy services and an independent advocate. The advocacy service details were displayed in the entrance hall. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre on religious days of obligation. Residents had access to a oratory room in the centre. The local link bus was available to residents each week to take them to Kilkenny city. Residents had completed a satisfaction survey from the Office of the Chief Inspector prior to this announced inspections to allow residents to provide feedback on what it is like to live in the centre. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- The laundry room did not have a wash hand basin.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored. Meals were pleasantly presented. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely in the centre. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks

of malnutrition, manual handling, skin integrity and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 O'Gorman Home OSV-0000547

Inspection ID: MON-0033520

Date of inspection: 16/01/2024

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We will ensure complaints are logged and the outcome of the complaint is recorded, the complaints form has now been amended to include satisfaction of the outcome.</p> <p>Time Scale 19/01/2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure our premises conforms to the matters set out in schedule 6 of the regulations, we will install a wash hand basin in the Laundry .</p> <p>Time Scale 31/10/2024</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care	Substantially Compliant	Yellow	19/01/2024

	plan.			
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