



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

Issued by the Chief Inspector

Name of designated centre:	Youghal Community Hospital
Name of provider:	Youghal Community Hospital
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0039351

About the designated centre

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

Youghal Community Hospital was built in 1935 and is managed by Health Service Executive (HSE). It is a two storey building with beautiful views out over the sea and river Blackwater. Accommodation is provided for male and female residents usually over the age of sixty five. Care can be provided to an individual under sixty five following a full needs assessment. The maximum number of residents who will be accommodated in the hospital is thirty one. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of other health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants. It provides care to all level of dependencies from low to maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 February 2023	09:45hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives Youghal Community Hospital was a good place to live where residents were facilitated to avail of comfortable accommodation with lovely sea views. The inspector observed that staff were respectful and strived to ensure that the rights of residents were promoted. The inspector spoke with most of the residents and with five residents in more detail. They all agreed that they "felt safe and at home" in the centre. One resident spoken with said that staff were "very kind" to them. The inspector also spoke with a number of relatives who praised the care, the management and the staff. Residents spoke in detail about the lovely views of the sea and said they enjoyed the "sea air".

This inspection was unannounced. On arrival, the inspector followed the infection prevention and control measures in place including mask wearing and hand hygiene. Following an initial meeting with the person in charge, the inspector was accompanied on a tour of the premises. The inspector saw that, generally, the centre was bright and clean. Staff were seen to wear their PPE (personal protective equipment, including masks and gloves) appropriately and to use the hand sanitising gel provided.

The premises was warm and comfortable. It was similar to other buildings of this era (1936) and was laid out over two floors. In recent years the multi-occupancy bedrooms had been reconfigured and the majority of these now accommodated two residents. Personal items such as photographs and ornaments from home decorated the bedrooms. One bedroom with four beds was very spacious, laid out in a way that maximised residents' privacy and they had access to an en suite shower and toilet, which mitigated some of the drawbacks of four people sharing a bedroom. Additionally, that room had large picture windows where residents and relatives were seen to sit to enjoy the views. The inspector spoke with two residents and a relative in this room. They were all happy with aspects of their bedroom, the centre and the care. They described staff as "wonderful" and their bed space and wardrobe space as "grand".

A group of residents were seen in the large sitting room down stairs and a number of those spoken with said that it was nice to have an alternative place to sit besides the bedroom. The oratory and the parlour room provided a choice of where to go for quiet time, or individual visits as seen during the day. Three of the residents told the inspector that their bedroom accommodation was in the upstairs section but they liked to join the activities and the larger group downstairs. They said that they had come down early as the priest was going to say mass in the centre that morning. The inspector saw that there were two sitting room facilities upstairs. These were small however and could only accommodate three residents at one time. Two residents were seen having their dinner in there at lunch time and they said they enjoyed the privacy of the smaller room.

Residents meetings were held regularly and it was clear from how the minutes were

recorded that residents' opinions were responded to. At each meeting a range of issues, such as an update on the virus, food choices, laundry issues, visiting and other matters were discussed with them. Comments such as 'they are kindness itself' and "I wouldn't want to be anywhere else" formed the central theme of residents and relatives conversations with the inspector throughout the day.

Meals served at dinner and tea time looked very nice with additional portions being served up where requested. Residents' meeting minutes indicated that residents were very happy with the choices on offer and a number spoken with described the "tasty food". and "nice choice". When residents required help from staff with meals they were observed to be supported in a discreet and careful way. However, the new dining room had not been used since the end of 2022. This meant that residents had no proper venue for dining, in order to experience the social opportunity presented by dining with friends, in a group, on a daily basis. In addition, an alternative venue for meals, or any activity, meant that residents were more inclined to mobilise around the centre, change their position on a couple of times during the day and experience a less institutional daily routine.

There was a calm but lively atmosphere in the centre throughout the day and the inspector observed respectful interactions and a good, personal rapport between staff and residents. Residents were seen to be well dressed in line with their preferred style and in the afternoon they were observed enjoying group activities, such bingo and music. The inspector heard the banter and a sense of fun generated among the staff and residents by the social interactions. The inspector saw that a snack trolley was brought to residents throughout the day and these treats and drinks were welcomed by residents. Choice was facilitated. A number of residents said they enjoyed doing crosswords, reading the papers, watching their TVs and meeting privately with relatives, as an alternative to the group activity. One resident said she liked "the peace and quiet " of the small parlour room downstairs in the foyer. The inspector spoke with two relatives and two residents who were seen to use this room during the day. One couple sitting there in the afternoon told the inspector that they were glad that the location of the centre was so near their home, as travel had become more difficult as they got older.

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

In Youghal Community Hospital the governance and management systems were well defined and roles and responsibilities were clearly set out. Many of the management systems were found to be comprehensive. For example, incidents and accidents and antibiotic use were audited and complaints were trended. Results of audits were used to inform learning amongst similar centres. However, despite this,

the inspector's findings indicated the need for additional improvements in governance and management oversight to ensure compliance with the regulations on, fire safety, premises, record management and infection control. These issues were discussed in detail under the relevant regulations and made known to the provider at the feedback meeting on the day following the inspection.

The Health Service Executive (HSE) was the registered provider for Youghal Community Hospital. The centre consisted of a two storey building on an elevated site overlooking Youghal Bay. Renovations had been undertaken in recent years to improve the quality of life of residents while awaiting commencement of a new building. A senior HSE manager was nominated to represent the provider and they liaised with the local management team weekly and when required. The day-to-day operational management of the designated centre was organised and managed by the person in charge. She was supported by a senior clinical nurse manager (CNM) and a team of nurses, care assistants, catering, household, administration and maintenance staff. There were 25 residents living in the centre on the day of inspection with six vacant beds. Key performance indicators (falls, restraints such as bed rails, complaints and skin integrity) were audited and reviewed at senior management meetings, the minutes of which were reviewed. Handover meetings and 'safety pauses' (where staff exchanged any new developments) provided up to date information which was then included in the daily communication sheet in residents' care plans. These records were seen to be comprehensively maintained and staff were found to be knowledgeable of residents' care and social needs.

Staffing levels were adequate to meet the needs of residents. The training matrix indicated that staff received training appropriate to their various roles. Records of meetings with all staff groups were available on request. The person in charge provided assurance that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff and a sample of these certificates were reviewed.

Other regulatory records requested during the inspection were easily accessible and carefully maintained: for example, the complaints log, incident reports, medicine error reports and Schedule 5 policies. Regulatory specified incident reports had been submitted to the Chief Inspector, in a timely manner. Complaints had been managed according to the records seen and the satisfaction of the complainant was recorded. A sample of residents' care plans reviewed were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Copies of the standards and regulations for the sector were available to staff.

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents.

On the day of inspection there were two nurse managers on duty, four nurses, four health care assistants, two multi-task assistants, three kitchen staff, one maintenance, and one administration staff to meet the needs of 25 residents.

There was a stable and dedicated core team of staff in Youghal Community Hospital, which ensured that residents benefited from continuity of care from staff who knew them well.

Judgment: Compliant

Regulation 16: Training and staff development

From records seen and staff spoken with there was an emphasis placed on the importance on training and attendance at the sessions was monitored by the managers.

All mandatory training, as per the centre's policy and appropriate to the sector, was found to be up-to-date.

Staff demonstrated competence in their work and told the inspector that training was easily accessible.

Staff were appropriately supervised and supported to perform their respective roles. There was a comprehensive induction and appraisal programme in place to support robust recruitment.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial systems and managerial oversight were required to address a

number of outstanding issues :

This was evidenced by:

- Issues related to fire safety management which necessitated the issuing of an immediate action plan as highlighted under Regulation 28.
- Premises issues, such as, flooring and other matters detailed under Regulation 17: premises.
- Infection control: outstanding issues since the previous inspection such as the provision of a janitorial room.
- Inadequate facilities for record storage.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating in relation to change of use of some store and sluice rooms internally, the commissioning of a new external laundry room and staff facility on the grounds.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were recorded and addressed.

They were managed according to the HSE and the centre's policy and the satisfaction or not of the complainant was recorded. The appeals process was made available and the centre was seen to engage the services of independent advocates when required.

A new policy on advocacy was being developed.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a good standard of care in Youghal Community Hospital. Residents' health and welfare was maintained by the delivery of evidence-based care delivered by a team of staff who knew their

individual needs and preferences well. The quality of residents' lives was enhanced by the provision of a choice of activity during the day and the visiting arrangements. On this inspection, some improvements were required in premises, records, infection control and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the medical team who were described as attentive and supportive. Systems were in place for referral to specialist services as required under Regulation 6: Health-care. Residents' records provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which underpinned the development of an individualised, relevant plan of care.

The registered provider had upgrading the premises, which had a positive impact on the quality of life of those living there at present. Painting of the centre was underway and floor coverings were scheduled to be replaced once the current replacement and upgrade of fire safe doors was completed. The laundry was moved out to an external building on the grounds. Since the previous inspection three sluice rooms had been renovated, including the installation of bedpan macerators (used to hygienically and safely dispose of compostable urinals and bedpans). Some aspects of infection control requiring action, were detailed under Regulation 27.

In relation to fire safety there were ongoing works underway at the time of inspection. Nonetheless, fire safety management was not sufficiently robust and an immediate action plan was issued to the provider requiring immediate actions to be taken to ensure that the provider had taken adequate precautions against the risk of fire. The provider had arranged for a centre-wide risk assessment in this area to be carried out by an external contractor in 2021. The issues to be addressed formed part of an action plan seen by the inspector, which was being incrementally addressed. However, there were a number of aspects of fire safety management which had yet to be actioned, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets. Residents' nutritional status was assessed monthly and a dietitian was consulted if this was required.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months and informally through the daily interactions with the management team. Some of these interactions and conversations were witnessed during the inspection.

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations.

- The flooring was awaiting replacement as it was badly stained and scuffed.
- Under-sink cupboards required replacement and repair as they were broken with exposed edges. This meant that there were exposed pipes under sinks and the areas could not be adequately maintained.
- The new dining room, where renovations had been completed, had not been in use for a long period of time. This meant that residents were eating their meals in the bedrooms or in the communal rooms and did not have access to a dining room as required under the regulations.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA were implemented.

Janitorial rooms had yet to be provided for housekeeping staff, to ensure that there were separate facilities for this work, apart from using the sluice room facility, where there was an increased risk of cross infection. The lack of a janitorial room meant that household staff had to enter the sluice room to empty buckets and store their equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire as evidenced by the fact that a number of fire doors continued to require repair and fire evacuation drills were not carried out through all available fire exits.

An immediate action plan was issued to the provider on fire safety management.

- While the fire safe doors were under repair and replacement now, the issues had been identified in an external risk assessment in 2021. Considering the risk to residents there was a need to prioritise completing the works without further delay. These doors are designed to contain smoke and flames in the event of fire for a designed period of between 30 minutes to an hour. Any

break in their design, their functionality or their installation would negate the purpose of the door, and the compartmentation of the centre (where these doors provide sealed off areas for the purposes of horizontal fire safety evacuation), would be compromised.

- Fire location maps were not in place, or were not all correct, in the upstairs hallways. This may lead to staff, residents and visitors experiencing difficulty locating the nearest fire exit in the case of a fire.
- A fire evacuation drill had not been carried out through an upstairs external fire escape. This was completed and submitted following the inspection. Fire drills required more details to indicate that staff were improving the evacuation times on each drill, with the minimum staff levels which could be on duty at any time.
- One attic hatch was not closed properly which presented a risk that in the event of a fire, smoke and flames would have an immediate route into the attic space thereby increasing the risk that fire and smoke would spread rapidly throughout the building.
- There was a hole in the wall by the electrics control boxes on the ground floor. This required repair, called fire stopping, to ensure that the compartment where they were located was intact for the designated period of time afforded by the fire safe doors, as described above.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and informative.

They had been developed when the resident was admitted and were updated four monthly as required.

Each plan of care was underpinned by appropriate clinical assessment tools and this guided staff on the care and support interventions required.

Life story information was available to enable person centred care approaches.

There was evidence seen in the sample of files reviewed that residents were involved in the development of their plan of care, including decisions on end of life.

Judgment: Compliant

Regulation 6: Health care

There was good access to medical care.

It was evident from documentation seen that medical staff responded to residents' health care and mental well-being needs.

A physiotherapist came to the centre regularly and the occupational therapist was available through a referral system.

The chiropodist, the optician and the dentist had been availed of by residents. The dietitian and the speech and language therapist (SALT) were seen to have assessed residents when nutritional or swallowing difficulties required intervention or review.

The use of antibiotics was monitored and antimicrobial stewardship formed a key part of the audit schedule.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in addressing the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

A review of a number of relevant care plans indicated that residents had behaviour support plans in place, which identified potential triggers for behaviour escalation, any actions that best prevented the occurrence and actions required to support the resident during the event.

Judgment: Compliant

Regulation 8: Protection

Residents said they felt safe in the centre.

Staff had completed appropriate training in the prevention of elder abuse and safeguarding.

Those spoken with were knowledgeable of the training.

Residents' finances were managed in line with the HSE policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in general felt that their rights were respected. Training on a human-rights based approach to care was being rolled out to staff.

The advocacy service was seen to have been accessed and a new advocacy policy had been developed.

Residents said that their choices were respected in relation to visits, bedtimes, personal newspapers, activity attendance and the use of mobile phones. Mass was said in the centre in the morning and residents were heard to sing along with familiar hymns. A prayer group had been established by a resident and this was held each evening. Staff who were leading activities were seen dancing and singing with residents in the afternoon. It was apparent that residents were familiar with all the songs and enjoyed the sing-song. Bingo sessions were also held and 14 residents were seen to enjoy this interaction. Some residents choose to read or watch TV in their bedrooms while others enjoyed an afternoon nap in bed, or in the communal room, amongst all the activity.

Visitors were seen around the centre and in the bedrooms with their family member, where this was appropriate, on both days of inspection. Visitors spoken with praised the care provided to their relatives. Visitors and residents said that there was good communication with the person in charge and staff. Those spoken with were knowledgeable of the nominated visitor approach. This meant that no resident would be without a daily visit, if this was requested, even in the event of an outbreak of COVID-19. Specific protocols had been developed to support this.

The hairdresser visited every week which all residents enjoyed.

Overall residents were happy in the centre and said that they were enjoying their older years.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal Community Hospital OSV-0000577

Inspection ID: MON-0039351

Date of inspection: 15/02/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Fire evacuation drills were carried out on the day following inspection on both floors utilizing ski pad (upstairs) and bed (downstairs) beyond the final exits. Further training by a competent person was provided to staff on 25/02/23 and 13/03/23 paying particular attention to using evacuation sheets and ski pads for vertical evacuation both internally and externally. • Replacement flooring where required throughout the Centre is part of the programme of works currently in progress for IPC and fire upgrades. Ultimately a new purpose built CNU is planned. • The current IPC upgrade works include the provision of a dedicated janitorial room and these are due for completion by 07/04/2023 • Currently all records onsite are stored securely and administration staff are in the process of performing an inventory of all records held and will organize long term storage or destruction as appropriate 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The architect has been onsite and is in the process of updating the maps to reflect the change of use of some rooms. No resident accommodation has been affected by the current works.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Replacement flooring where required throughout the centre is part of the programme of works currently in progress for IPC and fire upgrades. • The casing under the sinks identified during inspection have been repaired. • The Dining room is back in use as renovations / fire upgrade works are now complete in that area. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The provision of a dedicated janitorial room is part of the current IPC upgrade works and is expected to be complete by 07/04/2023 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Per the response issued by the HSE in April 2022, the issues identified in the 2021 Independent Fire Risk assessment were addressed with immediate action taken as where necessary and a comprehensive work plan developed to address all matters identified and those works are now in the final stages of completion. • The architect has been onsite and is finalising updated maps of the Centre. • Fire evacuation drills are continuing and include final exits as well as progressive horizontal evacuation principles. • The attic hatch has been closed. • The gap identified in the wall will be repaired by fire stopping personnel. 	

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.	Not Compliant	Orange	14/07/2023
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	14/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	07/04/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	14/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	13/03/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	13/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	13/03/2023

	extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	13/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2023