



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

## Issued by the Chief Inspector

Name of designated centre:	Gormanston Wood Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Gormanston, Meath
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000131
Fieldwork ID:	MON-0037985

## About the designated centre

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

Gormanston Wood Nursing Home is situated across the road from Gormanston beach in Co Meath. It is registered to care for 89 residents both male and female over the age of 18. The centre provides individualised care to residents who require long term residential, convalescent and respite care. The philosophy is to embrace positive aging and place the resident at the centre of all decisions in relation to provision of their care.

The centre is made up of four separate units, Laurel, Cedar, Elm and Beech a dementia specific unit these units are spread over two floors. The centre has 73 single and seven twin bedrooms, all of which have an ensuite bathroom. Residents have access to mature and colourful gardens from each of the four units.

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

Number of residents on the date of inspection:	83
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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 15 March 2023	10:00hrs to 18:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector observed that residents appeared relaxed and those spoken with were satisfied with the care they received.

The inspector walked around the centre with the assistant director of nursing and spoke with several residents in each of the units. Residents said the staff were respectful and kind. The inspector observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for a reply prior to entering.

There were enough staff available to meet the needs of resident's in a prompt manner. Residents' had their call bell by their side when alone in their bedroom and they told the inspector that staff were readily available to meet their needs. They also confirmed that they were having visitors and could meet them either in their bedroom or in the sitting rooms. Residents said that to their knowledge, visiting was not restricted to specific times.

The inspector noted that residents had access to a jug of fresh drinking water in their bedroom. The inspector observed that there were different choices on offer at lunchtime. Residents said the food was good, they "could not fault it", and a group of ladies confirmed that the food was always hot when served to them. The inspector noted that dining tables were not set appropriately. For example, there were no condiments, place-mats or tablecloth with only cutlery, plate of food and a drink laid in front of each resident. Therefore residents did not have access to condiments, although they were available in the kitchenettes. Lunch was a relaxed affair and, residents were observed strolling into the dining room to have lunch. Staff were available to assist residents with their meals in their bedrooms and in the dining rooms.

The environment appeared tired with several areas of the internal and external environment in need of upgrading. Although some environmental upgrades had taken place since the previous inspection, further upgrading was required. For example, the inspector observed that the flooring in some bedrooms was ripped with cement exposed, while walls, wooden doors, door frames, skirting boards and furniture in resident bedrooms had surface damage and therefore could not be cleaned properly.

Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. However, the inspector found that infection prevention and control practices required improvement as outlined under regulation 27. The inspector observed the level of cleanliness required improvement throughout the centre, particularly in store rooms, the hairdressers room and kitchenettes. In the latter two areas, cupboards and shelves were damaged and could not be cleaned properly. Also some equipment was seen to be unclean in these rooms. In addition, items were stored on the floor in store rooms, this practice

impeded the cleaning of these floors.

Although hand hygiene practices were overall good and staff were seen using the hand sanitisers provided, staff did not have access to clinical wash hand sinks.

Residents had access to and were seen enjoying both one-to-one and group activities throughout the day.

In conversation with residents and on observation, the inspector found that on the whole residents' rights were upheld. However, improvements were required to ensure resident documents were kept safe and secure at all times and to ensure residents had independent unrestricted access to the enclosed gardens.

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

The inspector found that there was a governance and management structure in place. The daily running of the centre was overseen by the person in charge with the support of a senior management team. Costern Unlimited Company is the registered provider of Gormanston Wood Nursing Home. The person in charge was supported by the provider representative, two operation managers and an assistant director of nursing. One of the operation managers joined the person in charge and assistant director of nursing at the feedback meeting.

The inspector found that the staff met were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities. However, the compliance plans from the last inspection had not been addressed in full. There was an increase in the level of non-compliance on this inspection. The inspector observed that the centre was not in a good state of repair internally and was not clean in all areas or suitably decorated.

The oversight of practices in the centre required strengthening. The inspector found that although there was a management system in place to ensure that the service provided was safe, appropriate and consistent, this was not effective and required strengthening, as evidenced by the non-compliances identified under regulation 17, 27 and 29 in this report.

The staffing levels met the needs of residents. Staff vacancies were low and vacant posts were being filled in a prompt manner.

An Garda Síochána vetting reports, identification, full employment history together with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, residents guide and residents' care

records were available for review. However, resident records were not always kept safe and secure.

#### Regulation 14: Persons in charge

The person in charge worked full-time and met the criteria to be named person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

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

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

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

There was good supervision of staff. The inspectors saw from the sample of staff files reviewed that the staff had staff appraisals completed with the management team.

Judgment: Compliant

#### Regulation 21: Records

Residents' records were not always stored in a safe manner as the inspector observed an unlocked filing cabinet containing residents' medical records together with a box of residents' nursing notes at two of the open plan nurses stations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The following issues were identified:

The service oversight required strengthening. The recent audits completed in relation to the environment, medication management and nursing documentation had not picked up on the findings identified on this inspection. On review, the inspector found that the audit tools in use were not detailed enough, which meant that the management systems in place to oversee the service were not effective.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the services and facilities that were provided in the centre.

Judgment: Compliant

### Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been informed of all incidents which occurred in the centre within the required time frame.

Judgment: Compliant

### Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed



absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge

Judgment: Compliant

## Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard, however improvements were required in some areas. The inspector found that staff worked hard to meet residents' preferences for care and daily routines. However, the condition of the premises, infection prevention and control practices and medication administration practices required review, together with practices that had the potential to infringe on resident rights.

Residents had access to an inter-disciplinary team through the acute sector and the inspector saw evidence that they had access to their general practitioner (GP) including a medical review every four months. Although the residents' clinical care needs appeared to be met, the standard of nursing assessment on admission required review. Each resident did not have a comprehensive assessment completed on admission and for those residents that did, these were often incomplete. For example, end of life assessments or care plans were not in place for residents living for a long period in the centre.

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

The medication administration was not in line with current best practice. The staff nurses observed administering medication to residents did not not check the medications administered against a prescription sheet signed by the resident's

general practitioner held either on a electronic device or in a hard copy format.

The premises required upgrading. Several areas identified under regulation 17 were in need of repair. Storage facilities were not meeting the needs of the service and the provision of appropriate safe storage was required.

The inspector found that some processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure all staff were aware of the level of precautions to be taken prior to entering the bedroom of a resident with a transmissible infection. However, further issues in relation to infection prevention and control were identified on this inspection, as outlined under regulation 27.

Residents' rights to dignity and privacy were upheld on this inspection. All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. However, the twin bedrooms had the potential to negatively impact the rights of residents when occupied by two residents. This was due to the fact that residents were afforded a small amount of private space each. The privacy screening for each resident extended around a bed and bedside locker only, while each resident's chest of drawers and wardrobe were located in a communal space within these bedrooms.

Residents had access to storage for their personal possessions. However, a key was not available to all residents to facilitate the secure storage of personal belongings. This was supplied on request.

Visiting appeared to be restricted, signs reflecting set visiting hours and stating only two visitors allowed to visit a resident at one time were displayed in the front porch and at the reception desk. However, the inspector was informed that this was not the case and all these signs were removed prior to the end of the inspection.

All reasonable measures were taken to safeguard residents. The building was safe and secure. Staff had received the required training and any incidents of alleged abuse had been reported as per legislative requirements, and investigated in line with the centre's policies. The provider was a pension-agent for a small number of residents. There was a safe system in place to manage residents' pensions.

## Regulation 11: Visits

The inspector was assured that there were no restrictions on visitors into the centre. The visiting hours after 9 a.m. and before 9 p.m. were reflective of current visiting schedules. These visiting times were reflected in the centre's statement of purpose and resident's guide.

There was space for residents to meet their visitors in areas other than their

bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 12: Personal possessions

All residents did not have access to a lockable storage area in their bedroom. For those residents who had access to a bedside locker by their bed, the inspector was informed that a key to lock the upper drawer was available on request only.

Residents' living in twin bedrooms did not have access to adequate storage for their personal belongings within their private bed space. The wardrobes and chest of drawers for each resident sharing a twin bedroom were in a communal area. Therefore, they could not access their clothing or personal possessions in private .

Judgment: Substantially compliant

### Regulation 17: Premises

The following issues were identified, which were not in line with Schedule 6 requirements:

Unsafe flooring throughout the centre, for example;

- Unsafe flooring was observed in some resident bedrooms, ensuite bathrooms and corridors. For example, flooring was ripped, stained and/or cracked in these areas.
- A hole was noted in the floor in one store room.

The centre was not in a good state of repair inside, for example;

- Wooden doors leading into communal rooms and bedrooms, door frames and skirting boards were heavily chipped with paint missing and inner wood exposed.
- Some furniture including bed frames, bedside tables, and bed side furniture were in a poor state of repair and could not be cleaned properly due to peeling surfaces.
- Unsafe storage of staff belongings. For example, staffs personal belongings were stored in electrical rooms which stated high voltage on cabinets within.
- Unsafe storage of unused and broken furniture together with resident records were observed stored in electrical rooms which stated high voltage on cabinets within.
- A hole was noted in the wall beside a flush sink in one of the cleaners rooms.
- In one bedroom there was a water stain on the ceiling with paint peeling

from the ceiling.
Judgment: Not compliant
<b>Regulation 20: Information for residents</b>
A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
Records of resident's temporary transfers to hospital were in compliance with the regulatory requirements.
Judgment: Compliant
<b>Regulation 27: Infection control</b>
<p>Action was required to address the following areas:</p> <ul style="list-style-type: none"> <li>• Improper storage of clean equipment in the sluice room posed an infection control risk.</li> <li>• Rusty equipment was stored in some ensembles bathrooms, these could not be cleaned thoroughly.</li> <li>• Plastic storage units used for residents toiletries were not clean in shared ensembles.</li> <li>• Residents' toiletries were not segregated or labeled appropriately in shared ensembles, leading to the potential risk of cross infection.</li> <li>• The hairdressers room was not clean and a large full rubbish bag was on the floor of the room.</li> <li>• The seals at the base of toilets, showers and baths were not clean and required review.</li> <li>• The floors of a number of store rooms viewed were not clean.</li> <li>• Items were stored on the floor in store rooms which meant that the floors could not be cleaned thoroughly.</li> <li>• Some kitchenette cupboards were chipped and therefore, could not be cleaned thoroughly.</li> <li>• The cupboards and drawers in some kitchenettes were not clean.</li> </ul>

- Open bins containing incontinence wear were observed in residents' ensuites which resulted in unpleasant odours in these bedrooms.
- There was dust on items such as fire extinguishers and pictures on some corridors..

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The following issues were identified:

Prescribed medications were not administered to resident's in line with NMBI's "Guidance for Registered Nurses and Midwives on Medication Administration (2020)" or with the centre's own medication management policy. Nurses were not checking residents' prescriptions prior to administering and relied on electronic and pharmacy records only.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The following gaps were identified:

- A comprehensive assessment was not available for each resident and, for those who had them completed, they were not updated on a four monthly basis and some were incomplete.
- Residents' assessments did not consistently reflect resident's preferences for end of life care.

Judgment: Substantially compliant

### Regulation 6: Health care

There was evidence that resident's were reviewed by their general practitioner (GP) within 48 hours of admission and had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and the inspector saw evidence that a variety of these practitioners were involved in caring for the

residents.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

The provider was a pension-agent for a small number of residents. The inspector received assurances that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

### Regulation 9: Residents' rights

Some areas of practice required review to ensure the rights of residents were upheld at all times. For example:

- Doors leading into the internal secure gardens were locked. Residents were restricted from entering these gardens without the assistance of staff, who were required to unlock the doors to enable residents to use the garden.
- Personal information in relation to residents' dietary needs were displayed in two of the communal dining rooms, however this personal information was removed on identification by the inspector.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Gormanston Wood Nursing Home OSV-0000131

Inspection ID: MON-0037985

Date of inspection: 15/03/2023

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All filing cabinets at nurse stations are now locked with keys held by nurse on duty .	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Whilst there is a robust auditing system in place at trinity care and multiple audits are completed on a monthly basis. It is acknowledged the systems in use require a review to ensure issues are identified and actioned to improve quality in practice. A complete review of the auditing systems in use will be carried out by the management team at Gormanston Woods.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Keys are now available for all lockers and will be kept in top drawer of all bedside lockers. Where there is a risk identified with a resident in identifying objects and their correct use a risk assessment will be completed .Residents identified as presenting with	

risks will have keys located at the nurses station.

A review will be undertaken to ensure that the resident has access to their personal belongings and privacy is afforded to residents in shared rooms.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
The flooring issues identified by the inspector were identified by the provider prior to this inspection and there is a refurbishment plan in place to replace all flooring that requires replacement. Flooring to be replaced and completed by August 31<sup>ST</sup> 2023.  
There is a full refurbishment plan in place at Gormanston Wood to complete works with flooring, painting, updating furniture. This plan is projected to commence May 2023.  
Centre upgrades with painting and decorating has commenced and is expected to take six months.  
New lockers for staff are procured for safer storage of personal items.  
Coms room cleared of all items that were stored incorrectly.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:  
items that should

- Review of all equipment that has implications on Infection control will be undertaken and items replaced as required
- Storage for toiletries in shared rooms will be reviewed and updated
- A review of cleaning schedules will be put in place for kitchenettes
- A replacement program for any damage to doors in kitchenettes will be undertaken and replaced.
- A review of all storage within the facility will be undertaken to ensure no items are stored at floor level.
- Hairdressers room cleaning schedule updated.
- Seals around bathroom toilets and showers will be reviewed and where issues identified are fixed.
- Bedroom bins with lids are procured in place in all bedrooms
- Household cleaning schedule was reviewed to ensure corridor items are included in this schedule.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>There is a robust medication management policy at Gormanston Wood in which all staff are trained in.</p> <p>All staff have completed HSEland medication management online which is mandatory training at the centre completed annually for 2023. Since the inspection further toolbox talks were given to registered nurses by person in charge whereby all staff were reminded on the 10 rights of medication management.</p> <p>Additional courses have been sourced from our new Pharmacy provider and all staff given access to complete same.</p> <p>All medications are received to the service on foot of a medical prescription they are transcribed and signed by the general practitioner onto the database system. The nurse administers the medications from the database system. It is acknowledged the nurse is required to double with the printed Kardex as there is no visibility of the GP signature on the tablet version. All nurses are advised to double check against printed kardexes. As part our quality improvement we have reviewed this non compliance with our pharmacist and there are plans in place to move to an improved database system.</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>A review of all resident comprehensive assessments was completed on the database system and all nursing staff have completed the Comprehensive TRINITY assessment for all residents. The facility had recently moved to using the Trinity new comprehensive assessment which was not available on all resident records consistently, as some staff were continuing to use old frameworks. This is now in place and staff are advised on the regulatory timeframes for updated assessments.</p> <p>Tool box talks have been rolled out with Nursing to ensure each residents preferences are fully documented for end of life care.</p> <p>All staff have undergone end of life care training with the HSE in 2022 and further planned training on end of life will be completed in 2023.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Doors to gardens off Beech unit are open and accessibility to residents is now in place. All staff asked to complete the HSEland course &gt;Guidance on a Human Rights-based Approach in Health and Social Care Services to ensure their understanding of residents rights. Staff are advised to ensure modified diets are kept in a folder with the nurse and not displayed publicly.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control 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.	Substantially Compliant	Yellow	31/07/2023
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	Not Compliant	Orange	31/10/2023

	3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	27/04/2023
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.	Substantially Compliant	Yellow	31/07/2023
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	31/07/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Not Compliant	Orange	31/05/2023

	are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	27/04/2023
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	27/04/2023