



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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0045833

About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74
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How we inspect

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
Tuesday 21 January 2025	10:10hrs to 19:10hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day. The overall feedback from residents and visitors was that the centre was a nice place to live. The inspector heard many positive comments and staff were described as 'very kind' and 'super'.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked around the centre giving an opportunity to review the living environment and to meet with residents and staff. The inspector observed residents relaxing in their bedrooms and communal rooms, and some residents were seen chatting together in the main enclosed garden. The atmosphere in the centre was bustling and welcoming.

St Michael's Nursing Home is located in the village of Caherconlish in Co. Limerick. The designated centre is registered to provide long term and respite care to a maximum of 80 residents. There were 74 residents living in the centre on the day of inspection. The centre was a purpose-built, two-storey facility, with stairs and passenger lift access between floors. There were five single and one shared bedrooms on the first floor, and all other residents were accommodated in 57 single and eight shared bedrooms on the ground floor of the centre. Most of the communal accommodation was laid out on the ground floor.

The reception area of the main centre contained offices and led to a spacious communal sitting room. There was constant activity in this area and many residents were seen spending time here, reading newspapers, receiving visitors and watching television. There was an activity room adjacent to the communal sitting room and residents also had access to a large dining room. Other communal areas included a chapel and a hair dressing salon. There was a large conservatory located on the first floor of the centre, however, as seen on previous inspections, this room was not available for resident use on the day of inspection, as it was being used to store mixed items of equipment.

As the inspector walked through the main centre, they observed that many residents were up and about and moving freely throughout the communal areas. There was unrestricted access to an enclosed garden and this area was used regularly by the residents on the day of inspection. Several residents who were observed relaxing in their bedrooms told the inspector that this was their preference. The inspector met with residents who they had spoken with on previous inspections, and with residents who had moved into the centre more recently. The inspector heard comments such as 'you will find no faults here', 'it's a good place' and 'they organise everything'. The inspector overheard friendly conversations between residents and staff. It was evident that the management team were well known to the residents and the person in charge paused to speak with several residents during the walkabout of the centre.

The inspector noted that many bedrooms were brightly painted and most were decorated with residents' personal memorabilia, such as photographs, ornaments and artwork which was completed in the centre. Several residents spoke with pride about their bedrooms, and it was apparent that residents were encouraged to personalise their spaces as they wished. Call bells and televisions were provided in all resident bedrooms.

Located on the ground floor of the centre, the memory lane wing provided care for residents who were living with dementia. The unit contained 24 single ensuite bedrooms and several communal areas, including a dining room, sitting room and snug area. As the inspector walked through the unit, they noted that call bells were provided in all communal areas since the previous inspection. Some corridor walls were decorated with tactile objects, designed to be stimulating for residents with dementia. The inspector observed that the outdoor garden space had been developed for resident use and it contained seating and an aviary, for resident interest. The garden was directly accessible from the communal dining area. On the day of inspection, the inspector was informed that access to the garden was controlled by staff as a temporary measure, as works to secure the area were being completed.

The inspector observed that several residents living in the memory lane wing preferred to spend time in their bedrooms, and this choice was respected by staff. The majority of residents attended the communal living areas and were seen to be comfortable in the presence of staff. Residents were supported to engage in familiar household tasks and to engage in the social activity programme. A staff member with responsibility for the provision of activities was allocated to the memory lane wing on a daily basis. The atmosphere in the unit appeared relaxed and it was evident that staff were familiar with resident needs.

A second staff member was dedicated to the provision of activities in the main centre, and the schedule of activities in place included reminiscence therapy, exercises, chair yoga, sound therapy and music. Some residents living in the centre had complex care needs and several residents were assessed as requiring enhanced supervision. Staff were aware of residents that required close supervision and this was observed to be in place on the day of inspection. The inspector observed that those residents were well-supported by staff, and there was also a constant staff presence in communal rooms.

The general environment of the centre was noted to be in a good state of repair on the day of inspection and there was an ongoing maintenance programme in place. With the exception of the internal smoking room and small number of resident bedrooms, the centre appeared to be clean and tidy. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors, to maintain residents' safety and independent mobility. The inspector noted that additional handrails and a second call bell facility had been fitted within the centres' internal smoking room, to support resident safety. A call bell facility was also provided in the external smoking area since the previous inspection.

Visitors were observed attending the centre on the days of the inspection. Visitors spoken with were very complimentary of the staff and the care that their family members received.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in June 2024, in relation to premises, infection control, fire precautions, staffing, training and staff development, governance and management, contracts for the provision of services, and notification of incidents. The inspector found that while the management team had taken action to improve the quality of the service and the care environment, the oversight of some management systems was not sufficiently robust to ensure full compliance with a number of regulations including premises, infection control, fire precautions, notification of incidents and governance and management.

Blockstar Limited was the registered provider of St Michael's Nursing Home. The company comprised of two directors. One of the directors represented the provider and they supported the person in charge with the operations of the centre. The person in charge worked full time in the centre and they had additional governance support from a regional operations manager. A team, including an assistant director of nursing, clinical nurse managers, nurses, health care assistants, household, activity, catering and maintenance staff made up the staffing compliment. There were systems in place to ensure deputising arrangements in the absence of the person in charge. The person in charge facilitated this inspection and they demonstrated an understanding of their role and responsibilities.

The inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Records demonstrated that there were three registered nurses on duty at all times to oversee the clinical needs of the residents. Communal areas were supervised at all times and the staffing levels in the memory lane wing had been increased since the previous inspection in June 2024.

There was a training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to

additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

There were management systems in place to monitor the quality and safety of aspects of the service. This included clinical and environmental audits of hand hygiene, restrictive practices, call bell response times and resident petty cash accounts. An audit of incidents and accidents was completed monthly. The findings of these audits facilitated the development of quality improvement actions which were completed. There were communication systems in place and regular meetings took place with each department. Agenda items included resident care needs, care planning, infection control and staff practices. Records demonstrated that governance meetings took place monthly and this forum was used to discuss items such as clinical care, key performance indicators, audits and complaints. Meeting records contained actions which were assigned to members of the management team, to ensure completion. A health and safety committee had been established and meetings were also held in relation to clinical care topics such as falls and restrictive practices.

There was a system to manage risks in the centre, and clinical and environmental risks were recorded on a risk register. However, as identified on the previous inspection in June 2024, the inspector found that many risk assessments contained within the risk register were not reviewed on a regular basis, or following the occurrence of adverse incidents. Therefore, the incidence of risks and effectiveness of the control measures in place to mitigate risks was not evaluated regularly, to identify if measures were adequate or additional measures were required, in order to ensure resident safety.

An electronic record of all accidents, incidents and complaints involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a potential safeguarding incident had not been notified to the Chief Inspector in the required timeframe.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was knowledgeable regarding the specific care needs of residents accommodated in the centre, and it was evident that they were involved in the day-to-day operation of the service.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty, with appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents. Records viewed indicated that the majority staff were up-to-date with the centre's mandatory training requirements.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to monitor the quality of the service did not ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- The system in place to manage risk was not effectively utilised. Known risks were documented within a risk register, however, records demonstrated that risk assessments contained within were not regularly reviewed. This did not provide assurance that a formal review of effectiveness of the control measures in place to mitigate risks was undertaken after adverse incidents occurred, in order to ensure resident safety. This is a repeated finding.
- There was inadequate management oversight of notification management, premises, fire precautions and infection control.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of the residents' contracts for the provision of care. Each contract detailed the terms and conditions of the residents' accommodation and the services provided. Contracts outlined the fees to be charged for services.

Judgment: Compliant

Regulation 30: Volunteers

A review of records demonstrated that volunteers had roles and responsibilities set out in writing and a vetting disclosure in place. The management team were aware that volunteers should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of a potential safeguarding concern within the required timeframe, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents were looked after by a caring staff team, and residents were generally content with the service they received. Residents received care and support from a team of staff who knew their individual needs and preferences. Residents had good access to a team of allied care professionals and the provider was delivering a satisfactory standard of clinical care to residents, in line with their assessed needs. Residents reported satisfaction with the quality of the service provided. However, the findings in relation to premises, infection control and fire precautions did not align with the requirements of the regulations.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was underway, addressing issues in relation to, fire safety and infection control. Works completed included the development of an outdoor space for residents living in the memory lane unit and the provision of a

new external smoking area. However, some areas did not align with the requirements of Regulation 17. For example, residents' communal living space on the first floor of the centre was unavailable for use, as it was being used to store equipment. This is a repeated finding.

There was a policy and procedure in place to support infection prevention and control practices. The inspector identified some examples of good practice in the prevention and control of infection. For example, house-keeping and sluice room facilities were exceptionally clean and tidy. However, the inspector noted that good standards for infection prevention and control were not maintained in some areas of the centre, such as the internal smoking room. This finding is discussed under Regulation 27: Infection control.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. Staff had access to a fire safety training programme and regular fire drills were completed to ensure that residents could be evacuated in a safe and timely manner. However, the inspector found that containment of fire and smoke was not assured due to gaps at the top and bottom of some cross corridor fire doors. This finding is detailed further under Regulation 28: Fire precautions.

The centre had an electronic resident care record system. Records demonstrated that re-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that care plans viewed were detailed, informative and reviewed in line with regulatory requirements.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals such as dietitians, tissue viability nurse specialists, and speech and language therapy, as needed. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services as required.

The provider had measures in place to safeguard residents from abuse. The provider acted as pension agent for ten residents and pensions were paid into a separate resident bank account. Records of each resident's payments and surplus amounts were maintained and made available to review. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse and training records identified that staff had completed up-to-date training in the prevention, detection and response to abuse.

Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Minutes of resident meetings showed that agenda items included activities, quality of food, complaints and services. Advocacy services were available to residents and there was evidence that they were supported to avail of these services, as needed. Residents had access to

religious services and resources and were supported to practice their religious faiths in the centre.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection.

Regulation 11: Visits

Visiting within the centre was being facilitated and the inspector saw a number of residents receiving visitors in their bedrooms or in communal rooms.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that some areas were not maintained in line with the requirements of Regulation 17;

- Wall surfaces were scuffed in several resident bedrooms.
- The internal smoking room was poorly ventilated, resulting in malodour.
- The conservatory on the first floor was not available for resident as it was being used to store mixed items of equipment. This is a repeated finding.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- There was malodor from the sink, and the area around the water outlet in the sink which was used by staff for hand hygiene, in the nurses station in the memory lane wing.
- An item of continence equipment and a shower chair were visibly unclean.
- The wall surface and the floor surface of the internal smoking room were visibly unclean.
- A resident smoking apron was visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. For example, when released, there were visible gaps at the top and bottom of a small number of cross corridor doors in the memory lane unit. This could impact the effectiveness of the door to contain fire, smoke or fumes in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident records demonstrated that care plans were developed following a comprehensive assessment of need. Care plans were reviewed at four month intervals and more frequently, if required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and GPs were visiting the centre, as required.

Residents had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities.

Residents had access to radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

There was an independent advocacy service available in the centre.

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 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0045833

Date of inspection: 21/01/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The system in place to manage risk will be effectively utilized. Known risks which form part of the risk register will be updated in response to changes in environment and resident condition. These risks will be updated at least annually through reviewing the effectiveness of the control measures in place to mitigate risks following adverse events. This will help towards resident safety. The Regional Operations Manager in conjunction with the PIC will oversee IP&C practices in the centre and quality improvements will be undertaken to reduce the risk of infection and cross contamination. Works will be completed in the area of Fire Prevention and Control and quality initiatives will be ongoing. This includes a general environment audit that covers the entire home. The audit will be divided into 4 sections and is completed in a week 1 through to week 4 schedule. This is completed by the Household Supervisor and the PIC in unison to identify any areas of concern. These findings will be actioned immediately with records to reflect this initiative	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Provider is aware of her responsibilities with regard to the reporting of allegations of abuse and staff have been educated in this regard. Safeguarding training is ongoing, and the PIC will continue to escalate concerns to the Regional Operation's Manager for input. A new weekend reporting system has been put in place in both hard and soft copy for	

CNM's . This will enable the CNMS to report weekend activity and communicate to management accordingly. The PIC will review this at the start of each week and action, with a view to managing risk and responding to adverse events.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Resident bedrooms continue to be part of a painting schedule. The Provider is mindful that as a busy centre with lots of activity, it can be difficult to attend to scuff marks as they occur. The Provider is committed to the ongoing practice of having a painter in the centre to address these issues in a timely manner.

The smoking room has been put on a cleaning schedule and will be attended once every 12 hours. The smoking aprons are now included in the cleaning schedule and will be inspected every 12 hours, and then washed as needed.

Air extractors have been serviced and cleaned, and maintenance will monitor these for effectiveness in the removal of smoke and odour.

Windows are opened and double doors open at cleaning times to allow for natural ventilation of this space.

The conservatory has been emptied, freshly painted and additional sockets were added. This space has been returned to the residents for their sole use.

Regulation 27: Infection control

Substantially Compliant

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

The Provider has addressed the malodour from the sink and area as identified on the day of inspection. The Provider has ensured that all resident equipment is on a cleaning schedule and that there is oversight by the PIC and the Senior Management team. There will be weekly auditing by the PIC and Household Supervisor. This will form part of the Centre's Auditing schedule. The smoking room will have a weekly deep clean and also be cleaned on the day and night shift along with periodic checks throughout the day. The smoking aprons will be checked on each cleaning occasion and changed as needed. This has also been added to the laundry weekly cleaning schedule.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider will ensure that arrangements are in place to ensure that the containment of fire in the event of an emergency is adequate. The Provider will ensure that when released, there will be no visible gaps at the top and bottom of the cross corridor doors throughout the center. All doors have been audited by an external company and a full report was presented to the Provider who has scheduled works to be completed on the doors. The maintenance man will continue to audit these doors for any potential movement which could result in gaps re-occurring owing to wear and tear. The maintenance man will escalate concerns to the PIC for action. This will ensure the Provider meets her obligations in relation to Fire Precautions.	

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	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	13/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/05/2025
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.	Not Compliant	Orange	15/03/2025