



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

## Issued by the Chief Inspector

Name of designated centre:	Retreat Nursing Home
Name of provider:	Retreat Nursing Home Ltd
Address of centre:	Loughandonning, Bonnavalley, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0000086
Fieldwork ID:	MON-0034835

## About the designated centre

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

Retreat Nursing Home is a centre situated in a residential area of Athlone. According to its statement of purpose, it aims to provide its residents with a secure, relaxed, and homely environment in which their care, well being and comfort are of prime importance. The centre provides long time care for up to 37 adults of all levels of dependency, including those with a diagnosis of dementia or cognitive impairment. The service's statement of purpose says that it can also provide convalescent/respice care, palliative care and rehabilitation. The centre is a single storey building, comprising 17 single bedrooms and 10 twin bedrooms, many of which contain en suite facilities. A variety of communal rooms are available for residents, including a spacious living room, sensory room, several sitting rooms and an oratory. The building is situated around enclosed two courtyards, which are fully accessible to residents.

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

Number of residents on the date of inspection:	37
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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
Thursday 2 December 2021	09:30hrs to 17:30hrs	Leanne Crowe	Lead
Friday 3 December 2021	09:30hrs to 17:15hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

This was a good centre where residents were enjoying a good quality of life. From what residents told the inspector, and from what the inspector observed, residents were happy with the care they received within the centre and seemed content in the company of staff. There were many positive interactions between staff and residents observed during the inspection, with staff discussing topics of personal interest with residents and demonstrating good camaraderie with them. During the inspection there was a calm and relaxed atmosphere in the centre.

Inspectors observed that all residents appeared comfortable and were well-dressed. Care was seen to be delivered according to the residents' preferences, for example, residents could get up or go to bed at a time of their choosing. Residents were offered choice regarding the food they ate.

On arrival to the centre, the inspector was met by the registered provider representative (RPR), who ensured that temperature checks and hand hygiene were completed prior to gaining access to the centre.

Residents were observed to enjoy various activities throughout the inspection. There were two staff members responsible for the provision of activities. These activity co-ordinators provided a schedule of activities tailored to the interests of residents living in the centre. The inspector observed large numbers of residents in the spacious living room, engaging in singing, reminiscing, playing games and doing arts and crafts. Residents were encouraged and supported to participate in these activities in line with their capabilities. Those who did require additional support were assisted by activity staff.

Mealtimes were seen to be social occasions. Additionally, staff were observed to offer discreet assistance to residents where required. Residents were offered frequent drinks and snacks throughout the day.

Residents and visitors spoke positively about staff, with one resident describing them as kind and another resident stating that they "couldn't say enough good things about them" and would give all staff "a gold star". Other residents praised the food, agreeing that they liked the dishes and "got plenty of it". Residents who spoke about their bedrooms felt that they were nice and that they had sufficient storage for their personal items.

Visitors said that they were happy with the care provided to their loved ones and that visiting was well managed. Residents told the inspector that they felt safe in the centre and knew how to raise a concern with staff.

The centre is a one storey building, so all residents' bedroom accommodation and communal facilities were laid out at ground level. Bedrooms comprised 17 single rooms and ten twin rooms, each of which contained a handwash basin. Eleven

single rooms contained an en-suite toilet, while four single bedrooms contained an en-suite shower room. Since the previous inspection, two additional shower rooms had been developed in the centre, which increased the number of communal sanitary facilities available to the residents that required them.

The premises was nicely decorated, comfortable and met the majority of residents' needs. Residents' rooms were personalised with items of their choosing and also contained chairs, bedside lockers and wardrobes. Some residents' bedrooms overlooked the centre's courtyards, which contained colourful plants and shrubbery. Twenty of the centre's 37 residents were accommodated in twin bedrooms. Improvements were required in relation the layout of some of these multi-occupancy rooms. The twin bedroom accommodation was found to contain the furniture required by the regulations, however, the layout of curtains in a number of these rooms required review to ensure that residents' privacy was maintained at all times. Additionally, residents in these bedrooms were required to share a television, which did not consistently promote residents' choice. During the inspection, the layout and design of multi-occupancy rooms was discussed with the person in charge.

Residents had unrestricted access to a variety of communal rooms, including a sensory room and two courtyards, and they were observed spending time in some of these on the day of the inspection. The oratory was being used to store residents' equipment, such as wheelchairs and other specialised chairs on the day of the inspection. While the oratory had not been used for mass since the beginning of the COVID-19 pandemic as this could be more safely held in the centre's living room, it was not clear whether residents had any use of this communal space.

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

## Capacity and capability

The inspector found that residents received good care and support from staff that was person centred in nature. There was a well organised management structure and good systems in place to support the residents' care. Staff facilitated residents to enjoy activities of their choice on a daily basis. However, improvement was required with regard to infection prevention and control, fire safety, care planning in relation to some residents and information submitted in quarterly notifications to the Chief Inspector. Assurances relating to the timely evacuation of residents in the event of an emergency were sought following the inspection. These assurances were received by the inspector within the time frame required. The centre had not experienced an outbreak of COVID-19.

This was an unannounced inspection of Retreat Nursing Home to review ongoing compliance with the regulations. The registered provider had recently changed from a partnership to a limited company, Retreat Nursing Home Ltd. This change had not

impacted the established management structure within the centre, which included the person in charge and the registered provider representative, both of whom worked full time in the centre. This structure maintained clear lines of authority and accountability. The person in charge was a qualified nurse with the experience and skills necessary for their role. They were also supported in their role by a supernumerary clinical nurse manager (CNM), nurses, health care assistants, domestic, catering and maintenance staff.

The registered provider was found to be proactive in terms of striving to achieve compliance with the regulations. While some areas of improvement were identified on this inspection, the provider had already identified some issues in relation to fire safety and had commenced addressing these several months prior to this inspection taking place.

There were sufficient staff available to meet residents' assessed needs. Planned rosters were updated with subsequent changes, as required by the regulations. There were systems in place to support the supervision of staff.

Records showed that all new staff who joined the service were appropriately inducted with professional development meetings seen to take place at one, three and six month intervals. All staff completed annual appraisals thereafter. Training records showed that all staff had attended regular mandatory training in fire safety, moving and handling practices, safeguarding of vulnerable adults and infection prevention and control.

While the person in charge had notified the Chief Inspector of some incidents that occurred in the centre, as required by regulation 31, they had not notified incidences of restrictive practice or some incidents where the resident required medical or hospital treatment.

An annual review to report the manner and standard of services delivered throughout 2020 was completed and available for review.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of the residents accommodated in the centre. At least one registered nurse was on duty at all times. The clinical nurse manager had recently moved into a supernumerary role as a result of the recruitment of an additional staff nurse.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed mandatory training in relation to fire safety, manual handling and the safeguarding of vulnerable adults. They had recently received training in relation to infection prevention and control. Other training to support staff in meeting the needs of residents had also been completed by some staff, such as falls prevention, wound care, end of life care and a human rights based approach to care.

Judgment: Compliant

### Regulation 23: Governance and management

There was an established governance and management structure in place in the centre. The person in charge worked full time in the centre, and was supported by the registered provider representative, who also worked full time. The clinical nurse manager recently moved into a supernumerary role, which allowed them to further support good oversight and supervision of the service.

The annual review of the service for 2020 had been completed.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care. These set out the terms of accommodation for each resident and the fees to be paid, and were signed by the resident and their representative. The wording of these contracts were found to be quite technical in nature. The inspector asked that the template be revised, in line with guidance published by the Competition and Consumer Protection Commission (CCPC) to make them more accessible to potential residents and/or their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

Improvements were required to ensure that the person in charge notified the Chief Inspector of any events as outlined in Schedule 4 of the regulations. The inspector reviewed the centre's incident log and restraint register during the course of the inspection. While the use of restraint and falls and other incidents were appropriately managed, records indicated that some instances of the following



events had not been notified for 2020 or 2021:

- The use of restraint in the centre, on a quarterly basis
- Injury to a resident that requires immediate medical and/or hospital treatment

The inspector requested that these be submitted retrospectively following the inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints process was displayed near the centre's reception area and suggestion boxes were placed in various corridors of the centre. The policy clearly outlined how complaints and any appeals would be managed. The details of an independent advocate were also set out in the policy. The centre had no recent or open complaints at the time of the inspection, but a review of the complaints log indicated that complaints were investigated and appropriate action was taken in response to complaints. Additionally, the satisfaction of complainants in response to the outcome of their complaint was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were up-to date and available in the centre. Records indicated that these had been read by staff.

Judgment: Compliant

## Quality and safety

There was an ethos of person-centred care in the centre, which was apparent throughout the inspection. Residents' rights were respected by staff, and there were systems in place to ensure they were supported to exercise their rights. Residents were consulted with in relation to the day-to-day running of the centre. Residents' were supported to receive visitors in line with current public health guidelines, and

residents said that they were satisfied with these arrangements.

Overall the service provided a good standard of care for the residents. There was good access to health care services, including dietitian, speech and language and tissue viability services. The inspector found that the assessments and care plans provided a clear picture of the residents' assessed needs and the care they required. However, care plans had not been developed to support residents that were exhibiting responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

An activity programme for residents had been developed in line with residents' interests and capabilities, and residents were supported to engage in these activities. This programme included a range of activities facilitated by the centre's activity co-ordinators as well as external service providers, such as a physiotherapist and a musician. During the inspection, the inspector observed large numbers of residents engaging in and enjoying activities such as reminiscence, singing, arts and crafts and a variety of dementia-friendly activities. Records indicated that activity co-ordinators also visited some residents in their rooms on a daily basis.

There were good processes in place to ensure fire equipment was well maintained, and staff were informed of what to do in the case of an emergency. A fire safety policy was in place. The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that firefighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced in line with requirements.

A fire safety risk assessment had been commissioned by the registered provider in August 2021, which identified a number of issues. The registered provider representative outlined the works that had commenced to address these issues, including significantly reducing the largest fire compartment and updating the fire alarm system. While fire drills were carried out on a regular basis, these did not provide assurances that all residents within the centre's largest compartment could be safely evacuated within a reasonable time frame. Following the inspection, assurances were sought from the registered provider in relation to this identified risk. The registered provider provided the necessary assurances within the required time frame. Residents' personal emergency evacuation plans (PEEPs) were held centrally, with symbols reflecting the assistance they required displayed discreetly near their beds. The person in charge informed the inspector that they were revising their current PEEP template to optimise the information relating to residents' needs.

For the most part, the centre was found to be clean and tidy, with the exception of the sluice room, which was discussed with the person in charge. Cleaning records, checklists and environmental hygiene audits were in place to ensure that cleanliness and infection prevention and control was being monitored. Staff had received dedicated training in relation to infection prevention and control, hand hygiene and the donning and doffing of personal protective equipment (PPE). Staff were

knowledgeable of this training and were observed to implement it in practice. However, while there was a lot of good practice in relation to infection prevention and control, there were some areas that required improvement and these are outlined under regulation 27, Infection control.

Residents' bedrooms were found to be personalised with ornaments and possessions that were meaningful to the residents and reflected their life experiences.

Residents' rights were respected. Residents were supported to access the independent advocacy services. The centre had adequate arrangements for residents to communicate freely and had access to radio, television, newspapers and other media.

Fourteen residents were using full-length bedrails at the time of the inspection, approximately 30% of the total number of residents accommodated in the centre. Consent had been provided for the use of any physical restraint. Seven residents were using sensory alarm mats as alternatives to physical restraints, and low low beds were in place throughout the centre. However, the inspector noted that the level of restraint use is in line with the average usage of bedrails in the centre since 2018, which suggests that further improvements in the management and reduction of restrictive practices could be achieved.

### Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines, either in the lobby area or in residents' bedrooms. Visitors were seen attending the centre throughout the inspection and residents were satisfied with the arrangements were in place. Staff were observed checking visitors' temperatures and guiding them through hand hygiene practices.

Judgment: Compliant

### Regulation 17: Premises

The oratory was not available for use by residents on the day of inspection but was being used as a storage area for residents' equipment. The person in charge confirmed that since the onset of the pandemic, mass was held in the large living room to facilitate better social distancing and therefore this room hadn't been used for religious gatherings. However, it was not clear that this room was available for use by residents, should they wish to access it on an ongoing basis.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy in place met the regulatory requirements. A comprehensive risk register was maintained in the centre, and was reviewed regularly by the centre's management team. The risk register identified risks and included the additional control measures in place to minimise each risk. Risks were closed as appropriate.

Judgment: Compliant

## Regulation 27: Infection control

The centre had not experienced a COVID-19 outbreak and had implemented many measures to promote infection prevention and control throughout the centre. However, some improvement was required to ensure compliance with the national standards. For example:

- The centre was full at the time of the inspection, meaning that there was no bedroom available for isolation purposes in the event of a suspected case of COVID-19, particularly for those residents who shared double rooms or if the guidelines on admissions reverted to requiring isolation
- The sluice room was not clean
- Clean equipment was being stored in the sluice room
- Damaged surfaces on some resident equipment and other furnishings impeded effective cleaning. This included rusted frames on commodes and wheelchairs and scuffed wood finishes on hand rails and skirting boards
- While there were facilities for alcohol hand gel throughout the centre, there was a limited number of dedicated clinical hand wash sinks in the centre
- Hoists were being stored with various residents' slings draped over them. It could not be ensured that these slings had been appropriately laundered or did not pose a risk to cross-contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector had noted improvement was required in relation to fire doors. The registered provider had commissioned a fire safety risk assessment by a competent professional in August 2021. The report of this assessment indicated a number of areas of improvement and the provider had already commenced work in relation to address these deficits. For example, on the day of the inspection, the fire panel was

being replaced with a more up to date system that would more accurately determine the location of a fire. Fire doors were also being replaced and the centre's largest fire compartment was being split into two smaller compartments in the weeks following the inspection.

All staff had completed up-to-date fire safety training. While clear and detailed records of each fire drill practiced with staff were available for review, the inspector noted that a simulated fire drill had not been completed in the largest fire compartment using the night duty staffing complement. While this compartment was being reduced through the ongoing works, the inspector required immediate assurances that, in the interim period, all residents within this compartment could be safely evacuated. These assurances were submitted in the days following the inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of residents' medication administration records and observed that medication management practices complied with professional regulatory requirements, guidelines and the centre's own policies. Medicine that was to be administered in a crushed format was appropriately prescribed and dispensed. Controlled drugs were stored safely and checked twice daily.

During the inspection, the trolley used to hold medications was full and a small number of residents' medications could not be stored in their designated storage compartments, resulting in a container of medication falling out of the trolley repeatedly during the medication round. The inspector asked that the configuration of storage be reviewed to ensure that potential medication errors were minimised.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records, which were held on an electronic nursing documentation system. A comprehensive assessment of each resident's needs, using validated tools, was completed upon their admission to the centre. All care plans reviewed were personalised and contained detailed information specific to the individual needs of the residents, including input from allied health professionals. Care plans were reviewed on a four monthly basis or more frequently if required.

A small number of residents were assessed as exhibiting responsive behaviours.

These residents did not have a dedicated care plan in place to guide staff on how to best support the residents.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found that residents had timely access to medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A small number of residents exhibited responsive behaviours. Staff who spoke with the inspector were knowledgeable of the personalised strategies that were used to redirect and reassure residents.

A record of the use of restraint was maintained in the centre. Assessments were in place to support the use of bedrails. There was evidence that consent had been sought for the implementation of bedrails from the residents or their representatives.

Judgment: Compliant

### Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Residents felt safe in the centre, and felt that they could speak to staff if they had any concerns.

The registered provider did not act as a pension agent for any residents. Small amounts of money were managed on behalf of some residents; these were stored securely and records were in place relating to any transactions.

Judgment: Compliant

## Regulation 9: Residents' rights

The layout of curtains in a number of twin bedrooms required review to ensure that residents' privacy was maintained at all times. Additionally residents in these bedrooms were required to share a television, which did not consistently promote residents' choice.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0034835

Date of inspection: 03/12/2021

## 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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incidences will, going forward be reported in a timely manner. Staff have been informed of new procedures in the reporting of same.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The oratory is available for use for residents at present and equipment that has been stored has been removed to facilitate same.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: New slings have been purchased to ensure that residents who require same have individual slings and these are now stored in residents rooms. A dedicated isolation room is now in place. The sluice room has been deep cleaned. Hand Rails and skirting boards have been sanded and re varnished and in some areas replaced.	

<p>New commodes have also been purchased.  An infection Control and Health and Safety Audit were completed also following inspection and the results discussed with staff and a plan of action in place to address areas to be corrected</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  As detailed on the day of inspections works are currently in progress. The large compartment has now been divided. A number of fire doors have been replaced and the work continues on the remainder of the doors. The new panels are now in place and the pagers are also now in place for the night staff. The evacuation mats are in position also.</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:  The care plans have now been added for the specific residents.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Curtain positions will be reviewed and new television positioning tools are in progress</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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	27/01/2022
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	27/01/2022
Regulation 28(1)(a)	The registered provider shall take	Substantially Compliant	Yellow	27/01/2022

	adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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	27/01/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	27/01/2022
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	Substantially Compliant	Yellow	27/01/2022

	of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	27/01/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	15/02/2022
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.	Substantially Compliant	Yellow	15/02/2022