



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Announced
Date of inspection:	07 February 2025
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0037241

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Friday 7 February 2025	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

This was a one day, announced inspection, of Grange Con Nursing Home, to monitor compliance with regulations for the sector. Residents told the inspector that it was a nice place to live and they praised the homely accommodation and the "personal touch", within this small, 24 bedded centre. On arrival at the centre the inspector saw that, externally, the building was well maintained, on a scenic, elevated site, overlooking Muskerry golf club. Inside, the inspector observed that a number of residents were having breakfast in the dining room, where a staff member was overseeing residents' dining experience, with kind and encouraging comments. Additionally, a group of residents were walking, or being accompanied to the sitting room areas, in preparation for the day ahead. The inspector spoke with all residents, and with five residents in more detail, to ask them about their experience of living in Grange Con. The responses were very positive, one resident called the care available "very professional", "warm" and "human". These positive impressions were supported by four visiting relatives, who said they felt that the residents were safe and comfortable.

Grange Con Nursing Home is a family run nursing home. Following an opening meeting with the person in charge, and two of the directors, the inspector was accompanied on a walk around the premises. The inspector observed that residents and staff were seen to have a good rapport, and there was a lively, happy atmosphere in the centre. Twenty three residents were residing in Grange Con nursing home on the day of inspection, with one vacant bed. Residents' bedroom accommodation was comprised of eight single rooms, six twin bedrooms and 1 three bedded room. The majority of the bedrooms had an en suite toilet, shower and wash hand basin, while other residents shared communal showers and toilets. Bedrooms were seen to contain a number of personal items such as, pictures, personal crocheted eiderdowns, art work and books. Some aspects of the premises required upgrading and this will be described further in the report. Residents told the inspector that they had adequate privacy and that staff respected this. Staff were observed to knock on residents' doors before entry and to ask them if they were ready for activities, meals, or to speak with the inspector. Similar to previous inspection findings there was very good internet access, and residents enjoyed sports, on the Sky Sports channel, as well as the use of mobile phones and computers, if they wished.

Residents meetings were now held at more frequent intervals. a review of the minutes indicated that a range of issues, such as infection control, food, events, laundry and staffing were discussed with them. Residents said they enjoyed the meetings, they felt "listened to" and the exchange of information was detailed. They also informed the inspector that staff kept them up to date with news from the community and they had access to newspapers, TV, radio and external activity facilitators.

The inspector observed that there was an interesting activities programme in place.

Staff engaged in activities were enthusiastic, and it was evident they knew residents' personal preferences very well. In the morning, the inspector observed the group enjoying chair-based exercises, relaxation massage, one-to-one interaction and music. In the afternoon, an external singer and musician attended and delivered a lively programme of music, and conversation, which the residents were observed to enjoy. Residents welcomed the home baking, treats, supplements and drinks on the snack trolley, and they praised the choice on offer.

The bright, dining room had sufficient space for all residents who wished to dine in a communal setting. Tables were nicely set up for residents to sit together. The meals served at dinner and tea time looked very appetising, with additional portions being served. A number of residents spoke with the inspector about how tasty and sociable mealtimes were. They spoke about the interaction with other residents and staff at mealtimes, and how this added a "community feel" to life in the nursing home.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents.

Capacity and capability

While the inspector found that the governance and management arrangements required by regulation to ensure that the service provided was consistent, effectively monitored and safe for residents, additional action was required to ensure more robust systems were maintained, as follows: improvements were required in staffing levels, complaints management, aspects of fire safety and premises, as described under the relevant regulations.

In this centre the overall day to day governance structure was well established. One of the owners, who was the director representing the provider and the operational manager, worked in the centre daily and liaised with management staff and residents. The second director, who was the director of nursing, currently on leave, was present for the inspection, and also attended the feedback meeting at the end of the inspection. The care team in the centre was comprised of, the person in charge, two senior nurses, 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 2024 had been collated and submitted to the Chief Inspector, prior to the inspection. In addition, ten feedback questionnaires had been completed by residents and their residents. These were made available to the inspector and were seen to contain compliments and praise for all aspects of the centre. An audit schedule was set out at the beginning of the year and aspects of residents' care, including the judicial use

of antibiotics, were audited monthly. Evidence was seen that clinical outcomes were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures in place, to guide care provision, as required under Schedule 5 of the regulations. These were updated within the required three year timeframe or to take into account any regulatory changes.

The service was generally well resourced. However, this inspection found that there were times in the day when staffing level were not optimal, as care staff were deployed to other tasks, such as, laundry management and preparing and serving the evening meals, during their assigned care hours. This was addressed in more detail, under regulation 15: Staffing. The training matrix indicated that staff received training appropriate to their various roles. The director of nursing had completed a specialist infection control (IPC) link practitioner course, and delivered this training to staff. This meant that all staff were aware of best practice in this area and had a local reference point to consult, in the event of an outbreak of infection. External trainers were employed, to deliver manual handling training and fire training. Staff handover meetings and minutes of staff meetings reviewed indicated that information on residents' changing needs was communicated effectively. Information seen in residents' care plans, also provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

Specified incidents and accidents were recorded and were notified to the regulator as required. A new complaints policy had been developed, in line with the recently amended regulations. Nonetheless, the documentation had not been completed for all complaints, as highlighted under regulation 34.

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, 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 15: Staffing

Some action and a staffing review was required, as to how staff were deployed throughout the day:

For example, care staff from the afternoon cohort of staff, were also deployed to kitchen duties each day after lunch, when the chef went off duty.

In addition, care staff were deployed to laundry duties also as part of their daily, and nightly, duties. Furthermore, on days when external providers were not in the centre the care staff also organised activities.

This did not provide assurance that there were sufficient staff at all times to meet all the needs of residents:

In addition, there were complaints seen about wrong clothes being found in a resident's wardrobe and one resident wearing clothes belong to another resident, which might be resolved if there was a dedicated laundry staff member on duty, or specific hours assigned to laundry management.

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 made available to the inspector and they were seen to be securely filed and stored.

The current roster was seen to reflect the staff numbers present on the day.

Copies of any medicine errors were maintained and staff involved attended appropriate refresher training and competency testing.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further managerial oversight and action was required, to address a number of outstanding issues :

This was evidenced by:

- Fire safety issues: as highlighted under regulation 28.
- Staffing: as described under regulation 15.
- Premises: as explained further under regulation 17
- Complaints management: as outlined under regulation 34.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts, viewed by the inspector, were found to comply with the regulations.

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

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incidents records were maintained in the centre.

All the specified incidents, set out in regulation as requiring notification to the Chief Inspector, had been submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints management required action as evidenced by the following findings:

A review of complaints records found that the satisfaction, or not, of the complainant was not always recorded.

A written response had not always been provided to the complainant. This is required to inform the complaint whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process.

There were some gaps noted in the completion of the complaints form.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance 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 senior staff members, in for example, safeguarding, infection control and dementia care training.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in Grange Con nursing home enjoyed a good quality of life and were in receipt of a high standard of care. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. In this dimension of the report, improvements were required in the areas of premises and fire safety, which will be detailed under the relevant regulations.

An assessment of residents' health and social care needs was completed on admission and this ensured that residents' individual care and support needs were being identified to ascertain if they could be met. Residents' care plans and daily nursing notes were recorded on a paper based documentation system. Care planning documentation was available for each resident in the centre, and this was updated four-monthly, as set out in the regulatory requirements.

The inspector was satisfied that the health care needs of residents were well met. Residents had access to medical care by local general practitioners (GPs), who visited the centre weekly. There was evidence of regular medical and medicine reviews in residents' medical files. Services, such as, occupational therapy (OT), physiotherapy, pharmacy, dental, dietetics, speech and language (SALT), chiropodist and psychiatry of old age, were available, as required.

The premises on the whole was homely and warm. Large bouquets of fresh flowers were placed in two locations and staff said that the provider replaced these regularly. There was nice secluded patio outside for residents' use and residents said that they were looking forward to the warm days ahead and the summer parties. Residents' photographs and other colourful pictures were seen to decorate the walls. The provider had invested in new directional signage to aid orientation around the building. A new bedpan washer was scheduled and new flooring was being installed in some rooms. There were a variety of sitting rooms in the centre, which included a small piano room, where residents liked to sit and take in the lovely view outside.

Residents were provided with wholesome and nutritious looking food choices for their meals, and additional snacks and drinks were made available at their request. Menus were developed according to residents' preferences and dietary requirements, as detailed in individual care plans. Each resident had a nutritional assessment completed, using a validated assessment tool, the MUST tool

(malnutrition universal screening tool). Where weight loss was identified, the nursing staff informed the general practitioner and referred the resident to a dietitian and speech and language therapy (SALT). A sample of care plans, reviewed by the inspector, confirmed that their recommendations were implemented.

Staff had undertaken safeguarding training, and those spoken with demonstrated good knowledge in relation to reporting abuse, and possible indicators of abuse. The inspector was satisfied that the provider had taken appropriate measures to safeguard residents and protect them from abuse. The centre did not act as a pension agent for any resident and invoices and receipts were made available for any costs. There was a low incidence of pressure sores in the centre, and the inspector observed that there were best-practice preventative interventions, such as the use of pressure relieving equipment and careful repositioning of residents, in use to maintain this good care practice.

Infection control training had been delivered to staff, the centre was seen to be clean and staff signed when they had completed cleaning tasks. This enabled audit and supervision of practice. In relation to fire safety, fire evacuation drills had been undertaken. Fire exit signs were in place, fire exits were clear, fire extinguishers, the fire panel and emergency lighting were serviced. The fire brigade had visited the centre for a two hour review, tested the fire hydrant and provided valuable advice. Nonetheless, there were a number of issues to be addressed, which are highlighted under regulation 28.

Staff and the management team promoted the rights and choices of residents living in the centre. It was evident that staff knew residents well and respected their preferences. The inspector observed that staff were mindful of the privacy and dignity of residents and addressed residents by name. Resident meetings took place every three months and minutes seen demonstrated good attendance and information sharing. On a daily basis, staff implemented a varied and interesting schedule of activities and activities were delivered over the weekend also. Advocacy services were available to all residents in the centre and had been requested to assist some residents with personal matters. Residents were supported and encouraged to visit their families at home and go on trips outside the centre with friends and family.

Regulation 13: End of life

There was evidence that a good standard of care was provided to residents at their end of life with consideration given to their physical, psychological, social and spiritual preferences.

Consultation with family members formed part of the care approach.

Care plans were seen to contain residents' wishes for their future decisions.

One family member praised the team of staff and their kindness and compassion

when caring for their relative. Thank you notes and cards had been delivered to staff to express appreciation for the care received.

Judgment: Compliant

Regulation 17: Premises

Certain aspects of the premises did not fully conform to the requirements of Schedule 6 of the regulations, and these required action:

- Some walls required repainting, due to scuffing and wear and tear.
- A number of wardrobes and lockers were scuffed, and painting was required to ensure an intact surface for cleaning purposes.,
- Areas of the flooring required repair, due to wear and tear from heavy furniture. The provider stated that this was a work in progress and the inspector saw that in some en suites new flooring had already been laid.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food service and the quality of prepared, modified meals was very good.

Menus were written on whiteboards in the dining room which created a discussion point for residents and staff.

On the day of inspection a choice was available at dinner, with nicely prepared modified meals for relevant residents.

Residents declared that they were happy with the food on offer and were seen to have suitable cutlery, crockery and condiments on each table.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available in the centre.

It included the terms and conditions relating to residing in the centre, residents' rights and complaints management.

Judgment: 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:

The upstairs office door, where a number of items of office equipment were in use, was not fitted with a self closure device and depended on staff to close it out each time they were leaving the room. This required risk assessment and review, if necessary. In addition, the carpet was seen to restrict smooth closure of the door, so this required review.

Evacuation "ski sheets" were not fitted correctly under the mattress, in the sample checked: this could delay evacuation.

Maps showing fire compartments required more clarification, to ensure compartments were easily identifiable to staff.

PEEPs (personal emergency evacuation plans) were required to be kept in an accessible place for staff reference, in the event of a evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In relation to medicine management, issues found on the previous inspection had been addressed.

The medicine fridge had been fitted with a new lock and prescribed ointments and creams were kept in the medicine trolley.

The pharmacist was described as attentive to the medicine requirements of residents and carried out audits with the staff.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence-based health and nursing

care and support.

Care plans indicated that a range of clinical assessment tools were used to underpin the evaluation of care needs. Any recommendations made by health care professions were seen to be documented.

Residents were seen to have been facilitated to access health care professionals, such as, SALT, a dietitian, an OT, chiropody and specialist medical care, such as community palliative care, geriatrician assessments and skin care specialist nurses, if required.

Residents had timely access to a general practitioners (GPs) and a local pharmacist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted.

There was very little environmental restrictive practice in place and restraint was seen to be used in line with national policy.

A restrictive practice register was maintained and good oversight was maintained to ensure adherence with national policy.

Care plans were in place for any resident experience responsive behaviour, (how residents with dementia communicate distress, anxiety or other needs through their behaviour). These were seen to be person centred and advocated non pharmaceutical interventions.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated.

Staff were observed to support residents to exercise choice in how they spent their days.

Residents had unrestricted access to television, radio, daily newspapers, i-pads and mobile phones.

Physiotherapy, external musicians, poetry reading and reminiscence, yoga, bingo, art and craft, massage, visits from the "open farm", choirs, and family, seasonal and birthday celebrations, among other events, were seen to take place in the centre.

On the day of inspection residents welcomed an external musician, who sang their requested songs, facilitated others to sing and afterwards spent time talking with residents about their life stories and their preferred books etc. Residents told the inspector that they looked forward to this weekly visit and the sociable, personal, atmosphere created.

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 15: Staffing	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0037241

Date of inspection: 07/02/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Management have commenced a trial of an extension to one of the carers shifts. This will balance the carers duties to always ensure sufficient staff to meet all the needs of residents. Completed 07/04/25 A new professional labelling system was introduced for residents' clothing. This system requires each piece of clothing to be tagged on admission. Current residents clothing has also been labelled with this system. There has been positive feedback already from staff, residents and families. 10/03/25	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management has addressed these individually in detail under each regulation.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

The complaints process was reviewed.
 All staff were updated and educated in how to fully complete each form.
 A written response is now given along with / instead of verbal response to each complainant. To inform the complainant whether their complaint has been upheld, the reason for that decision, is any improvement recommended and details of the review process.

Completed : 30/03/25

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Maintenance staff have ongoing work with repainting and touch ups. Completed 10/03/25
 Wardrobes and lockers are due to be repainted or replaced. Completed 30/06/25
 The flooring has been replaced in 7 bathrooms to date. The remaining 1 bathroom and bedroom are due for completion in the coming weeks. 30/04/25

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The door of the office is due to be fitted with a door closer. The door restricted by the carpet will be adjusted for it to close without restriction. 26/05/25

An audit was carried out on evacuation 'ski sheets' to ensure correct fitting. This audit will be included going forward in the audit schedule. 10/03/25

Maps showing fire compartments will be reviewed and printed to ensure compartments were easily identifiable to staff. 31/07/25

PEEPS (Personal Emergency Evacuation Plans) can now be accessed in each individual resident's wardrobe door as well as at the nurse's station in the emergency evacuation box.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	07/04/2025
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	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/07/2025

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	30/03/2025