



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ashborough
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lyre Road, Milltown, Kerry
Type of inspection:	Unannounced
Date of inspection:	07 April 2021
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0032606

## About the designated centre

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

Sonas Nursing Home Ashborough is located in the village of Milltown, Co. Kerry. It is operated by Sonas Nursing Management Ltd who is the registered provider. The home is registered to provide care to 58 residents, and is a purpose built residential care home based on a Scandinavian model. Sonas Nursing Home Ashborough is situated in the heart of County Kerry, surrounded by the towns of Killorglin, Killarney, Tralee and Castleisland. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within a care environment which promotes the health and well being of its residents. The ethos of Sonas Nursing Home Ashborough is informed by the Sonas Values; Empathy, Warmth, Empowerment, Energy, Advocacy and Teamwork. Residents in Ashborough Nursing Home are living in spacious, bright en-suite single or twin rooms with built in safety features such as a call bell system, fire door with magnets to respond to fire alarms, wheelchair accessible bathrooms, grab rails and profiling beds to suit individual needs. A small kitchenette including a fridge, washing machine, kettle and microwave (following assessment), a television and a private telephone line in the rooms are also standard.

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

Number of residents on the date of inspection:

54

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 April 2021	09:20hrs to 17:00hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This unannounced inspection took place over one day, and the Inspector communicated with many of the 54 residents living in the centre and nine residents in more detail, to identify their experiences of living in Sonas Nursing Home Ashborough. From what residents told the Inspector, and from what the Inspector observed on the day of inspection, this centre was a pleasant place to live, and residents were offered choice in how they led their lives. Some areas were identified as requiring improvement on the day of inspection, and these are highlighted under the relevant regulations in the report.

On arrival to the centre, the Inspector was met by the Administrator, who ensured that hand hygiene and temperature checking were implemented, prior to accessing the centre. A short opening meeting was held with the person in charge, and the Inspector was then guided on a tour of the centre. The Inspector found that the lived environment was warm, comfortable, very clean and met resident's needs. The centre was laid out over one floor, and the Inspector observed that the design and layout of the centre promoted a good quality of life for residents. The centre was divided into four wings each named after a different flower, and each a different colour. They all had a sitting room and dining facilities. The Inspector observed the dining experience, and found that there were enough staff available to provide support and assistance for residents. Staff were discreet and unhurried in their work, and residents were able to enjoy their meal in a relaxed and dignified manner. Residents reported that food was very good and they were satisfied with the choices available to them. If they did not like what was on the menu, an alternative meal of choice was made available. The Inspector observed frequent tea and drinks rounds during the day.

Residents' bedrooms were personalised with family pictures and memorabilia and some had personal items of furniture. All bedrooms had en-suite facilities. Accommodation consisted of 54 single and two twin en-suite bedrooms. At the time of inspection twin rooms were operating as single bedrooms, which the inspector was informed was to reduce risk of infection, in response to the COVID-19 pandemic. Each residents bedroom had a kitchenette which included a refrigerator, sink, kettle and washing machine. Residents were observed using these facilities on the day of inspection. Residents told the Inspector they loved their bedrooms, and felt they were very homely. They commented that there was sufficient space for their family to visit, and make themselves tea.

There was a large communal space at the centre of the home, where the centre's main kitchen, which was open, was situated. The chef and catering team could be seen throughout the day preparing food. The nurses station was also situated in this area. Residents were observed mobilising with staff in this area throughout the day. It was beautifully decorated with old memorabilia, such as a mock pub and a mural of a post office. A well maintained fish tank and a pet tortoise were also homed in this area. There was comfortable seating available for residents to relax, and the

Inspector observed one resident sitting here during the day. However, this room was in close proximity to the centres smoking room, and the Inspector noted that smoking fumes lingered, within the area. The Inspector was informed that the provider was putting plans in place to relocate this smoking area in the coming weeks. This had been a delayed in this due to the COVID- 19 pandemic.

This inspection took place during a period where national COVID-19 restrictions were in place, and residents and staff spoke of their eagerness for life to return to normal. Residents spoken with said they were aware of COVID-19 and the effects of it. They were also made aware of visiting restrictions. Residents told the Inspector that they found the last year very difficult, and that they had missed their families. However, the residents said they had frequent opportunities to speak to families via phone and video calling, and were facilitated by staff in doing this. On the day of this inspection scheduled visiting, in line with public health guidance was taken place, and residents were happy that visiting had now reopened in the designated centre. There were two areas designated to visiting in the centre, and visitors were observed coming to the centre to visit family.

Residents told the inspector that their rights were respected in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions. Many positive respectful interactions were seen between staff and residents. Residents told the Inspector that they were offered choice in how and where they spent their day. Overall, residents' right to privacy and dignity were respected. The residents had access to individual copies of local newspapers, radios, television and a private telephone in their bedroom. Advocacy services were available to residents as required, and details were displayed in the centre.

There was a staff member in the role of activity coordinator who was well known to the residents. During the activities, the staff member was observed to bring out the best in residents, encouraging them to participate in the activities. The Inspector observed different activities taking place during the inspection, such as bingo and a quiz. However, this staff member was allocated to one section of the centre on a daily basis, so activities were not available to all residents in the centre. To address this, the activities coordinator told the Inspector they had arranged intercom bingo on occasion, and also left activities for carers to do with residents. However, some residents spoken with told the Inspector they found the days long and said there was not much to do. They looked forward to group activities resuming again. The Inspector observed that there was minimal activities going on for some residents. The Inspector was informed by management that changes to the activities programme was as a result of COVID-19 restrictions, and operating the centre as two separate zones. The centre had a large communal hall, which traditionally residents used for group activities. However, this hall was reallocated to staff for dining, to facilitate social distancing. The Inspector was informed by the management team, at the closing meeting of this inspection, that a review of activities available for residents would take place. Residents had access to two landscaped gardens, one of which was enclosed, especially for those with a cognitive impairment.

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

## Capacity and capability

This was a well-run and governed centre which ensured residents received a high standard of safe quality care. The management team demonstrated commitment in providing good care for the benefit of the residents. Overall, the inspection found good levels of compliance with the regulations, with some improvements required to strengthen the activities programme available for residents, fire precautions and end of life care plans.

This was an unannounced risk-based inspection conducted over one day. There was a change in the registered provider since the previous inspection of this designated centre. Sonas Nursing Home Ashborough is operated by Sonas Nursing Homes Management Co. Limited, who is the registered provider. There was a clearly defined management structure in place. The centre was managed on a daily basis by an appropriately qualified person in charge, with overall responsibility for the delivery of clinical care. They are supported in this role by a Clinical Nurse Manager and a team of nurses, care, housekeeping, kitchen, activity and maintenance staff. The provider also employs an additional supporting management team which comprises of a Quality Manager and a Quality and Governance Coordinator. There was evidence of good communication between the management team.

There were sufficient resources available and appropriate staffing and skill-mix in place, to ensure safe and effective care was provided to the residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. Staff reported that they were kept informed, and regularly updated of changes in infection prevention and control guidance. Training records evidenced that all mandatory and other relevant training had been completed by staff working in the centre. From conversations with staff, a review of records and the Inspectors observations on the day, there was evidence that staff were appropriately supervised and monitored, to ensure their practices were safe and supported good quality outcomes for the residents. Some improvements were required in ensuring that staff files contained all information as per Schedule 2 of the Health Act (2007) which is discussed under regulation 21. Contracts of care also required review to ensure that services outlined were provided as agreed.

This inspection took place during the COVID-19 pandemic. There were 54 residents living in the centre on the day of the inspection. Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. The centre had a comprehensive COVID-19 contingency plan in place. All staff had received up-to-date training in infection control, including, breaking the cycle of

infection, hand hygiene and the safe use of personal protective equipment (PPE). Staff were seen to use PPE effectively on the day of inspection. There were also systems in place to screen the temperature and symptoms of all staff and visitors to the centre.

Regular management and staff meetings were scheduled. Issues such as staffing, risk management and infection control issues were discussed and documented. A daily safety pause meeting was held, to communicate any on-going risks or care issues. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. There were systems in place to manage critical incidents and risk in the centre, and accidents and incidents were recorded, appropriate action was taken and they were followed up on and reviewed.

The person in charge maintained good communication with residents and their families, providing updates throughout the COVID-19 pandemic. Resident meetings were scheduled, however, on review of records maintained they were structured as information sessions and there was not evidence that residents views and suggestions were obtained. Overall, the Inspector found that the management team demonstrated positive clinical leadership. They were a strong presence in the centre and were focused on quality improvement.

### Regulation 15: Staffing

The centre had sufficient staff, with an appropriate skill mix on duty, to meet the assessed needs of the residents and having regard to the design and layout of the centre, on the day of the inspection. There were two registered nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received training appropriate to their role. Staff were supervised and supported in their role by the management team. Staff confirmed that they had access to appropriate training to support them in ensuring residents' care needs were met in accordance with best practice. Training in infection prevention and control procedures had been enhanced in response to the COVID-19 pandemic.

Judgment: Compliant



## Regulation 21: Records

Requested records were made available to the Inspector and were seen to be well maintained. The Inspector reviewed a sample of staff records on the day of inspection and found that they did not consistently include all of the required prescribed information set out in Schedule 2 of the regulations. For example, two staff files did not include a reference from the most recent employer. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place for staff prior to commencing work in the centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had management systems in place to ensure that the service provided was maintained to a high standard. A system of clinical and environmental audits had been completed. Quality improvement issues had been identified and an action plan was developed.

There was a defined management structure in place with clearly identified lines of accountability and authority. The Inspector spoke with various staff who demonstrated an awareness of their roles and responsibilities. An annual review of the quality and safety of care delivered to residents in 2020 had been prepared, and was very comprehensive. This included a detailed quality improvement plan for 2021, based on a review of audit outcomes.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Each resident had a contract of care agreed on admission to the designated centre. However, the Inspector found that not all services outlined in the contract were available to residents as agreed, such as physiotherapy. The management team informed the Inspector that they were actively recruiting for a physiotherapist.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of the centre's accident and incident log found that notifications of incidents were submitted to the Chief Inspector within the required time frames, in line the requirements of the regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

Improvements were noted in the management of complaints since the previous inspection. The centre had a complaints policy that was in line with the requirements under regulation 34. The complaints procedure was displayed in a prominent and accessible area of the centre. A review of the complaints log found that complaints were well documented and investigated, in line with the centres policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 had been reviewed and updated within the previous three years. In addition, a suite of other relevant policies were in place and had been updated to reflect the COVID-19 pandemic and public health guidance.

Judgment: Compliant

## Quality and safety

The Inspector found that residents were facilitated to have a good quality of life in Sonas Nursing Home Ashborough, with very good access to medical and healthcare services. While good levels of compliance were found in most of the regulations and standards, there were some opportunities for further improvement, mainly in the provision of a social programme for residents.

Residents healthcare needs were met to a high standard. There was a choice of General Practitioners' that supported the centre. Resident told the Inspector that they were very well cared for. Residents' records evidenced that a high standard of evidence-based nursing care was consistently provided to residents. This was detailed in the daily progress notes and in individual care plans, which were

regularly reviewed and updated. Plans for end of life were in place, however, some records required further detail to ensure residents' expressed wishes and preferences were recorded. Wounds were managed in line with best practice, and consultation was sought from the tissue viability nurse and the dietitian.

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were reviewed and improved, in order to provide a safe environment for residents and staff, in response to the COVID-19 pandemic. The centre was cleaned to a high standard. Housekeeping staff were competent with the correct cleaning procedures, to maintain a safe environment for residents and staff. Throughout the inspection staff were observed to adhere to correct infection prevention and control procedures such as hand hygiene and in the wearing of personal protective equipment.

The management team was responsive in their arrangements to manage risks within the centre and protect residents from harm. Accidents and incidents were timely reviewed and appropriately responded to. There was an ongoing programme of proactive maintenance, and further works were scheduled. The Inspector followed up on an action from the previous regulatory inspection and found that the centre had been practicing more regular simulated fire evacuation drills and there were upgrades to fire systems taking place on the day of inspection. However, further improvements in records of fire evacuation drills were required which will be discussed under regulation 28. This was acknowledged by the management team on the day of inspection.

Residents' choices, privacy, dignity and independence were safeguarded. Residents were assisted to get up in the morning at a time of their choosing. All residents spoken with were complimentary of staff, and of the care they provided. However, improvements were required in ensuring residents meetings were facilitated more regularly, the social programme was available to all residents and views of residents were recorded, which are discussed under regulation 9. Despite the limitations imposed by the pandemic, the inspection found that residents were supported to have a good quality of life in the centre and that their rights were upheld. Staff knew the residents well and care and services were person-centred.

## Regulation 11: Visits

Visiting was observed to be restricted in the centre in line with public health guidance. Two visiting pods had been installed to facilitate window visits in a safe and comfortable manner for both residents and their visitors. The Inspector viewed a schedule of visits taking place and bookings for the week ahead. Residents had access to telephones in their bedrooms and video calls during the period of visiting restrictions in the centre. Visits on compassionate grounds were facilitated in line with the Health Protection Surveillance Centre (HPSC) visiting guidelines.

Judgment: Compliant

### Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a risk register was maintained to identify, rate, escalate and control risks. This was reviewed and escalated as required. This included clinical risks and service risk. There were no immediate risks identified by the inspector on the day of inspection. The risk management policy and register for the centre was reviewed and found to contain all the detail required under regulation 26, risk management.

A comprehensive COVID-19 contingency plan had been developed which was updated regularly as the guidance changed. This plan included clear guidance on communication with families, psychosocial support for residents, resources, infection control, catering and visiting arrangements as well as the nominated personnel to be contacted in the event of workforce shortages.

Judgment: Compliant

### Regulation 27: Infection control

There was a comprehensive and up-to-date infection prevention control policy which was evidence-based and included detailed procedures to guide staff in their practice. Staff temperatures were monitored twice daily and there were clear protocols in place for early identification and reporting of signs and symptoms of COVID-19. The cleaning staff spoken with demonstrated a robust knowledge of the cleaning systems in the centre,. The COVID-19 contingency plan for the centre included the isolation arrangements for suspected and positive COVID-19 cases.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvements were acknowledged regarding the frequency of fire drills since the previous inspection and the Inspector was informed that the provider was currently reviewing all fire procedures within the centre. Records of fire drills and evacuations of compartments were well maintained, however, the time taken to evacuate a compartment was not being recorded, therefore, assurance could not be provided that staff could evacuate a compartment in a timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was very good, and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed, to assess various clinical risks, including risks of malnutrition, pressure sores and falls. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Some improvements were required in ensuring that end of life care plans contained individualised information and residents wishes for care.

Judgment: Substantially compliant

### Regulation 6: Health care

Resident access to their GP and other allied health care professionals had remained unrestricted throughout the pandemic. There was access to allied healthcare professionals including dietetics, speech and language therapy, tissue viability, podiatry services and occupational therapy. Local palliative care services were available for consultation.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Improvements were required in the following areas:

- ensuring residents meetings were held more regularly and obtained the views of residents. The last record available of a residents meeting was October 2020. Records reviewed did not contain feedback from residents. The format of these meetings was to provide information to residents on topics such as COVID 19, visiting, menus and activities.

- ensuring residents that did not smoke were not exposed to fumes from a smoking rooms, which was situated beside a communal area.
- ensuring all residents living in the centre had access to facilities for occupation and recreation. For example on the day of inspection the activities coordinator was working in one zone of the centre, therefore, the residents living in the other zone did not have the same access to activities. The programme of activities also required review following the previous inspection of January 2020.

Judgment: Not 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Sonas Nursing Home Ashborough OSV-0000194

Inspection ID: MON-0032606

Date of inspection: 07/04/2021

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            All staff files now contain all of the required information as per Schedule 2. Complete.            The administrator and the PIC will now review new files and records every Monday.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:            We are currently recruiting for a full-time Physiotherapist; the position has been advertised for some time. We have now progressed to the interview stage. 30/06/2021</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            The fire evacuation drill record template has been updated. All drills now record the time taken. These drills are now also reviewed and signed by the Quality Manager and/or Provider in order to assure that the drills are completed in a timely manner. Complete.</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:  All residents care plans are being reviewed in order to ensure that all residents end of life wishes are ed comprehensively. 30/06/2021.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  On April 27th, 2021, we held a Residents Meeting with 31 of our residents. It was a participatory meeting where residents voiced their opinions and suggestions, and all details were recorded. We will continue to seek feedback and engage with the residents more frequently and on a regular basis. Ongoing.</p> <p>The smoking facility for residents is being reviewed. We plan to construct a company and are currently obtaining quotes for same 31/07/2021. In the interim we will complete regular risk assessments and ensure that the area is sufficiently ventilated.</p> <p>As the pandemic control measures and restrictions ease we will also review our range of activities. Sufficient staff are rostered daily to ensure that all residents receive activities. Visiting has increased and the use of outdoors will be utilised weather permitting. We are now in the process of reviewing the activities programme with the residents input. 31/07/2021.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/05/2021
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Substantially Compliant	Yellow	20/04/2021

	emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2021
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	31/07/2021
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	31/07/2021