Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ailesbury Private Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>A N H Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>58 Park Avenue, Sandymount, Dublin 4</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 July 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000002</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027291</td>
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</table>
About the designated centre

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

Ailesbury Nursing Home is situated beside St Johns Church on Park avenue near Sandymount Village. Ailesbury Nursing Home is a 45 bedded facility, accommodating residents with low to high levels of dependencies. Accommodation is provided in single, twin and multi occupancy rooms. Ailesbury Nursing Home is managed by a Director of Nursing who is supported by a clinical nurse manager and a team of nurses, healthcare assistants, activities coordinators and other ancillary staff. The director of nursing is further supported by the person in charge who is in daily contact.

The nursing home is serviced by nearby restaurants, public houses, libraries and community halls.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 42 |
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 |
What residents told us and what inspectors observed

The inspector spoke with a number of residents in the course of the inspection and on the whole residents gave positive feedback about their experiences living in the centre. Residents commented that staff were very supportive, kind and listened to what they had to say. Residents were observed engaging in a musical activity and many stated that they enjoyed the camaraderie that this type of activity created in the centre. Other residents were seen to be supported by staff where necessary engaging in their own activities.

Residents told us that they were able to exercise choice over when they got up in the morning and when they retired in the evening. Residents informed the inspector that the staff provided care and support to them in a manner that took on board residents preference and choice.

Resident room environments were also reviewed with residents and all those spoken with were content with the quality of the fixtures and fittings provided. Residents also commented on the cleanliness of the facilities and noted that if they had a problem with their room they could inform any staff member about it.

Residents were also complimentary about the levels of health care support they received, one resident mentioned that they get to see the doctor when they need to and that they don’t have to worry about managing their medication anymore.

Residents were content with the quality and quantity of food on offer in the centre, they were happy with the choice of food available and went on to add that staff would provide alternatives if you did not like what was on offer on a particular day.

Relatives who were spoken with during the inspection stated that they were very happy with care that their relatives were receiving in the centre. They said that the centre provided them with regular feedback on the care of their relative.

Capacity and capability

Overall the service provided to residents ensured that their social and health care needs were met. There was a clear governance and management structure in place which helped to ensure that the centre was well run for the benefit of the residents who lived there. There were improvements identified in a previous inspection which had been partly addressed such as improvements to fire safety. This issue is
addressed in the fire and quality and safety section of this report.

A review of staff records indicated that a staff member who was working in the centre had yet to receive their garda vetting clearance. This was a breach of the regulations and the provider asked this staff member to leave the centre until the necessary clearance was in place.

There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the centre. The statement of purpose described the current management structure of the designated centre.

Current and past staff rosters were reviewed and showed that there were sufficient numbers of staff on duty to meet the needs of the residents. Staff turnover was low and the centre had one vacancy in the staff team.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and tastefully furnished. Files inspected indicated that the centre was meeting regularly with residents. Information accessed from resident consultation was used to plan services for the residents.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as falls, care plans, medication reviews, weight and nutrition audits and pressure ulcer audits. It was noted that the centre was pressure ulcer free at the time of the inspection.

A number of resident contracts were reviewed and they were observed to contain a written, witnessed agreement between the centre and the individual resident. There were clear statements as to the responsibilities of both parties and these contracts described fees chargeable for services not provided in the contract.

The inspector reviewed the centre’s notification log and found it to be consistent with information held by the office of the chief inspector.

The centre had a complaints policy in place and inspectors reviewed the complaints file. All complaints were investigated according to the centre’s policy in a timely and robust manner, information seen included actions and follow up carried out by the person in charge. The inspector observed that the complaints policy was visible in the centre.

Regulation 15: Staffing

The inspector found that there was an adequate complement of nursing and care staff on duty with the required skill mix to meet the needs of the residents. Planned and worked rosters were reviewed and found to be consistent with the staffing levels described in the statement of purpose.
There was a training matrix available which indicated that staff had attended a range of mandatory and supplementary training which included training in fire management, dementia, manual handling, Infection control, wound management and elder abuse.

Staff members informed the inspector that they found the training programme provided them with the skills and knowledge to be able to provide high quality care to the residents.

Throughout the inspection it was observed that staff members received ongoing supervision and support from the management team with clear and open communication between them.

There was a policy for recruitment and selection of staff, however, it was identified that a member of the team did not have all the documents in place prior to commencing employment at the centre as required by schedule 2 of the regulations. The omission to have all required documents in place is described under regulation 21.

Judgment: Compliant

**Regulation 21: Records**

A review of staff records found that schedule two records pertaining to staff working in the centre were held at a different designated centre managed by the same provider and therefore were not available for inspection when requested by the inspectors. It is a regulatory requirement that vetting disclosures are available for inspection in a designated centre.

When the registered provider representative brought the records to the centre inspectors identified that there was no vetting disclosure for one member of staff. As relevant staff working in the centre did not have access to the records they could not know that there was no vetting disclosure in place for that staff member.

The registered provider representative acknowledged the absence of the vetting disclosure and made immediate arrangements to ensure that the staff member did not work until the required vetting disclosure could be obtained.

With the exception of the above there was a good standard of record keeping and overall record management contributing to effective analysis of information.

Judgment: Not compliant

**Regulation 22: Insurance**
The centre had a contract of insurance in place which insured against injury to residents.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a stable management structure in place to ensure that the quality and safety of the services provided were monitored on a regular basis. The management team used a range of methods to ensure that residents received high quality of care which included the use of audits both clinical and operational to inform and improve practice. It was acknowledged that the centre had made improvements to the overall management of fire safety including commissioning external support to review its internal processes however there were improvements outstanding in relation to some fire doors in the centre.

There was evidence of good communication within the centre where regular staff nurse, clinical nurse managers and health care assistant meetings were held on a monthly basis with a focus on problem solving and improving practice.

The centre had an annual review of quality and safety in place and it incorporated the views of residents and relatives captured in resident satisfaction surveys. Resident views were also captured through resident council and advocacy meetings.

The centre had sufficient resources in place to maintain the effective delivery of care and support services to the residents. Staff rosters were reviewed and showed that the centre maintained staffing levels as described in the statement of purpose. There were low levels of staff turnover ensuring consistency of care delivery to the residents.

Judgment: Substantially compliant

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

An examination of resident records found that all residents had a contract for the provision of service in place. The contract detailed the services that were provided as part of the overall fee and also indicated which services that attracted an additional charge. The contract also specified which room the resident was been offered upon admission. There was evidence that all contracts seen were signed either by the resident or by a family member.
<table>
<thead>
<tr>
<th>Judgment: Compliant</th>
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<tbody>
<tr>
<td><strong>Regulation 3: Statement of purpose</strong></td>
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<tr>
<td>There was written statement of purpose which documented the aims, objectives and ethos of the centre and described the facilities and services which were provided for residents. The inspector found that the statement of purpose accurately reflected the care and services provided by the centre. The centre’s statement of purpose was reviewed on a regular basis.</td>
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<tr>
<td>Judgment: Compliant</td>
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<tr>
<td><strong>Regulation 30: Volunteers</strong></td>
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<tr>
<td>Currently there were no volunteers working in the centre however in discussions with the management team, they were clear about their roles and responsibilities in relation to the use of volunteers in the centre.</td>
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<tr>
<td>Judgment: Compliant</td>
</tr>
<tr>
<td><strong>Regulation 34: Complaints procedure</strong></td>
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| The inspector found that there was a complaints policy in place which met the requirements of the regulation. The complaints policy was advertised in a prominent location within the centre and clearly outlined the processes in place to register a complaint.  

The policy included an appeals process to follow should a complainant not be satisfied with the outcome of a complaint. The complaints records log were reviewed and showed that all complaints registered in the centre were logged appropriately. All complaints were investigated against the centre’s policy. Records reviewed also showed that feedback was given to complainants at the conclusion of investigations.  

The centre was keen to learn lessons from complaints received and had a process in place whereby all complaints were audited on a monthly basis. Details of how to register a complaint and if required to refer to the ombudsman was also featured in the centre’s statement of purpose. |
| Judgment: Compliant |
Quality and safety

Overall the inspector found that this a well-managed centre which ensured good social and health outcomes for the residents who lived there. There were however improvements still required with regard to the effective management of fire safety. Whilst it was acknowledged that the centre had made improvements since the last inspection there still remained improvements to some fire doors which had yet to be fitted with additional safety features.

Residents who were admitted to the centre had a comprehensive assessment carried out identifying their health and social care needs. Care plans were also created focusing on individual wishes and preferences and were based on appropriate risk assessment and on a range of evidence based assessment tools. The inspector reviewed a number of care plans during the inspection and found that they described clearly residents identified needs and the interventions that were required to meet those needs. Care plans were reviewed at least four monthly or as and when required.

Resident rights were maintained and promoted where residents were able to exercise choice over their daily routines. Residents told the inspector that they were happy with the quality and quantity of food provided and it was observed that residents could access additional food and drink outside of the existing meal arrangements. Where residents required extra support with food management, this was provided by the staff team. Residents told the inspector that they felt safe in the centre and felt confident that staff would support them if they raised a complaint or concern.

The centre had access to a range of health care services and had established effective links with an allied health provider for the dietician input and tissue viability nursing support. Access to occupational therapy, speech and language therapy were made via referrals to the Health Service Executive (HSE), while physiotherapy support was provided in house. The centre carried out a range of clinical audits to ensure that resident health care needs were monitored and met.

The premises were tastefully decorated and there were facilities available for residents to meet guests or relatives in private or in communal areas. Residents spoken with commented on the homely atmosphere in the centre.

The centre was well maintained with arrangements in place for cleaning and equipment maintenance. Inspectors observed clear signage orientating residents around the building. Fire exits were clear and there were systems and contracts in place to monitor fire safety in the building. Staff had received fire training which included evacuation of residents. The inspector observed fire maps located throughout the centre.

The centre ensured that clinical and operational risks were identified and monitored...
on a regular basis. Guidance and recommendations made were incorporated into the centre’s annual improvement plan.

**Regulation 17: Premises**

The premises met the needs of the current residents in its layout and design. Accommodation was provided for residents in a range of single, twin and multi-occupancy bedrooms. Those residents spoken with informed the inspector that they were content with their bedrooms and in particular that they could personalise them as they wished. Resident rooms seen contained a wardrobe, seating and storage facilities for personal items. Additional features included a call bell at the bed head and supplementary lighting for residents to use when in bed.

Residents added further that there was a homely atmosphere in the centre and that overall they found it comfortable. There were adequate dining facilities where two dining rooms were available for residents to use on the ground floor with an additional room for use off the dining rooms if needed.

There were a range of communal facilities available for residents to use including a large sitting room where activities were provided. There was also an additional room available on the ground floor which contained a residents computer. All communal rooms contained a range of suitable seating for residents use.

There was also a conservatory area located at the entrance to the building which was being used by residents and relatives on the day of the inspection.

There was adequate toilet and bathing facilities available for residents including those who required additional support using a hoist to transfer. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents however it was noticed that some wheelchairs were being stored in corridors thus hampering residents who wish to access handrails for support with their mobility.

**Judgment:** Substantially compliant

**Regulation 26: Risk management**

There was a risk register in place which was updated in January 2019. The centre actively promoted risk assessment identifying measures and actions to reduce and control risk. This approach was further supported by a range of polices and procedures which the centre had developed and implemented. There was a robust system in place to investigate and review incidents to improve future practice. There was a current health and safety statement which detailed the processes that were in
place to maintain effective health and safety in the centre.

There were numerous service contracts arranged to ensure that equipment was monitored and serviced at regular intervals. In addition the centre has a contingency plan in place which provided guidance to staff on who to contact should an emergency occur.

Judgment: Compliant

**Regulation 27: Infection control**

The inspector found that there was effective infection control measures in place to reduce the spread of infection in the centre. Staff were observed to be wearing personal protective equipment (PPE) and there was signage available throughout the centre advising staff to adhere to infection control interventions such as hand washing. There was evidence of hand sanitising gel located at appropriate locations throughout the centre.

A review of the management of infection control procedures within the centre found that there were systems in place to monitor isolation precautions, decontamination practices, sluice rooms, suction and respiratory equipment, oxygen and manual handling equipment on a monthly basis. There were cleaning records available to show that the centre was being cleaned regularly.

Records available also indicated that staff had received training in infection control procedures and staff spoken to in the course of the inspection indicated an awareness of effective infection control interventions and the importance of their particular role in reducing the spread of infection.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were systems in place to ensure that fire safety was maintained within the centre however a review of fire doors revealed that not all fire doors had the required intrumescient strip which afforded smoke protection in the event of a fire. This was brought to the attention of the provider during the feedback process. There was evidence that staff had received training in the management of fire safety. Staff spoken to in the course of the inspection confirmed that they had received fire training and were aware of their roles and responsibilities in maintaining fire safety within the centre.

A review of evacuation procedures revealed that all residents had a personal emergency evacuation plan (PEEP) in place, which was graded according to their...
needs. Resident who were immobile received a red colour whilst residents who were independent were coded green.

Records seen confirmed the regular maintenance of the fire systems. There were fire notices and fire maps located through the centre and all fire exits seen were clear of any hazard. Emergency lighting was in place should a power failure occur.

There was sufficient fire equipment located throughout the building and there was clear signage indicating route to the nearest fire exits. Records relating to fire drills were seen however they did not give sufficient detail as to their effectiveness.

**Judgment:** Not compliant

### Regulation 5: Individual assessment and care plan

There were arrangements in place to ensure that all resident admitted to the centre has a comprehensive assessment carried out prior to admission. Care plans were developed in conjunction with residents and their families where appropriate on the assessed needs identified. There was evidence available to indicate that the centre used a range of validated assessment tools to develop effective care interventions focusing on the risk of malnutrition, falls management and pressure ulcer care.

A number of care plans were reviewed and evidence seen indicated that they were well written easy to follow and monitor as to their effectiveness. Care plans were updated and reviewed at regular intervals.

**Judgment:** Compliant

### Regulation 6: Health care

There was evidence available at the time of the inspection to show that resident’s health and well-being were maintained by a good standard of evidence based care and appropriate medical care intervention. There was evidence seen that referrals to specialist services were made in a timely manner and recommendations acted upon. Care plans seen recorded and implemented specialist advice and guidance when received by the centre.

Input from allied healthcare services was provided by dieticians and tissue viability nurses whilst access to occupational therapist and speech and language therapists was via referral to the Health Service Executive (HSE). Residents had access to physiotherapy input in house.

Access to medical support was via a visiting GP and out of hours access was provider by doctor on call. Residents were supported to avail of Health screening
programmes provided by the HSE.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Staff had attended training relating to the management of behaviours that challenge. Those staff spoken with were familiar with the type of behaviours displayed by residents and were observed to adopt a person centred approach in dealing with specific behaviours. There was evidence recorded in residents care plans where specialist advice and support were required that this was sought at the appropriate time. Recommendations and treatment plans made by specialists were incorporated into resident care plans.

Restraint management procedures were in line with national policy guidelines and the centre was working towards a restraint free environment. Residents were seen to be orientating themselves around the building without hindrance with those requiring assistance were seen to be receiving the necessary support from the staff.

Judgment: Compliant

**Regulation 9: Residents' rights**

Throughout the inspection staff were observed to be courteous and respectful of residents communication needs. Residents were observed participating in organised activities and those who wished to pursue individual hobbies were observed to receive the required support. Residents were also supported to maintain community links either individually or through community events arranged by the centre.

The centre had a dedicated activities coordinator and feedback received from residents indicated that they were content with the range of activities and trips to places of interest currently on offer in the centre.

There was a comprehensive resident guide incorporated into the statement of purpose which detailed the range of services on offer within the centre. Resident views on the quality of service provision were accessed through resident council meetings and through the results from annual satisfaction surveys. Residents could also voice their opinions by attending advocacy meetings which were chaired by an independent advocate. A comments and suggestion facility was also available for residents to make their views known.

All resident rooms contained telephone and television facilities and it was noted that residents were supported and facilitated to vote in recent elections.
Records seen also showed that the centre was a pension agent for a number of residents. Documents supplied by the provider showed that this arrangement was well managed with evidence available to show the deposits, withdrawals and residents current balances. Bank statements and reconciliation paperwork were available at the time of the inspection.

| 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: Having undertaken a full review of all records, 100% of all personnel connected with ANH Healthcare have a Garda Vetting Disclosure on file.</td>
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<table>
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<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire safety remains an absolute priority. The required intumescent strips are in place on all fire doors, the fire screen works have been completed.</td>
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<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: On the day of the inspection it was found that certain wheelchairs were not placed in the designated wheelchair bays. This has since been rectified. Staff are instructed and observed daily to adhere to the specific bays for storage of wheelchairs so as not to undermine the access to handrails.</td>
<td></td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Intumescent strips are now in place on all fire doors throughout the building.

The Fire drill record sheet has since been amended to give clarity as to the effectiveness
of the drill, taking into account staff response time and area evacuation time.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
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<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10/07/2019</td>
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<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>18/07/2019</td>
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<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/08/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>28/07/2019</td>
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<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>18/07/2019</td>
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