



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

Issued by the Chief Inspector

Name of designated centre:	Amberley Home and Retirement Cottages
Name of provider:	Amber Health Care Limited
Address of centre:	Acres, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0000189
Fieldwork ID:	MON-0040549

About the designated centre

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

Amberley Nursing Home was purpose built and opened in 2005. It is registered to meet the needs of 71 older adults from age 18 years upwards. There is a dedicated nine-bedded dementia unit in the centre with 24 hour nursing and medical care available. There are a range of sitting and dining rooms located throughout the building. The main dining rooms are very spacious with windows overlooking the garden. The centre also offers an oratory, staff rooms, two bathrooms: one with a hydrotherapy bath, and a smoking room for residents' use. Residents' private accommodation consists of 63 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. There is a chef employed with a choice of food available at each meal time. Activities are organised on a daily basis and include art, quiz, concerts and bingo. There are two large well furnished garden patio areas which can be accessed independently. Residents' meetings are conducted regularly. Residents are consulted on admission about their individual requirements. There is a comprehensive complaints policy in the centre and staff are trained in all aspects of care of the older adult.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 June 2023	10:00hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

There was a welcoming atmosphere in Amberley nursing home which was apparent to the inspector on entry to the centre. During the day, the inspector spoke with ten residents in detail and spent time observing residents' daily lives and the care practices, in order to gain insight into life in the centre. Residents reported that they felt very well cared for by staff who were kind and committed to their care. One resident described staff as "exceptional" and "professional". All residents were observed by the inspector to be content and happy on the day of inspection. Family members also spoke positively of their experiences with staff and how their relatives were supported to have a good quality of life.

The designated centre is located near the town of Fermoy in a lovely rural setting. The front gardens and hedges were beautifully landscaped and the centre had a very nice, well-kept appearance from the outside. There were adequate car parking spaces for staff and visitors in front of the single storey building. On the day of inspection, there were 71 residents living there with no vacant beds. The inspector arrived unannounced to the centre and following an introductory meeting with the senior nurse on duty, the inspector was accompanied on a walk through the premises and external garden areas. The inspector was later joined by the person in charge. Bedroom accommodation consisted of 63 single rooms and four twin rooms. All rooms had en-suite facilities and had been upgraded and renovated on an annual basis. The inspector saw that each resident had sufficient wardrobe and personal space in their bedroom to store their belongings and personal effects. All bedrooms were seen to be personalised with, for example, bed linen, pictures, paintings and memorabilia from home.

Residents had access to a number of spacious, large sitting rooms and a library, which was where most residents were seen to spend their day. The inspector observed that the centre was decorated in a personalised manner, with pictures of inspirational sayings, painted murals, plants, suitable furniture and large, flat screen televisions. All areas of the centre opened onto the front garden and an easily accessible, large, secure garden area, at the back of the centre. One unit in the centre had been specifically designed for those with a diagnosis of dementia. This area had nine single, spacious bedrooms and was fully self-sufficient for garden, dining and communal space.

There was a calm but lively atmosphere in the centre throughout the day and the inspector observed respectful rapport, between staff and residents. Residents stated that choices were respected and that the activities provided were fun and enjoyable. The chiropodist was present in the centre on the day of inspection, and was seen to be using part of the well-equipped hairdressing salon as her surgery, on that day. This meant that residents' privacy was respected and she said that residents enjoyed the time spent with her, having their foot issues addressed. Residents also said that they felt their opinions were listened to, at residents' meetings and that their rights were respected. Minutes of the meetings confirmed that actions were

followed up and the results were reported at the next meeting. Activity staff members spoke with the inspector and said that they regularly consulted with residents on what events they would like to celebrate. One resident was celebrating her birthday on the day of inspection. She became very emotional when she saw a large group of staff members singing, and gathering around her, with the lighted birthday cake. Each resident was treated to an ice-cream cone of their choice on the day of inspection, as the weather was very warm. Residents said this was a popular event and ice-cream parties were held outdoors also, on the hot days. The centre had recently raised 1200 euro at the Alzheimer's coffee morning and local business and relatives had been very supportive of this event, providing "spot prizes". This event had proved very popular and local volunteer musicians, had provided music entertainment,

The inspector saw that there were activities arranged for residents to partake in, throughout the day of inspection. Bingo was particularly popular with a range of prizes on offer. Residents who were present at the activities said they really enjoyed them. They were seeing carrying out chair-based exercises to music, 'parachute' exercise, discussing the news, quiz and singing favourite songs. In addition, a physiotherapist, who said she spent two days in the centre each week, spoke with the inspector about the benefits of this service to maintain mobility, independence and balance. Residents were seen to enjoy a Sonas class (activation of the potential to communicate through the senses). The person in charge said that two staff members were trained to deliver this specifically designed course, for those with dementia and cognitive challenges. Residents were supported to leave the centre with their families for trips, or shopping, and some said they availed of overnight stays away, during Christmas and other celebratory weekends. A group of ten residents, who had previously moved from another nursing home, had settled in well and had maintained their friendships, and improved their well being as a result. Residents were happy with the laundry service. Laundry personnel were described as "going above and beyond" for residents, and this staff member was seen to engage with individual residents about their laundry requests during the day. One resident told the inspector that she knew to approach if she had a complaint and she was "happy" in the centre.

Residents spoke very positively with regards to the quality of food in the centre. Food was observed to be carefully presented. Menus were available on each table and there were adequate staff available to assist residents. On the day of inspection a choice was available at dinner of either, beef stew or bacon and cabbage. The male residents said they were very impressed with the bacon and cabbage, which was "cooked to perfection". Assistance was seen to be offered in a sensitive way while encouraging independence. The inspector was informed that the dining experience was reviewed regularly and audited, with the aim of enhancing the experience, as it was seen as a daily, social event. Two sittings were arranged for each meal to avoid rushing and over-crowding in the dining rooms, and residents said they appreciated the thoughtful, relaxed approach.

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

the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined. A number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents. Some action and improvements were required in developing the directory of residents, medicines storage, care plan updates, and aspects of fire safety.

Amberley Nursing Home, set up in 2005, was operated by Amber Health Care Ltd, the registered provider, which was a company consisting of three directors. At the time of the inspection the overall day to day governance structure was well established. The owner, who was the director representing the provider, attended the centre frequently and liaised with management staff and residents. A representative of the senior management team, attended the feedback meeting at the end of the inspection day. The care team in the centre was comprised of the person in charge, an assistant person in charge, clinical nurse managers (CNMs), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at these meetings.

The information for the annual review of the quality and safety of care for 2022 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care, including the judicious use of antibiotics, were audited monthly. Clinical indicators were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

The service was generally well resourced. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed, to deliver manual handling training and fire training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet, in residents' care plans, provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded and were notified to the regulator as required. Complaints were well managed and documented. A new complaints policy

had been developed, in line with the recently amended regulations.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed, and these were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance at the sessions was recorded on the training matrix.

Training, appropriate to the sector, was found to be up-to-date.

Staff told the inspector that training was easily accessible. In-house, face-to-face training was delivered, by the person in charge, in areas requiring further discussion of scenarios, for example, safeguarding and dementia care training.

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

robust recruitment and retention of staff. Copies of these documents were available for review.

Staff were incentivised by "employee of the month awards", and positive performance appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents required review and action, as follows:

The regulatory required details were not all entered in the directory of residents, for example, the address of the resident and next of kin as well as cause of death, where known.

Judgment: Substantially compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available to the inspector and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured and this document was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in

place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues requiring improvement were identified a plan was in place to address this,

Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts viewed by the inspector were compliant.

The identification of room numbers for residents and the fees, which are regulatory requirements, were included in the document.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were submitted in a timely manner, as set out by the regulations.

This included, sudden deaths or accidents requiring hospitalisation.

Records of these events were looked into during the inspection, and they were found to be well managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

Quality and safety

Overall residents in Amberley Nursing Home were found to be supported to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that this approach was apparent in the way staff spoke with them and treated them. The person in charge confirmed that all staff undertook training modules, in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected. However, some improvements were required in infection control, medicines, care planning and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care. Nonetheless, some aspects of care planning required action, as described under Regulation 5.

The registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre was updated annually. The laundry was partially outsourced and residents' personal clothes were well managed in the spacious in-house laundry. The centre was observed to be very clean and staff were seen to adhere to good infection control practices in relation to hand hygiene protocol and the use of hand gel. An aspect of infection control requiring action was detailed under Regulation 27.

There was good practice observed in the area of fire safety management within the centre in general. Certification was available, in relation to servicing of fire safety

equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire and this had been updated since the previous inspection. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk. However, there were a number of aspects of fire safety management which required action, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. The provider did not act as pension agent for any residents, and receipts were issued for individual spending.

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

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months and informally through the daily interactions with the management team. A number of individual conversations were seen to be facilitated, between staff and residents, during the inspection.

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Suitable, directional signage was displayed throughout the centre, to support residents to navigate their environment.

There were four sluice rooms in the building and two baths. Residents spoke positively about this as a number of them said they availed of a weekly bath which they greatly enjoyed, in preference to the usual shower. A hairdressing room and a beauty room added to the homely, person-centred, atmosphere, with the focus on residents' well-being.

Residents had access to enclosed gardens and patios with colourful, substantial, outdoor furniture and raised flower boxes and pots, planted by residents and staff. The person in charge was involved in supporting the planting of vegetables, such as, tomatoes and lettuce, as well as flowers and fruits, such as, strawberries, and herbs.

Judgment: Compliant

Regulation 27: Infection control

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

- Specifically designed sinks for staff hand washing purposes had yet to be installed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were a number of issues identified that did not ensure that adequate precautions were taken against the risk of fire, and these required action as follows:

- A number of gaps, where the ceilings had been accessed for heating pipes and other plumbing and wiring needs, had not been sufficiently sealed for fire stopping purposes, (that is to prevent the escape of smoke or flames into the attic void).
- Electrical cupboards were found open in two store rooms, where combustible materials were stored. As these were 'fire resisting' cupboards, not having them securely close negated the fire resistant component of the material.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Not all medicines were stored securely.

The inspector found that a small number of medical products were stored in an unlocked filing cabinet.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were some aspects of care planning which required action:

By way of example:

A sample of care plans and associated information reviewed had not been updated four monthly, or whenever a resident's status had changed following medical intervention, or change in status, as required by legislation.

In particular, this was significant for a resident who had pain following a fall: their care plan for this management had not been updated with the most recent information.

In addition, the wound care chart for a resident, who was in hospital, was not updated with the most recent information on the wound.

Judgment: Substantially compliant

Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records, in the above care plans, found that recommendations from residents' doctors were integrated into residents' care plans. Advice from the dietitian, the physiotherapist and the speech and language therapist (SALT) was documented.

A range of clinical assessment tools were used to underpin and inform the development of care plans. One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of restraints (such as bedrails) in use, and generally where restraint was used it was risk assessed and used in line with the national policy.

Residents exhibiting responsive behaviours (how residents with dementia respond to changes in their environment or express distress or pain) were well managed, and staff were observed to respond appropriately to such residents throughout the day.

Staff had received appropriate training in this aspect of care and care plans reflected best practice, including the use of a clinical assessment tool, to analyse any antecedent and describe the consequence of the behaviour.

Judgment: Compliant

Regulation 8: Protection

Staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management. Where any allegations had been made appropriate steps were taken to address this.

Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted. Residents reported that they felt safe and at home in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. Most staff members were known to individual residents and they had an in-depth understanding of residents' previous lives, home places and interests. Visitors and residents both confirmed that they were treated with dignity and respect, by the management staff and wider staff group.

Residents had access to social outings, activity, gardening, religious services, external and internal musicians and celebrations with family.

Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities, in general, were meaningful to them and they praised the accommodation, the staff and the support 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 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Compliant

Compliance Plan for Amberley Home and Retirement Cottages OSV-0000189

Inspection ID: MON-0040549

Date of inspection: 21/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Updated resident's directory with the missing information. Completed on 22/06/2023	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: When any of the relevant sinks fail, malfunction or damaged, they will be replaced with sinks that are complaint with HBN00-10. Ongoing	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Gaps on the ceilings are now sufficiently sealed for fire stopping purposes. Completed on 22/07/2023 Electrical cupboards are kept closed and will continue to monitor the same. Completed on 21/07/2023	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medical products are now kept in locked cupboards. Completed on 22/07/2023</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: Residents care plans are now updated whenever a resident's status had changed following medical intervention, or change in status. Completed on 23/07/2023 and ongoing</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	22/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	24/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	22/07/2023

	suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/07/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	22/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	23/07/2023