



**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:	Castletownbere Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Castletownbere, Cork
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0000601
Fieldwork ID:	MON-0037318

About the designated centre

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

Castletownbere Community Hospital was established as a residential centre in 1932. The building is single-storey and it was originally a former coastguard station. It is managed by the Health Service Executive (HSE) and provides long stay, respite, community support and palliative care for the local community. The centre is registered to accommodate 31 residents, male and female aged 18 to 65. Residents are accommodated in three four-bedded rooms, two three-bedded rooms, four two-bedded rooms, and five single rooms. En-suite toilets and showers are available in all rooms with the exception of one single room. There is an assisted toilet with wash hand basin and shower located directly across the hall from this room. The external grounds are well maintained with ample car parking facilities. Nursing care is provided on a 24-hour basis supported by a team of health care assistants and allied health professionals including a medical officer.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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 31 August 2022	09:15hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection found that residents were supported to enjoy a good quality of life in Castletownbere Community Hospital by staff who were kind and caring and who knew them well. The overall feedback from residents was that they received great care and attention, with one resident describing it as "first class" and another resident telling the inspector the staff "couldn't do enough for you".

On arrival to the centre, the inspector was met by an administrator. Necessary infection prevention and control measures were completed prior to accessing the centre. The front door was restricted and only accessible by a key code. Residents could come and go as they pleased but would require the assistance of staff to enter or exit. Following an opening meeting with the Clinical Nurse Manager the inspector was guided on a tour of the premises.

Castletownbere Community Hospital is a designated centre for older people which provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural location in West Cork, in the coastal fishing town of Castletownbere. The centre is a single storey facility which had been extensively refurbished and upgraded over the past two years. For example; some bedrooms had been reconfigured with their occupancy reduced and had new wardrobes fitted, new bathrooms had been installed and residents had access to new sitting and dining facilities. The inspector observed that some further internal decoration had been done since the previous inspection with pictures on walls of corridors. Staff and management told the inspector that there was further decoration planned with the aim of making the centre as homely as possible for residents. One sitting room, the smaller of the two in the centre, was awaiting furniture and was not seen to be in use on the day of this inspection.

The centre has capacity to accommodate 31 residents and there were 20 residents living in the centre on the day of this inspection. Bedroom accommodation within the centre comprises of five single bedrooms, three twin bedrooms, five triple bedrooms and one bedroom that accommodated four residents. All but one single bedroom had en suite facilities. The inspector saw that some bedrooms were very personalised and from speaking to staff it was evident that they encouraged and assisted residents in decorating their bedroom space. For example one resident who loved arts and crafts had it displayed around her bed space and another resident who loved reading had book shelves.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. During the walk around of the centre staff were observed to be in the process of assisting residents to get up and dressed for the day. The inspector observed that residents were nicely dressed and groomed and they some told the inspector they picked out their clothes each morning with the assistance of staff. Some residents chose to stay in their room while others were happy to go to the main sitting room.

The sitting room had direct access onto a balcony area which was secure and paved. However, the inspector found that residents could not easily access this area as the doors were locked at all times.

Residents had access to the new sitting and dining room in the centre now for over a year. The sitting room and dining room both looked out onto the sea. Residents spoke positively about these areas, especially the sitting room and told the inspector they enjoyed spending time in this space looking out and watching the large fishing boats. Some residents spent their morning in the sitting room. One resident was observed watching television here and another enjoyed reading by the window. Mid morning, two residents were observed doing a crossword with a member of staff in the sitting room. The inspector saw that for some residents in the centre there was minimal social stimulation until after lunch, this is further detailed under regulation 9.

In the afternoon the inspector observed a lovely Art session in the sitting room where seven residents participated. This was facilitated by a staff member of West Cork Arts for Health, who attended the centre weekly. Residents were observed painting and enjoying themselves. There was great interaction between residents and staff as they discussed their pictures and made plans for framing them. Residents told the inspector that staff always took time to sit and talk with them, which they really enjoyed. Staff told the inspector they liked working in the centre, one member of staff describing it as a "small family".

The inspector observed the dining experience for residents. The food was well presented and it was evident that residents had choice on the day of this inspection. Some residents ate in the dining room while others chose to remain in their bedrooms. A few liked eating in the sitting room and this was also facilitated. However, the a review of the way food was served was required as detailed under regulation 18.

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 unannounced risk inspection carried out to monitor compliance with the regulations. Overall, this inspection found that Castletownbere Community Hospital was a well-managed service where residents were in receipt of a high standard of care, by staff that were responsive to their needs. Some areas were identified as requiring action as per the findings of this inspection which were the high use of restraint in the centre, the requirement for further opportunities for occupation and recreation for residents, fire precautions and infection control.

The registered provider of Castletownbere Community Hospital is the Health Service

Executive. A general manager for residential services for older persons supported the service and the person in charge reported to this person. The centre also had additional external resources available such as practice development and an infection prevention control nurse, which supported evidence based practices. There was evidence of regular quality and safety meetings with other managers of Community Hospitals in the Cork and Kerry region, where topics such as incidents, risk and COVID were discussed and learning was shared. There was also evidence of internal meetings within in the centre with all disciplines.

The management structure within the centre was clear, with identified lines of authority and accountability. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care. They were supported in their role by a Clinical Nurse Manager who deputised in their absence. There was a dedicated and stable team of nurses, multi-task attendants, catering, administration and maintenance personnel, which ensured that residents benefited from good continuity of care, from staff who knew them well. On the day of the inspection the centre was adequately resourced, from a staffing perspective, to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

The quality and safety of care was being monitored through a programme of audits, with associated action plans to address any deficits identified through the audit process. There was evidence of a good communication system, led by the Clinical Nurse Manager, to communicate findings of audits to all staff. These were all summarised on a monthly basis on a communication sheet which was available in staff rooms. An annual review had been carried out for 2021, however, this did not include consultation with residents, which is a regulatory requirement. Contracts of care, which were required by the regulations were not in place for some residents, which is actioned under regulation 24.

The centre had a comprehensive complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. Incidents occurring within the centre were being documented and all had been notified to the Chief Inspector as required by the regulations.

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre who was suitably qualified and experienced, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection was sufficient to meet the needs of the 20 residents living in the centre. A review of staff allocated to providing social stimulation for residents was required, as this inspection found that there were limited opportunities until the afternoon, for residents to participate in meaningful social engagement, appropriate to their interests and abilities, which is discussed further under regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

From discussion with staff it was evident that they were facilitated and supported to attend training relevant to their role. Staff had good access to training and all staff were up to date in their mandatory training requirements, as per the centres policy. The system in place for monitoring training and maintaining records was currently being reviewed and updated.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector was provided with a directory of residents in paper format, however, it did not contain all information as specified under Schedule 3 of the regulations. There was also an electronic record of admissions to the centre, however, it was difficult to determine the particulars of each resident using this system.

Judgment: Substantially compliant

Regulation 23: Governance and management

An annual review of the quality and safety of the service was completed, however, there was not evidence that this had been prepared in consultation with residents and their families, as per requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Long term care residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied. However, residents who were admitted for respite care did not have contracts of care to outline the terms on which they shall reside in the centre, which is a regulatory requirement.

Judgment: Substantially compliant

Regulation 30: Volunteers

At the time of inspection two volunteers were working in the centre, however, they did not have their roles and responsibilities set out in writing, as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the complaints officer and the complaints process. The policy included an independent appeals process. The procedure for making a complaint was on display. There were no complaints on record since the previous inspection of this centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures as per Schedule 5 of the regulations were available to staff. However, some of these policies had not been reviewed in the last three years and contained information that was outdated.

Judgment: Substantially compliant

Quality and safety

Overall, residents were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of improvements in consultation with residents since the previous inspection and their needs were being met through good access to healthcare services and some opportunities for social engagement. However, this inspection found that some areas required to be addressed pertaining infection control practices, care planning, dining experience and fire precautions. The use of restraint in the centre also required review, to ensure it was in line with national policy. Each of these findings will be discussed in more detail, under the relevant regulation.

The inspector found that the residents were very satisfied with the care provided in the centre and that the nursing care provided to the residents was of a very good quality. The inspector reviewed a sample of care plans and noted that each resident had a care plan in place. However, the inspector noted that some care plans were not sufficiently reviewed and detailed to guide care delivery. This is further detailed under regulation 4. Residents had timely access to medical care and records reviewed evidenced good input from the multidisciplinary team. Residents had access to drinks and snacks throughout the day and there was evidence that residents were offered choice. There was an adequate number of staff available to assist residents at meals.

The centre was observed to be exceptionally clean on the day of this inspection, and there was evidence of good oversight of cleaning within the centre. Generally, staff demonstrated good practices in relation to infection prevention and control. However, as found on the previous inspection a review of the allocation of staff to housekeeping and caring was required, to ensure that the risk of cross infection was reduced, which is detailed under regulation 27.

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents. Training in fire safety was up to date for all staff, however, there were minimal fire evacuation drills taking place in the centre, which was also found on the previous inspection and is further detailed under regulation 28.

Ongoing review and improvements were required in order to reduce the use of bed rails and other restrictive practices, for example, key coded doors, in line with the

national policy, this is further detailed under regulation 7.

Advocacy services were available to all residents that requested them. Residents were supported and encouraged to visit their families at home and go on trips outside the centre with friends and family. Residents were consulted with and had opportunities to make choices in their daily life and they participated in the organisation of the centre. Residents attended meetings and the inspector saw that minutes of these meetings and attendees were documented. The outcomes were clearly identified and action plans in place.

Regulation 11: Visits

Indoor visiting for residents by their families was taking place and arrangements were not restrictive. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection, the inspector noted that the premises and layout of the designated centre was appropriate to the number and needs of the residents and confirmed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to drinks and snacks throughout the day and there was evidence that residents were offered choice. There was an adequate number of staff available to assist residents at meals. However, the dining experience for residents required review to ensure that residents were afforded an appropriate dining experience in the centre. For example, some residents were served their two courses on trays and frozen desserts were melted by the time residents were ready to consume them.

Judgment: Substantially compliant

Regulation 27: Infection control

As found on the previous inspection multi-task attendants (MTAs), were employed for caring and cleaning duties. While the duties were segregated on a daily basis, on some days an MTA could be working as a carer in the morning, a cleaner in the afternoon and return to caring post cleaning being carried out. The provider was requested to ensure that there was a clear segregation of roles, as the combination of caring and cleaning duties posed an infection prevention and control risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As found on the previous inspection of November 2021, fire drills were not being complete of the largest compartment, with night time staffing levels. The last drill in the centre was in February 2021. Three staff were involved in this drill and documentation did not reflect how many residents were evacuated. Ongoing drills are required, so the provider is assured that all staff are competent in fire evacuations of compartments, with minimal staffing levels. This is to ensure that residents can be evacuated in a timely and safe manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector noted that the residents' care needs had not been accurately reflected in some residents' care plans. For example:

- some residents assessment documentation was not completed therefore it was difficult to use the information to inform appropriate care planning..
- a resident that required supports with continence did not have an assessment or a care plan to reflect their needs.
- end of life care plans and decisions did not always reflect the views of residents.
- a resident that required monitoring of their blood pressure did not have this recorded in their circulation care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that the residents had very good access to medical assessments and treatment by their general practitioner. Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, psychiatry of old age and palliative care services. There was a very low incidence of pressure ulcer development in the centre and skin integrity was well monitored. There were no residents with pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices within the centre were not used in accordance with the national policy and required action.

For example:

- there was high use of bedrails which was found to be 80-90 percent of residents in the last month. There was not always evidence that alternatives had been trialled, which was contrary to national policy. This was also a finding on the last inspection of this centre.
- one resident was observed wearing a wandering bracelet on their ankle, however, their care records indicated that this resident was at a very low risk of wandering. There was also no records of monitoring of this restraint and staff were not aware of why it was being used.
- doors in the centre to the secure outdoor spaces remained locked all day, therefore, residents could not access this area independently.

Judgment: Not compliant

Regulation 9: Residents' rights

The following required to be addressed:

- there was minimal social stimulation for residents in the centre until 2 o' clock on the day of this inspection. The inspector was informed that a staff member was allocated to provide social stimulation for residents in the morning, however, this did not always happen. Therefore, there were long periods in the morning where residents remained by their bed or remained in

the sitting room unoccupied.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castletownbere Community Hospital OSV-0000601

Inspection ID: MON-0037318

Date of inspection: 31/08/2022

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A new Directory of Residents has been ordered from Forrest print and is expected on 14/10/2022. Once we have received the directory it will allow us to record all information specified under schedule 3 is logged and recorded as per Regulation 19.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Director of Nursing is reviewing the annual review, feedback from the resident meetings has been added to the annual review. Going forward the annual review will be prepared in conjunction with residents and their families ensuring that the consultation process is part of developing the annual review for Castletownbere Community Hospital</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p>	

All residents admitted for respite now have a contract of care in place	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: The volunteers now have a list of their roles and responsibilities in their file in line with regulation 30	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All out of date information has been removed from Schedule 5 folder and all up to date policies and procedures are now in place in line with Regulation 4.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Trays are no longer in use during meals. Dinners are given out first and desserts are offered once the residents have finished with their main course. New A4 Menu cards have been ordered to allow residents to see the choices available to them on a daily basis. There is a list in the kitchen with details of where residents have chosen to dine. To enhance the dining experience and offer further choice the small day room will be upgraded to allow residents increased places to dine.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We are in the process of recruiting 2 wte staff members to meet the division of cleaning from care. Rosters are actively under review at present to ensure that division of cleaning from care can be achieved. The new rosters will have designated cleaning staff.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We have added a section to the audit to capture the number of residents that are evaluated per compartment during drills .To comply with regulation 38 we will carry out 6 more drills before the end of the 2022 using the new audit tool. Our last drill was April 2022. Compartment evacuated was compartment 4 which comprised of rooms 11,12,14,15, day room and dining room.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents' documentation has now been updated and completed as per Regulation 5.</p> <p>The Resident who required support with continence has now been assessed and the care plan reflects the assessment.</p> <p>End of life plans have been reviewed and now reflect resident's views. One resident does not have end of life plan as she refuses to engage in discussions regarding end of life care, a second resident does not have an end of life care plan as they become verbally abusive when discussion regarding end of life is initiated - so no action taken.</p> <p>The resident that required monitoring of their blood pressure now has been recorded in the circulation care plan</p>	

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Bed rails are assessed and taken in to consideration both for resident's choice and their safety. This is clearly documented and in accordance with the national policy. All bedrails will be reviewed again and documentation updated by 30/10/2022</p> <p>We have reviewed both the resident and the care plan of the resident who was wearing a wandering bracelet, after completing this review the bracelet was removed on 27/09/2022</p> <p>We are next to a busy road and the sea therefore doors are locked to keep residents safe. The doors to the outside areas that are safe will be open to residents from October 2022.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Work is actively underway to introduce a new roster in Castletownbere Community Hospital. The new roster once in operation allows for designated hours for Activities Co Ordinator. Until then staff will continue to provide activities where possible</p> <p>Activities are also delivered in Hospital by weekly visits from external group Arts for Health and local volunteers.</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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	28/12/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/10/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	28/12/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission	Substantially Compliant	Yellow	28/09/2022

	of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	21/12/2022
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	28/09/2022

Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	28/09/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/09/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	28/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time	Not Compliant	Orange	30/10/2022

	to time.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/01/2023