



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

Issued by the Chief Inspector

Name of designated centre:	Kinvara House Nursing Home
Name of provider:	Kinvara House Limited
Address of centre:	3 - 4 Esplanade, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0000054
Fieldwork ID:	MON-0039931

About the designated centre

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

Kinvara House Nursing Home is situated overlooking the seafront in Bray, Co. Wicklow. The centre was originally two Georgian buildings which served as a hotel in the early 20 century. It has been adapted and extended over time and can now accommodate up to 36 residents in single bedroom accommodation. Bedrooms are located over four floors and all floors are accessible by two passenger lifts. All bedrooms have en-suite toilet and wash hand basin and many also have a shower. Communal spaces include a day room, activities room, dining room, oratory and hairdressing room. There is an enclosed courtyard to the rear of the building and a garden to front.

Kinvara House Limited is the registered provider and the centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with differing care needs. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 54 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 26 April 2023	09:45hrs to 16:45hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Kinvara House Nursing Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector spoke with 9 residents. Residents reported their satisfaction with the quality and safety of care they received.

On arrival the inspector was met by a member of the centres administration staff. Following an introductory meeting with the person in charge, the inspector walked around the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms.

The centre was registered to accommodate 36 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The building consisted of two distinct parts, the original building had four floors and the newer extension consisted of two floors. 23 bedrooms had ensuite toilet and wash hand basin facilities. 13 bedrooms had ensuite shower, toilet and wash hand basin facilities. Residents had access to two shower rooms and two bathrooms which had shower facilities. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms. All bedrooms were bright and enjoyed natural light. The rooms at the front of the centre enjoyed views of the seafront and the rooms at the rear of the centre overlooked the centres courtyard.

There was a choice of communal spaces. For example, a lounge room, a dining room, a sitting room, hairdressing room, and oratory. The centre had been carefully and beautifully decorated and the décor was sympathetic to the age of the building. The original building had retained many of its period features, for example, high ceilings, coving and ornate plaster work, staircases and original fireplaces. The lounge room had a fireplace and large windows where residents were seen throughout the day of inspection enjoying the sea view. The sitting room had a large television, piano, and shelves containing books, board games and jigsaws. The dining room was nicely decorated and conveniently located beside the kitchen on the lower ground floor. Residents' accessed the dining room using one of the centres two passenger lifts.

The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring, that

they were well looked after and they were happy in the centre. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. The inspector observed the dining experience for residents in the lounge area of the rear wing at lunch time. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre provided a laundry service for residents. Residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing. A small number of residents preferred to have their clothes laundered by a family member.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents had a choice to socialise and participate in activities. The daily activities programme was displayed in corridor areas on notice boards and in residents bedrooms. The inspector observed residents partaking in group exercise class in the morning. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, newspapers and games were available to residents.

The inspector observed that visiting had returned to pre-pandemic arrangements. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff and that staff were very good at communicating changes, particularly relating to their medical care needs of their loved ones.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for

Older People) 2013 as amended. This was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in June 2022. Improvements were found in relation to Regulation 16: training and staff development, Regulation 17; premises, Regulation 27; infection prevention and control and Regulation 34; complaints procedure. On this inspection, actions were required by the registered provider to address areas of Regulation 17; premises, Regulation 27; infection prevention and control, Regulation 28; fire precautions and Regulation 31: notification of incidents.

The registered provider is Kinvara House Limited. The current provider had operated the centre for approximately 33 years. The company had two directors both of whom were involved in the daily operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an experienced team of registered nurses, health care assistants, activities staff, catering, housekeeping, administration and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks. There was evident of an ongoing schedule of audits in the centre. The schedule of audits completed included nursing documentation, restrictive practice, infection prevention and control, falls management and medication management audits. Audits were objective and identified improvements. The centre had a comprehensive suite of management and staff meetings which took place regularly. Governance meeting agenda items included staffing, feedback from the residents committee, Key performance indicators (KPI's), complaints, fire safety, staff training, refurbishment works and actions required from audits completed which provided a structure to drive quality improvement. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre.

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and in the time

frames set out. For example notifications set out under schedule 4.7.2 had not been submitted since June 2022. Quarterly notifications were submitted to the Chief Inspector following the inspection. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, medication management, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and in the timeframes set out. For example notifications set out under schedule 4.7 had not been submitted.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Kinvara House Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to the premises, infection prevention and control, and fire safety.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services who all attended the centre. Residents attended follow up appointments in hospital when required. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. A physiotherapist attended the centre weekly to provide individual assessments for residents, group exercises classes and falls prevention education. The centre had access to a mobile x-ray service in the home and a community paramedic service. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to

access these.

The inspector saw that the resident's nursing assessments and care plans were maintained on an electronic system. The residents daily notes were paper based. Residents' needs were comprehensively assessed prior to admission, following admission and following recommendations by allied health professionals. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with absconding, medication management, infection prevention control risks and individual resident risks such as bed rail entanglement.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

The centre was clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and parts of the centre had been painted since the previous inspection. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. The centre had carpet flooring in a most of the bedrooms and corridor areas. The inspector was informed that all carpets were hovered daily and steam cleaned regularly. Carpets were visibly clean. Grab rails were available in all corridor areas, toilets and en-suite areas. . However; improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Improvements were found in infection prevention control following the previous inspection, the carpet in the en-suite of room 26 had been replaced with linoleum flooring and the centre had introduced a single use disposable urinal and bedpan system. The inspector was informed that a macerator machine was planned to be installed in the centre. Staff were observed to have good hygiene practices and were not wearing face coverings which was in line with recent changes to national guidance recommendations. Sufficient housekeeping resources were in place on the day of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain cleaning schedule. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings. IPC audits which included, the environment and hand hygiene. There was an up to date IPC policy which included COVID 19. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Oversight of fire safety required review, this is discussed further in the report under Regulation 28. All bedrooms and compartments had automated door closures. All fire doors were checked over the day of inspection were found to the close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. The centre had upgraded the fire alarm system in 2022. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were fire evacuation maps displayed throughout the centre. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire drills took place regularly in 2022 and 2023. Fire drills records contained details of the number of residents evacuated and how long the evacuation took. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. There was evidence that fire safety was an agenda item at staff meetings in the centre. On the day of inspection there were no residents who smoked.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the reception area and activities planner were displayed thought out the centre in residents bedrooms and notice boards in

corridor areas. Residents has access to daily national newspapers, WI-FI, books, televisions, and radio's. Mass took place in the centre weekly and a member of staff was a Eucharist minister. Musicians attended the centre regularly.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Call bells were not available for residents in the ensuite bathrooms of bedrooms 21 and 23, the shower room opposite room 4 and in the bathroom on the ground floor.
- The centre did not have appropriate sluicing facilities as required by the regulations, schedule 6 part 3 (e).

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and

management of risks.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centre's commodes was required as a commode in the ensuite of bedroom 12 and the ground floor bathroom had visible rust on the leg and wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure emergency lighting was maintained. For example:

- 2 illuminated emergency direction signage were not working adjacent to rooms 33 and 36.
- Additional directional illuminated emergency signage was required in areas of the original building.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred 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, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs. There was evidence that the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by

the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinvara House Nursing Home OSV-0000054

Inspection ID: MON-0039931

Date of inspection: 26/04/2023

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notification up to date and the responsibility for notification to be returned has been assigned to a second member of the administration team to ensure that going forward in thw absence of a team member there is a additional person to ensure the notifications are returned.</p> <p>Timeline: Completed 30/04/2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Call bells reviewed and pull cords replaced on ceiling bells in bedrooms 21,23, Top floor shower room and Ground floor bathroom.</p> <p>Completed: 15/05/2023</p> <p>Sluicing facilities: The one-way (or single use) system is widely understood to be the safest way of managing sluicing. The one-way system is recognised as best practice globally. With that being the case, we will finish a building review and implement same single use system:</p> <p>To be completed 30/10/2023</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Review of Infection control: All commodes reviewed and the commode with rust was replaced. Completed 15/05/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Review of all fire signage. Completed 15/5/2023</p> <p>Additional signage and upgraded signage: To be completed 16/06/2023</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/10/2023
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.	Substantially Compliant	Yellow	15/05/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	16/06/2023

	lighting.			
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.	Substantially Compliant	Yellow	30/04/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	30/04/2023