

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

Issued by the Chief Inspector

Name of designated centre:	Donegal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Drumlonagher, Donegal Town, Donegal
Type of inspection:	Unannounced
Date of inspection:	19 September 2024
Centre ID:	OSV-0000617
Fieldwork ID:	MON-0044860

About the designated centre

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

Donegal Community Hospital is a purpose built two storey building located in the town of Donegal, within walking distance of all local amenities. The residential part of the hospital is a 29 bed unit located on the ground floor, which provides palliative care, respite care, convalescence, rehabilitation and continuing care. Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple-occupancy bedrooms, each accommodating four residents. There are two sitting rooms, a dining room and an oratory for communal use. The designated centre includes a treatment room, staff facilities, a small laundry and a main kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 September 2024	10:00hrs to 13:30hrs	Nikhil Sureshkumar	Lead
Thursday 19 September 2024	10:00hrs to 13:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, the residents' feedback on the day of inspection was generally positive about the care and support that they received in the designated centre. However, inspectors found that residents were living in an environment that did not promote their dignity, rights and independence and that did not protect them from the risk of infection. Significant effort and resources are now required to ensure that the current and future residents living in the centre are afforded a safe and comfortable living environment that promotes their independence and meets their needs.

Residents told the inspectors that the staff were kind and respectful. A number of residents commented that the food was nice; the environment was better than in a hospital, and that staff were great.

However, some of the feedback found in resident meeting records and resident questionnaires included comments such as "the toilets are very unhygienic; something has to be done about it", "I would love to go down to the dining room for my meals", "bedroom space is very small", "I can't go outside here", "there is very little on offer in the way of activities", "activities are poor", "I would like different activities, more books", "only one television in the room, and that is not enough", "I would love to access the coffee dock if the cafe was open, it is greatly missed", "I wish we could have activities every day, as I would like to talk to people". The feedback reflected the inspectors' findings that in spite of the best efforts of the staff team working in the designated centre the poor living environment and facilities provided meant that residents were not supported to have a good quality of life.

Donegal Community Hospital is located in Donegal Town and is close to local amenities such as shops, cafes and restaurants. The centre is registered for 29 residential beds, and 21 residents were accommodated in this centre on the day of inspection. The designated centre has an additional condition on their registration, which only permits the centre to accommodate short-term residents with a maximum duration of stay of 60 days. This condition was attached to the designated centre's registration because inspections in 2021, 2022, 2023 and 2024 found that the provider had failed to provide premises that met the requirements of the regulations, which was impacting on the quality of the lived environment for residents. This inspection found that the provider remained not compliant with Regulation 17.

There is a spacious, bright entrance to Donegal Community Hospital. The entrance is used to access the designated centre and a number of community health and social care services, which are located on the same campus as the centre. The bright, spacious and modern entrance is in stark contrast to the living areas provided for the residents living in the designated centre. Notwithstanding the extensive fire safety works that were ongoing in the centre on the day of the inspection, the inspectors found that the premises was cluttered, visibly dirty and in

need of extensive refurbishment. The floor coverings in a number of areas were badly damaged and posed a trip hazard. Although a small number of residents were observed mobilising around the centre, they were accompanied by staff, and inspectors were not assured that the circulation areas in the centre promoted safe and independent walking.

No residents were using the communal areas on the day of the inspection and were seen to spend their time sitting beside their beds.. The communal areas included a small dining room, which was not laid out as a dining room on the day and did not provide suitable dining tables and chairs for the residents. Inspectors were informed that this room was used for activities; however, they did not see any activities happening during the inspection. There was also a main sitting room, which was comfortably furnished but in need of refurbishment and two small sitting rooms, one of which was adjacent to the end of life unit and was used for families of residents in receipt of end of life care. There was also a large coffee dock and an oratory. Neither of these communal rooms were available for residents. The coffee dock was being used to store a range of furniture and equipment on the day of the inspection. The oratory was cold on the day of the inspection and a pane of glass between the oratory and the staff dining room both of which were adjacent to the kitchen was broken with no plan to have this repaired.

The community X-ray department was located on the rear corridor of the building, and there was a locked door between the X-ray department and the designated centre. This arrangement prevented residents from being able to freely access the oratory, the coffee dock and the courtyard garden, which were located on the other side of the X-ray department. This arrangement further reduced the communal space that was available for the residents and was a repeated finding from previous inspections.

The inspectors observed that the person in charge and the staff team had appropriate arrangements in place to minimise the impact of the ongoing fire safety works and to ensure residents were kept safe. In spite of the ongoing building works in the centre, staff worked hard to ensure residents were supported and that the impact was minimised. The centre remained open to visiting, and visitors were seen coming and going during the inspection.

Residents' private accommodation is arranged in a mix of single, twin and four-bedded rooms. The layout of the multi-occupancy four-bedded rooms did not ensure that residents could carry out personal activities in private. Furthermore, residents had limited space to store their personal belongings and clothes. There were shared en suite toilets and showers between each of the four bedded rooms. The toilets were cubicle style with limited privacy as the areas above and below the toilet doors were open to the rest of the bathroom, which did not provide adequate protection from noise and odours. The en suite facilities were in urgent need of repair and refurbishment and did not afford the residents a comfortable and dignified space to carry out their toileting and bathing activities. In addition, the inspectors found that there were not enough communal toilets for residents' use should the residents wish to use toilets other than the toilets in their en suite facilities.

There was limited outside space available for residents to use. The outside space afforded to the residents consisted of a small enclosed courtyard, which although nicely laid out with seating and colourful plants, residents could not freely access this space because of the locked door between their accommodation and the X-ray department.

The inspectors observed that the equipment storage had not improved since the previous inspection and equipment, such as wheelchairs, mattresses and unused hoists were stored along some sections of the centre's corridors and in the resident's coffee dock.

During the walk around, the inspectors observed that some residents' records, which contained resident personal information, were located in the corridors and accessible to staff, visitors and workmen in the area. This did not ensure that residents' personal information was stored securely and was brought to the attention of the person in charge on the day of inspection.

Staff members were observed to have respectful and empathetic interactions with the residents, and it was evident that the staff knew the residents well and were familiar with their needs and preferences. This was reflected in the high levels of satisfaction with the care team that residents reported on the day.

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 found that the provider had failed to provide the resources required to improve the lived environment for the residents accommodated in the centre. Furthermore, the oversight of admissions did not ensure that residents and their families were sufficiently informed about the limitations of the lived environment and the reduced length of stay of maximum up to 60 days as set down in the providers' statement of purpose and conditions of registration. As a result, the inspectors found that six residents had been living in the designated centre for more than 60 days, with stays of up to 99 days reported.

The Health Service Executive (HSE) is the registered provider for the designated centre. The designated centre benefits from access to and support from centralised HSE departments, such as human resources, accounts and information technology. The designated centre has person in charge who works full time in the centre and is an experienced nurse with the required management experience for the role. The person in charge and a clinical nurse manager facilitated the inspection. It was clear that the management team were well known to residents and staff and were well

informed about each resident and their current health and well-being. The person in charge made herself available to residents and visitors on the day.

An application to renew the registration of the designated centre had been received by the Office of the Chief Inspector on 21 November 2023. In addition, the provider had submitted a notification to inform the Chief Inspector of their intention to close the designated centre and to use the premises as a short-stay unit for patients requiring transitional care following hospital treatments and for respite beds for the local community. However, this application had not been progressed as further information submitted by the provider on request for the office of the Chief Inspector showed that a number of residents continued to be accommodated in the centre for more than 60 days with some residents accommodated for much longer periods. The Chief Inspector had progressed the application to renew the centre's registration to afford the protections of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended March 2023) for those residents who were accommodated in this centre with additional restrictive conditions and had issued a notice of the proposed decision. The provider had made representation to the proposed notice of decision. The inspectors reviewed the information submitted as part of the representation in this unannounced inspection and found that residents who were assessed as requiring long-term care continued to be accommodated in this designated centre for extended periods of time, without any clear discharge plan to appropriate long-term care placements. As a result, the provider was found again to be in breach of their existing conditions of registration.

On the day of inspection, the inspectors were provided with a new proposed plan designed to streamline the admission and discharge processes in the centre. Under this plan, residents accommodated in the designated centre would be prioritised for admission to the long-term care centre in Ballyshannon Community Hospital. In addition, residents admitted to the designated centre and their representatives/families would be clearly informed at the time of their admission that if they were assessed as appropriate for long-term care placements, they would be discharged to an available long-term care facility before the 60-day time period, irrespective of the residents' choice of long-term care facility. However, this information letter had not been put into use at the time of the inspection.

This inspection found that notwithstanding the significant fire safety improvement works that were nearing completion in the centre, the provider had failed to provide the resources required to improve the lived environment for the residents accommodated in the centre. In addition, the provider had failed to ensure that the centre was being operated as a short-stay unit as set out in their notification to the Chief Inspector to close the facility as a designated centre for older persons.

Regulation 23: Governance and management

The provider was not operating the designated centre in accordance with its current registration conditions and statement of purpose. This was a repeated non-compliant finding.

The provider had failed to provide the resources required to improve the lived environment for current and future residents. As a result, residents were in receipt of a poor standard of accommodation which did not comply with Regulations 17, 9, 27 and 12.

The provider's management systems failed to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- The provider's oversight of admission and discharge processes had failed to ensure residents who were approved for long-term care funding were discharged to suitable long-term care facilities in line with their preferences in a timely manner. This is a repeated non compliance finding.
- The provider's oversight of infection prevention and control measures was insufficient and failed to address the findings and recommendations of the report issued by the HSE's community infection prevention and control specialists in November 2022.
- The provider's record management system had failed to ensure that the residents' records were stored in a secure manner.

Judgment: Not compliant

Quality and safety

The inspectors found that in spite of the poor standards of the environment in which they were living, residents were provided with good standards of nursing and health care and had access to a range of specialist health and social care services to meet their needs. However, the very poor condition of the accommodation was impacting on the dignity and well-being of residents and significant focus and resources are now required to address the findings set out in this report.

There were 21 residents accommodated in the designated centre on the day of the inspection, three of whom were assessed as requiring long-term care support. Two of these residents assessed as requiring long-term care had been accommodated in the designated centre for more than 60 days with one resident accommodated for 99 days and the other resident for 70 days. On the day of the inspection neither resident had a date for discharge from the centre to a care placement of their choice.

Regular meetings with residents took place to obtain feedback from them regarding the care and service provided in this centre. In addition, questionnaires were used to develop the annual review for the centre. However, the inspectors were not assured that residents' feedback was addressed effectively as a number of issues

raised by residents pertaining to the condition of the premises and the facilities provided had not been addressed. Some of these issues were also identified in the records of the staff meetings, which reported that residents would prefer to take their meals in the dining room and that a separate room for activities was needed. However, at the time of the inspection activities were still provided in the dining room.

Staff were working well together to reduce the impact of the ongoing works on the residents. There was a friendly and welcoming atmosphere in the centre and it was evident that residents felt safe in the company of staff. This was validated by residents who spoke with the inspectors who said that staff were kind and that they always had someone to talk with if they were worried about anything. A number of the staff had worked in the centre for more than five years and were familiar with the resident's needs and preferences for care and support.

There were no activities taking place for the period of the inspection. This was validated by residents who told the inspectors there was very little activities happening in the centre so they made their own entertainment with watching television, reading and knitting. The inspectors did observe some residents working with the physiotherapist as part of their rehabilitation care plan.

The inspectors did not observe a meal time for residents due to the timing of the inspection; however, residents reported that the food was good and that they had enough choice. However, residents said that they would like to go to the dining room and not have all their meals at their bedside. This feedback was validated by questionnaires reviewed by the inspectors and by their observations on the day that the dining room was not laid out for meal times.

Staff were aware of their responsibilities to ensure that resident's rights were upheld; however, the poor standard of the lived environment impacted on the privacy and dignity of those residents accommodated in the multi-occupancy rooms.

Residents had access to televisions, newspapers and radios and were able to keep up to date with local and national news and issues. Staff were heard chatting about local events that happened in the town and residents were enjoying the banter with the staff. There was no Wi-Fi available for residents at the time of the inspection. However, residents had access to telephone to make calls in private or some residents were using their mobile phones.

Independent advocacy was available for residents and information was provided in the resident information leaflets located around the centre.

Regulation 12: Personal possessions

The inspectors were not assured that the residents in four bedded rooms had access to adequate space to store and maintain their clothes and other personal possessions. Residents had one small wardrobe and a bedside locker in which to

store their belongings. Some residents were using bags and boxes to store some of their belongings around their bed space. This is a repeated finding from the previous inspections.

Judgment: Not compliant

Regulation 17: Premises

The layout of the premises was not designed to meet the needs of residents. For example, the residents in this centre were not able to access their communal areas including their courtyard garden due the locked door between the designated centre and the X-ray department. Residents lacked adequate communal space outside of their bedrooms to meet together and attend activities or to dine together. As a result, residents spent most of their day in their bedrooms sat beside their bed.

The designated centre required significant refurbishment and redecoration in all areas except the entrance lobby which was shared with the general public and was not accessible to residents.

There were no quiet space for residents to meet with their visitors away from their bedrooms. This was a particular concern for those residents accommodated in the multi-occupancy rooms and is a repeated not compliant finding.

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- There was not enough communal space including adequate dining space outside of the residents' bedrooms for residents to meet together and attend activities or to dine together. As a result, residents spent most of their day in their bedrooms sat beside their bed.
- The designated centre did not have an adequate number of communal toilets to meet the needs of all residents. This is a repeated finding from the previous inspection.
- There was not enough suitable storage available to safely store residents' equipment, such as mattresses, wheelchairs and hoists in the centre. This is a repeated finding from the previous inspection.
- The flooring of the secure courtyard was slippery and posed an injury risk for residents.
- The floor covering in a number of areas of the centre was damaged and needed repair or replacing.
- There was a broken window pane in the oratory.
- The temperature in the oratory and in the Jack and Jill en-suite facilities was cold and did not ensure resident's comfort.

Judgment: Not compliant

Regulation 27: Infection control

The provider had failed to provide the resources required to ensure the recommendations of their own Infection Prevention and Control audit carried out in November 2022 were implemented. As a result, inspectors were not assured that the services provided in this centre were consistent with the National Standards for Infection Prevention and Control in Community Health Care Settings (2018). This is a repeated finding from the previous inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was in the process of completing extensive fire safety works in the designated centre. However, a number of non compliant findings had not been addressed at the time of this inspection. For example;

- A door/wall screen that separated the oratory from the staff dining room and the main kitchen was not a fire-rated door, and the glazing and cracks in the glass towards the top of the wall did not ensure adequate fire compartmentation in this high risk area. Staff who spoke with the inspectors on the day of the inspection reported that this was not included in the current fire safety works schedule.
- There were significant gaps between the underside of two cross corridor doors and the floor. This issue was brought to the attention of the provider, and the inspectors were informed that the uneven floor surface would be addressed as part of the ongoing fire safety works to ensure that the doors provide proper containment in case of a fire.
- The provider had failed to ensure one high-priority action identified as red-rated risk in the provider's own fire safety risk assessment had been addressed in a timely manner. As a result, the electronic equipment housed in an under stairs storage cupboard had not been relocated to a safer location as recommended in the provider's own fire safety risk assessment report.

Judgment: Not compliant

Regulation 9: Residents' rights

The configuration of a twin-bedded room did not meet the privacy needs of residents in this room. The layout resulted in one resident having to pass through

the other resident's bed space to access the en-suite bathroom. This is a repeated non compliance finding from previous inspection and although the provider had a plan in place to address the non compliance this had not been implemented at the time of the inspection.

Some of the residents in twin-bedrooms and four-bedded rooms in the centre were sharing one or two televisions per room. As a result, residents were unable to view their favourite television programmes in private when they were in their space. This lack of choice increases as the residents did not have access to their communal rooms to watch television as an alternative to the televisions in the bedrooms. This is a repeated non compliance finding.

There were a number of overly restrictive practices in place which did not uphold the rights of the residents to use their communal spaces as they wished to. Residents had restricted access to communal areas such as the coffee docks, oratory, and secure courtyard as the doors leading to these communal spaces were locked and the residents required staff assistance to access these communal areas. This was impacting on the quality of life and well being of the residents and is a repeated non compliance finding.

The layout of the shared en-suite facilities located between the four bedded rooms did not uphold the dignity of residents accommodated in these bedrooms and did not ensure that residents could use the toilets and showers to carry out personal activities in private.

Residents did not have access to appropriate meaningful activities in line with their capacities and preferences. This was evidenced in the feedback form residents and the lack of activities happening on the day of the inspection. In addition, the facilities available to provide activities and entertainments was limited to the small dining room. Furthermore, this arrangement meant that residents did not have access to their dining space for meal times.

Resident meetings were held regularly and resident questionnaires were used to obtain feedback on care and services as well as the resident's lived experience in the designated centre. However, inspectors were not assured that this feedback was being used to inform quality improvements and to develop the service to better meet resident's needs. This was evidenced in the lack of action plans to demonstrate what had been followed up in relation to resident feedback and in the number of recurrent themes such as the need for more activities and access to a dining room and outside space.

Judgment: Not compliant

Regulation 11: Visits

There was no quiet space for residents to meet with their visitors outside of their bedrooms.

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 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 11: Visits	Substantially compliant

Compliance Plan for Donegal Community Hospital OSV-0000617

Inspection ID: MON-0044860

Date of inspection: 19/09/2024

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control	Not Compliant	Orange	

	over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	
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.	Not Compliant	Orange	
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	

	may be consulted about and participate in the organisation of the designated centre concerned.			
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