



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

## Issued by the Chief Inspector

Name of designated centre:	Ennistymon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dough, Ennistymon, Clare
Type of inspection:	Unannounced
Date of inspection:	07 July 2021
Centre ID:	OSV-0000608
Fieldwork ID:	MON-0033048

## About the designated centre

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

Ennistymon Community Hospital is operated by the Health Service Executive (HSE). The building is situated in a rural setting close to the town of Ennistymon. The centre can accommodate 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, short stay and palliative care is provided mainly to older adults. Bedroom accommodation is provided in single, twin and four bedded rooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces available to residents including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. Residents have access to an enclosed garden courtyard area.

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

Number of residents on the date of inspection:	15
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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 7 July 2021	09:00hrs to 16:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with several residents during the inspection. Residents spoke positively about the care and service provided and commented that they were comfortable and content living in the centre.

The inspector arrived unannounced to the centre and the clinical nurse manager guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried an inspection of the premises, where they also met and spoke with residents in the day rooms and in their bedroom areas.

During the morning of inspection, the inspector observed that residents had been served their breakfasts in their bedrooms. Some residents were relaxing by their bedsides listening to the radio or viewing television. Some residents were still in bed. Some residents spoken with told the inspector how they preferred to remain in their bedrooms during the morning time and choose to attend the day room for their preferred activities. Some residents mentioned how they had a shower while others said they were getting ready to have one. Residents commented 'you couldn't fault this place', 'everything is very good' and 'I am very lucky to be here'.

During the mid-morning time, several residents were observed enjoying a light exercise session and a game of floor skittles in the main day room. Other residents were reading the daily newspapers and stated that they enjoyed keeping up-to-date with news items.

Throughout the day, residents in the day room were observed partaking and enjoying a number of individual and group activities. There was normally an activities coordinator on duty. They were were seen to encourage participation and stimulate conversation. The monthly activities schedule was displayed and included a variety of activities including exercise group, bingo, baking, quiz, walks in the garden, newspaper and rosary.

During the afternoon, the local priest was due to visit and celebrate mass in the centre. Residents spoke of their delight that the priest was now able to visit again and celebrate mass in the centre on a monthly basis. Some residents were observed having nail manicures and mentioned how they enjoyed choosing nail colours and having their nails painted. Staff were observed to visit and chat with residents who remained in their bedrooms.

Residents had access to an enclosed landscaped garden courtyard area, the doors to the garden area were open and they were easily accessible. The garden areas were attractive with a variety of interesting plants and shrubs. There was a range of wooden furniture provided for residents use. Some residents could access the courtyard garden directly from their bedrooms. Residents told the inspector how

they enjoyed being able to get outside, go for a walk and get some fresh air and sunshine. Some residents stated that they had enjoyed recent days outside in the sunshine while others stated that they found it too hot to sit outside.

Throughout the day, the observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas or in their own bedroom if they wished. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice and the inspector heard staff offering those choices. The inspector observed that a variety of snacks and drinks were offered between meals times. The inspector observed the lunch time experience. Lunch was served to some in the 'Ragairne' dining room and to others in their bedrooms. The dining room was bright and decorated in a homely style. Round tables seating up to four residents and comfortable chairs with arm rests were provided. Some of the tables were height adjustable to facilitate residents with specialised chairs. The meal time was observed to be an unhurried social occasion. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The building is two-storey in design with accommodation for 27 residents provided on the ground floor. The original building dating back to the 1800's has been extended and extensive structural works had been completed in recent years. All continuing care residents are accommodated in single or twin bedrooms with en suite shower and toilet facilities located in the new extensions. Residents spoken with told the inspector how they liked their bedrooms as they were spacious, clean and comfortable. The inspector observed that there were televisions in bedrooms and residents had personalised their bedrooms with their own family photographs and other personal belongings of significance to them.

There was a variety of communal day spaces including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. The communal areas were bright, had a variety of comfortable furnishings. Residents mentioned how they enjoyed spending time in the communal day areas and looking at the beautiful views over the surrounding countryside and gardens.

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured wall hangings positioned on the corridors at eye level for residents to engage with. Corridors were seen to be clear of any obstructions. Seating areas were provided at intervals along the corridors. All areas were bright and well lit. Appropriate directional signage was provided on doors and corridors,

there was a sign with a word and a picture for bathrooms, dining room, day rooms, oratory and garden. The aim of these were to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

Overall the general environment, residents' bedrooms, communal areas, toilets, shower rooms and sluice facilities were found to be visibly clean. There were normally two cleaners on duty and a deep cleaning schedule in place.

Staff had ready access to clinical hand wash facilities throughout the centre. In addition there were wall mounted hand sanitizing dispensers at the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by staff.

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

## Capacity and capability

This inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- following notification to the Chief Inspector of an outbreak of COVID-19 in January 2021.

The Chief Inspector had been notified of an outbreak COVID-19 in the centre in January 2021. Nine staff members and six residents had tested positive for COVID-19. Sadly one resident passed away. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 23 February 2021.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. This centre had a good history of compliance with the regulations. Some records were not available on the day of inspection due to the cyber attack on the HSE computer systems which were not fully operational.

The provider of this centre was the Health Service Executive (HSE). Overall, the management of the centre was well organised and there was a clearly defined management structure in place. The management team consisted of the Head of Service for older persons services, the general manager of older persons services and the person in charge. The person in charge was supported by the clinical nurse

manager 2(CNM2) who deputised in her absence. On the day of inspection, the clinical nurse manager 2 (CNM2) was the nurse in charge of the centre.

Staffing numbers and skill mix were appropriate to meet the support requirements of 15 residents in line with the statement of purpose. The management team had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gáarda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. While the training matrix was not available due to the difficulties with accessing information held on the computerised systems, the CNM2 and staff spoken with confirmed that staff had completed all mandatory training. Individual training certificates confirming this training were available in the sample of staff files reviewed.

The management team had organised systems and processes in place to ensure that they maintained oversight and monitored the quality and safety of care received by residents. There was an ongoing audit schedule in place. For example, regular audits were completed in relation to infection prevention and control, hand hygiene, falls, medicines management, care plans and fire safety. The results from audits were discussed with staff and were used to bring about improvements to the service provided, Feedback from residents' committee meetings and residents and relative satisfaction surveys continued to be used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents. The annual review on the quality and safety of care in the centre had been completed for 2020 and action plans outlining areas for improvement were documented.

The inspector was satisfied that complaints when received were managed in line with the centre complaints policy. The management team advised that there had been no complaints received to date for 2021.

The older section of the building used for short stay residents and currently unoccupied had recently undergone extensive refurbishment with changes made to the layout and use of some rooms. Additional en suite shower rooms had been provided to all bedrooms. There was one proposed new bedroom in the Birch suite which required further consideration to the design in order to meet the needs of intended residents. This is discussed further under Regulation 17: Premises.

The provider representative advised the inspector that an application to vary condition 1 of registration with an updated floor plan and statement of purpose would be submitted to reflect changes made to the layout, facilities and use of rooms prior to admitting residents to this section of the building.



## Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of 15 residents.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally three nurses and three care staff during the morning time, three nurses and two care staff during the afternoon, two nurses and two care staff in the evening, with two nurses and one care staff on duty at night time. The staffing compliment included, housekeeping, activities coordinator, catering, maintenance and administration staff.

The person in charge worked full time hours normally Monday to Friday. The clinical nurse manager normally worked four days a week and deputised in the absence of the person in charge.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

## Regulation 16: Training and staff development

The CNM2 and staff spoken with confirmed that they had completed all mandatory training. Individual training certificates confirming this training were available in the sample of staff files reviewed. Nursing staff had completed medicines management training and some nurses had recently completed training on wound assessment.

Judgment: Compliant

## Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. The nursing management team met on a daily basis, there were monthly meetings with the other directors of nursing to discuss and review the quality and safety of care. An annual review on the quality and safety of care had been completed for 2020 and strategies for improvement had been identified for 2021. Regular audits and analysis were carried out in areas such as

infection prevention and control, hand hygiene, medicines management, health and safety, falls, care plans, restrictive practice and nutrition.

There was evidence of on-going communication and consultation with residents and families.

The provider undertook to submit an application to vary condition 1 of registration together with an updated floor plan and statement of purpose to reflect recent changes made to the layout, facilities and use of rooms in the centre prior to admitting residents to this section of the building.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

Judgment: Compliant

### Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents. Social care assessments and care plans were in place which outlined their individual preferences and interests. These assessments informed the programme of activities in place.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents individual

needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and informative.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be evacuated.

Infection control practices were generally of a good standard. The premises and equipment used by residents appeared visibly clean. Housekeeping staff spoken with were knowledgeable regarding cleaning systems and use of chemicals. Systems were in place to ensure all areas of the centre were deep cleaned on an on-going routine basis. All staff had completed training in infection prevention and control and hand hygiene. During the inspection staff were observed to be wearing surgical face masks as per the relevant guidance and good hand hygiene practices were observed. The management team had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene.

The building is two-storey in design with accommodation provided for 27 residents. All continuing care residents are accommodated in single or twin bedrooms with en suite shower and toilet facilities located in the new extensions. Residents who require short stay respite or convalescent care are accommodated in two four bedded rooms and two single bedrooms in the older building. At the time of this inspection the admission of short stay residents had been suspended due to the COVID-19 pandemic. The older section of the building used to accommodate short stay residents had recently undergone extensive refurbishment. New en suite assisted shower and toilet facilities had been provided to all bedrooms.

Residents had access to a variety of communal day spaces including day room, dining room, front conservatory, visitors room, oratory, historical area and memory lane village. The centre was bright, spacious and nicely decorated, however, some areas were identified as requiring repair and maintenance. This is discussed further under Regulation 17: Premises.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the television, listen to local church services on the local radio station and receive Holy Communion. Residents continued to recite the rosary. The local priest had started visiting and celebrated mass again in the centre.

## Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

### Regulation 17: Premises

While there was an on-going programme of refurbishment and maintenance taking place, the following areas were identified as requiring repair and maintenance.

- The wall area at the rear of the fire place in the main day room required repair as paint was flaking.
- The window closers to some bedrooms were defective and required repair.
- There were weeds evident to the enclosed garden courtyard area.

The new proposed bedroom in the Birch suite must be designed and laid out to meet the needs of intended residents. The following issues were discussed with the management team at the feedback meeting

- The glass panel wall and glass door does not provide adequate privacy.
- The window openings were defective and could not be closed securely.
- There was no interesting view from the room as it overlooked a narrow passageway and grey concrete wall.

Judgment: Substantially compliant

### Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good standard

- the premises and equipment used by residents appeared visibly clean.
- there were ample supplies of personal protective equipment (PPE) available
- staff had access to PPE and there was up to date guidance on it's use.
- staff had completed training in infection prevention and control and hand hygiene
- staff were observed to be wearing surgical face masks as per the relevant guidance.
- staff had access to clinical hand wash basins and alcohol gel dispensers were available and observed in use throughout the building

- systems were in place to monitor and oversee cleaning, environmental hygiene and hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. Regular fire drills had been completed simulating both day and night time scenarios and learning outcomes had been documented and discussed. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and nursing documentation. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspector reviewed the care plans of a number of residents including end of life care, wound care, nutritionally at risk, at high risk of falls, presenting with responsive behaviour, with restraint measures in place and with specific care requirements. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care. Care plans were regularly audited by nursing management team.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. A medical officer who was a local general practitioner (GP) visited the centre five days a week. There was an out-of-hours GP service available. There was evidence of regular review of residents and their medicines.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. Residents were supported to attend a local dentist when required. Eligible residents were supported to avail of the national health screening programme. The inspector reviewed a sample of residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. Residents at risk of impaired skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

## Regulation 8: Protection

The CNM2 confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

The inspector was satisfied that residents finances were protected. The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account in line with Department of Social Protection guidelines. There were regular reviews of accounts carried by both internal and external auditors. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

Staff continued to promote a restraint free environment. Interventions such as beds that could be lowered to a low level, sensor mats and crash mats were among the alternatives used to reduce the risk.

Many staff had attended training on the management of responsive behaviour and restraint

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents were observed to be relaxed and happy in the company of staff. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. There were televisions provided to all residents bedrooms and a large smart television was provided to the main day room.

Information and training was provided to residents in areas such as fire safety, hand hygiene, safeguarding, residents rights awareness and restrictive practice.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Details of access to advocacy services were displayed for residents.

Residents were facilitated to regularly attend the hairdresser in the designated hairdressing salon. Some residents told the inspector how they enjoyed having their hair done.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. There was evidence that issues raised by residents were acted upon.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 Ennistymon Community Hospital OSV-0000608

Inspection ID: MON-0033048

Date of inspection: 07/07/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To achieve compliance with regulation 17: Premises.</p> <p>Actions completed:</p> <ul style="list-style-type: none"> <li>• The weeds have been removed from the enclosed courtyard.</li> </ul> <p>Actions to be completed:</p> <ul style="list-style-type: none"> <li>• An onsite meeting has taken place with the maintenance officer and a timetable for completion of works has been agreed.</li> <li>• Repair and painting of the wall in main day room is planned.</li> <li>• Window closers will be checked and repaired on all windows throughout the center.</li> <li>• Privacy issues and exterior wall issues in relation to the Birch suite will be addressed.</li> </ul> <p>These proposed works will be completed by 29/10/2021</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/10/2021