



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Carrick on Suir Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 January 2022
Centre ID:	OSV-0003608
Fieldwork ID:	MON-0034228

About the designated centre

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

Carrick on Suir Camphill Community, located in a town, provides long-term residential care to both male and female residents over the age of 18 with intellectual disabilities, autism and physical support needs who require medium levels of support. The centre comprises of seven units in total combining a mixture of residential houses and individual semi-independent supported houses. All residents have their own bedrooms and facilities throughout the units which make up this centre include kitchens, sitting rooms, dining rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse and social care staff) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 January 2022	10:00hrs to 18:00hrs	Tanya Brady	Lead
Thursday 6 January 2022	10:00hrs to 18:00hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This was an unannounced inspection undertaken to inform a decision relating to renewal of registration for this centre. This inspection sought to verify actions outlined in the providers compliance plan that had been submitted to the Chief Inspector following an inspection of the centre in August 2021. The inspectors reviewed the quality of care and support being provided to residents within this centre by reviewing the providers documentation, externally commissioned reports and meeting with staff and residents. This inspection was carried out by two inspectors and all units that make up this designated centre were visited. There had been a change to the configuration of the centre since the previous inspection in August 2021 with a new unit added and one removed from the registration. This had allowed for some residents to transition into premises that were more suited to their needs. The inspectors met with a number of residents present in the centre on the day of inspection and met with members of the staff and local management team. Some residents were not present as they had not returned to their home following the recent Christmas holidays choosing to spend this time with their families while others were on day trips that had been planned.

Over the course of the inspection, inspectors observed residents moving throughout the grounds of the centre with some completing tasks such as pulling in the bins once they had been collected from the main gates. Residents were observed greeting staff and being supported to complete activities as independently as possible.

One larger unit within the designated centre visited was home to four residents. On the walk around the inspector met with one resident. They were relaxing in the communal sitting room. They had recently transitioned into the centre and expressed that they were settling into their new home. They had specific jobs in their home and were seen completing one of these jobs on the morning of inspection. They had their own room upstairs and also their own separate sitting room beside their bedroom. They had the option of relaxing in their separate sitting room or the main communal areas of the home. New furniture had been bought for the resident's bedroom and they had decided what pieces they wanted in their room. The resident's art work was displayed in their room. This resident seemed relaxed in their home and was observed to freely move from room to room. Staff engaged with the resident in a respectful and kind manner. Later in the morning, a resident from one of the other units within the centre had come to visit. Two units were paired together and classified as 'bubbles' to allow residents safely visit each other during the pandemic. This resident was sitting at the table drinking tea and chatting freely with staff. Two other residents arrived, one resident was visiting as they were transitioning to this home in the coming weeks. They were warmly welcomed by staff and the resident was asked about their Christmas. Observations indicated that residents were comfortable in their home with kind, familiar interactions between staff and residents.

The next unit visited comprised of four single occupancy homes. Three single occupancy homes were occupied. The final single occupancy home was currently vacant. There was a plan in place for one resident to transfer from another unit into this home by the end of the month. The inspectors visited all units within this part of the centre. Three of the homes, were well kept clean and very much individually decorated with residents' personal items and pictures on display in all areas. The final home in this unit was unoccupied. Although some areas of this home were clean and well kept, some areas required attention. In addition to this, storage spaces observed were found to require de-cluttering and is outlined later in the report. One resident was present at the time of inspection. One resident was visiting family and the other resident was at work. The staff member explained that the residents were independent in many aspects of their life, however, support was provided as needed. Staff would check in with residents across the day and at night residents had a call system in place to alert staff if they needed assistance. The resident present choose not to interact with the inspector as they were busy working on their computer at the time of the visit.

Another unit, home to five residents was empty at the time of the inspectors visit. This was due to the residents being out on a day trip to a neighbouring county. The inspector met with a staff member and had the opportunity to view the house and to review documentation. Areas of maintenance and repair were observed to be required although the provider had noted these in their action plan and plans were in place to address these. In addition some aspects of fire safety in this premises required review and this is discussed further later in the report.

An inspector visited three single occupancy houses located in residential areas about ten minutes from the main centre base. The inspector met with one resident who had recently transitioned into one of the houses. They were relaxing and watching television with the company of a member of staff. The resident reported that they liked their new home and were very happy, they showed the inspector their Christmas tree which was still on display in the living room. In another house the resident who live there was visiting peers in a paired house that was part of their 'bubble', this meant that the other inspector met with them. The inspector observed that they were in the middle of putting away Christmas decorations. The resident in the final house was with their family and so the house was closed, the inspector observed the rooms from outside but did not enter the house. Staff were present here having been shopping for food and getting ready for the resident's return to their home.

In summary, residents appeared happy and comfortable in their homes. Some were engaged in activities within the centre, some were at work while others were on outings or visits. The inspectors found that improvements identified during the last inspection had been maintained and further improved compliance with the regulations was found on this inspection. Areas remain that require improvement including fire safety and residents rights and these are outlined in more detail below.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in this centre and the impact of these arrangements on the quality and safety of the service provided to

residents.

Capacity and capability

The previous inspection of this centre in August 2021 found, that while there had been some improvements in moving towards compliance with regulation and in the quality and safety of care for residents, sustainability of these improvements had yet to be demonstrated. Further assurances were required prior to the centre registration being renewed and this inspection was completed to determine whether continued effective implementation of change had occurred.

There had been a change in the role of regional manager since the previous inspection however, this had not impacted on the oversight arrangements in place. The local management team had continued to implement the actions from the providers' national governance plan and new practices and systems were observed to be in use daily. Staff who spoke with the inspectors were familiar with systems in place and could describe their operation within the houses and in relation to residents they supported.

In one of the larger premises, a commercial property was located off a currently unused communal area. The resident's living accommodation was separated by a doorway from this communal area and the area accessed by the public for commercial purposes. The suitability of this was discussed in detail with the management team on the day of inspection. Subsequent to the inspection, the provider altered the floor plans for the renewal process, and this communal room and commercial property are no longer proposed to be part of the designated centre. The access between the two areas is also under review by the provider.

Regulation 15: Staffing

Inspectors found that the staffing numbers had increased and there was improved retention of staff since the previous inspection. The increased staffing levels ensured residents were in receipt of continuity of care and support that was in line with their assessed needs. There was a shortfall in the centre of one whole time equivalent staff member and this vacancy was being recruited for. The use of agency staff had reduced and where they were utilised to cover gaps in the roster this was only in some of the houses with others where consistency was necessary for residents not using agency staff. When agency staff were used this was clearly indicated on rosters.

Inspectors found that the staff on duty on the day of inspection was reflective of the

roster. The provider and person in charge had reviewed the roster system and the single occupancy houses were now paired with the larger premises which allowed the provider to develop staff teams that could provide consistency across locations. A clear on-call and management rota was in place which identified systems of support in place for staff at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that the staff team and the volunteers in the centre were in receipt of training and refresher training in line with the organisation policies and resident assessed needs. Staff who had been recently recruited had completed an induction process and mandatory training was scheduled as part of this process. There was a system in place for the person in charge to track training requirements and these were being reviewed and audited. One staff member was due refresher training in the management of behaviour that challenges however, this had been scheduled and was due to be completed the week following the inspection.

Inspectors found that the staff team were in receipt of formal staff supervision to support them in carrying out their roles and responsibilities to the best of their abilities. As an outcome from the previous inspection the person in charge had introduced a monthly supervision process until the end of 2021, this had ensured all staff had received supervision and ensured that any outstanding concerns or areas identified for improvement could be addressed. Supervision was now scheduled in line with the providers' policy for the upcoming year. The provider and person in charge also ensured that agency staff and volunteers were in receipt of supervision and support as required. Where performance issues were identified these were identified and dealt with via an enhanced supervision system and in line with the provider policies.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined in the centre, and the lines of accountability and authority were clear. Staff who spoke to the inspectors were clear on who they reported to and knew how to contact managers if required. Staff had specific roles and responsibilities and the management systems in place were for the most part ensuring that the service provided was safe, consistent and effectively monitored.

The review of documentation demonstrated that the person in charge and person participating in management demonstrated a good knowledge of the legislation and were focused on the development of quality improvement. The legislation and the regulations were a standing item on staff meetings and from a review of staff meeting minutes it was observed that they were occurring regularly and were focused on resident needs.

At a local level the service was now regularly audited and reviewed with meetings scheduled for the person in charge and person participating in management to review actions as they arose from audits. For audits reviewed by the inspectors actions were allocated to a named individual to complete and a time frame was identified for their conclusion.

Since the previous inspection in August 2021 the provider had completed a six monthly unannounced review in line with the requirements of the regulations. This had been completed following consultation with residents or their representatives and clear action plans were in place arising from this. The person in charge ensured they were present in all units that comprise this centre on a regular basis and were familiar with all residents, staff and premises. An oversight system of work completed was in place and the co-ordinators or leaders of each of the units provided an overview of their area to the person in charge on a weekly basis. Management meetings were taking place at least monthly and the regional manager provided scheduled support and oversight on a weekly basis.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their responsibility to submit notifications of incidents that occurred in the centre within a specified timeframe. A record was maintained of all incidents occurring in the centre and the Chief Inspector had been notified of the occurrence of incidents in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents lived in warm, clean and comfortable homes, where they appeared happy and content. A number of residents had transitioned to different homes since the

last inspection and premises previously identified as 'not fit for purpose' had now been removed from the designated centre. Resident likes, dislikes and preferences were documented and the staff team were motivated to ensure they were happy and safe.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. Some residents as already stated were visiting family on the day of inspection while others were out in the community either on activities or in employment. Residents were being supported to be independent and to be aware of their rights. The inspectors observed some residents completing activities in the centre that they took pride in being responsible for. The design and layout of the centre was currently under review to ensure it was suitable to meet residents' current needs. Some changes had been made to the premises and others were planned.

The provider had commissioned an expert external review of fire safety within the centre and a number of areas of concern were identified. This report was shared with the inspectors and the provider had arranged a date to ensure that relevant works would be completed in a timely manner. This is an area that is outlined below against regulation 28.

Residents were also protected by the policies, procedures and practices relating to infection prevention and control in the centre. Temperatures were recorded on arrival in the centre and the staff were clear on the procedures to follow in managing visitors and in ensuring residents were protected from the risk of COVID-19 when in the community.

Regulation 17: Premises

This designated centre comprises a number of different premises differing in the accommodation capacity, with some providing a home for up to five individuals and others providing single occupancy living. Each unit in the designated centre was visited by the inspectors with one single occupancy house that was viewed on the previous inspection only viewed from externally this time. For the most part, each of the units visited were found to be clean, warm and homely. Each resident had their own bedroom and some residents in larger homes had individual sitting rooms but also had access to larger communal areas if they so wished.

As already referenced in one home a commercial property was located off a currently unused communal area. The registration renewal application was amended following this inspection in order to remove this area from the designated centre footprint. Additional changes were agreed with the provider to remove access to the living accommodation from this area to ensure privacy of residents. However, on the day of inspection this area was part of one of the houses and thus reviewed as being part of the centre. This communal area was observed to require de-cluttering and cleaning.

One single occupancy home had recently been newly registered as part of the designated centre. This was in line with the providers quality improvement plan to ensure that residents had suitable accommodation. On the day of inspection no resident was living in this home. There was a plan in place to transition one resident from one of the larger homes to this unit. The bedroom was in the process of being decorated. Although no residents were living in this part of the designated centre the kitchen was being used on a daily basis to prepare some meals for residents in some of the single occupancy units. The kitchen and dining area were found to be clean and well kept. Other areas of this home required a deep clean. The provider had identified this, and were arranging to have this cleaned prior to the resident moving in. In addition to this the top floor of the building required de-cluttering and cleaning.

Another single occupancy home contained items belonging to one resident who was transitioning to live in another unit, while the inspector acknowledges that the resident's personal items were being safely stored, this area required cleaning and ventilation as it was musty. In addition this room was not accessible to the other resident living in the house. The provider had a schedule of identified works that were required in all premises. While inspectors observed areas that needed to be painted, windows that required replacement, and damp on some walls, the majority of these works had been quoted for and were scheduled.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management policies, procedures and practices in the centre. Improvements were noted on the risk management processes in place since the last inspection. While specific risks associated with fire safety had not been specifically identified these are dealt with under regulation 28.

Staff that spoke with the inspectors could identify all relevant risks within the centre. Risk management systems included general and individual risk management plans that were regularly updated and reviewed. For example, the risk management plan for slips, trips and falls had been updated following an incident with a resident. These documents were available on a share point system for staff to access. Risk control measures in place were relevant to the identified risks.

A sample of accident and incident reports were reviewed. These provided objective information on the events that had occurred. The person in charge or relevant person from the management team had reviewed all necessary incidents and relevant learning was identified and communicated to the staff team as required.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. Improvements had been noted since the last inspection including the placement of COVID-19 stations at all specific entry and exits points. There was adequate hand washing facilities in each of the premises and access to hand sanitising gels in all locations.

For the most part each home was clean and well kept other than the areas identified under regulation 17. One home required a deep clean, however, this is addressed again under regulation 17 and there were no residents living in this home on the day of inspection. Cleaning schedules were in place for all areas of the homes where the residents lived and had access to. The inspectors observed that while they were clean, the office areas were not on the cleaning schedule although staff reported that they included them in the daily clean.

All staff were wearing appropriate face coverings and there was sufficient supply of Personal Protective Equipment (PPE) available. Staff had completed training in relation to infection prevention and control, including hand hygiene and the use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had a range of fire precautions in place in the centre, however, improvements were required in relation to some fire containment measures, fire evacuation routes, and the provision of equipment to ensure all residents could safely evacuate in the event of an emergency. An external fire safety audit had been commissioned by the provider, completed early November 2021, and the report was shared with inspectors on the day of inspection. Areas that required urgent attention were prioritised for works to be completed within a couple of weeks of the inspection in order to resolve them with some having already been completed. Inspectors were concerned that the findings of the competent persons' report identified an inner bedroom for one resident in one of the single occupancy units. Assurances were given regarding the systems in place for the safe evacuation of the resident with an alternative evacuation route identified by the provider.

Fire safety systems were in place throughout the houses of this centre which included fire alarms, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets. These systems were now in receipt of regular maintenance checks to ensure they were fit for purpose.

Fire doors were in place throughout the centre, however, on the day of inspection some doors were not adequately closing to ensure effective fire containment measures were in place. In one premises a resident's bedroom door did not close and was seen to be open despite the presence of a closing mechanism. This door had not been identified as a concern on the providers audits.

In one home, there was a commercial property located off a communal room in the residents' home. This commercial property was surrounded by a partition wall. There was an approximately a two foot gap between this wall and the ceiling of the property. In this communal room, furniture, wool and other items were stored which had the potential to ignite and spread fire. The provider had failed to identify the potential risks in this area. This was discussed in detail on the day of inspection. Assurances were provided that all extra items stored in this room would be removed. In addition to this, the provider was going to seek additional assurances from a suitably qualified fire expert to ensure the measures in place in this area of the home were sufficient to mitigate any potential spread of fire.

Fire drills were occurring at regular intervals and a sample reviewed indicated that residents were evacuating in a timely and safe manner. However, a specific piece of equipment was recommended for a resident who had declining mobility at times. This resident had recently transitioned to the centre and had access to a stair lift to navigate the stairs, this would not be accessible in times of emergency. This piece of evacuation equipment was not in place on the day of inspection.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy-to-read format in the centre. Clear systems were now in place to guide staff in supporting residents with their finances and in the provision of intimate care. Residents had intimate care plans in place which detailed their support needs and preferences. For residents who were assessed as having capacity to manage their finances or who needed minimal support there were no formal systems in place to reconcile bank statements which ensured that residents were safeguarded at all times. This was discussed with the provider on the day and was scheduled for review and for discussion with residents.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where concerns had been identified either via an incident or a complaint the inspectors found that these had been investigated and reviewed within timelines as set out.

Judgment: Compliant

Regulation 9: Residents' rights

An immediate action was issued to the provider on the day of inspection relating to the privacy of resident personal information. On arrival to the centre in the morning a centre vehicle was observed parked on a public road outside the centre with residents' personal documents visible inside it. These were observed to be still present in the afternoon and inspectors requested they be removed from the vehicle and stored safely and privately. This was completed prior to the conclusion of the inspection.

The registered provider had ensured that residents were involved in the running of the centre and inspectors reviewed samples of resident meeting minutes. There were records in place of one-to-one meetings or structured conversations that took place regarding decisions on their care and support. From observation and engagement with residents on the day of inspection it did appear that they had the freedom to exercise choice and control in their lives. Residents were seen to be treated in a respectful manner throughout th day of inspection.

Judgment: Not 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carrick on Suir Camphill Community OSV-0003608

Inspection ID: MON-0034228

Date of inspection: 06/01/2022

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The single occupancy inspected on the day was vacant and deep clean was completed on 26.01.2022, the 3rd floor space requiring de clutter of this same unit took place on the 14.01.2022.</p> <p>The outlined restrictive practice has met its conclusion on 14.01.2022</p> <p>While the windows need replacing quotes have been obtained and the provider is actively working in partnership with the HSE to address the resource gaps at the centre both on a local and national level.</p> <p>All other works have been scheduled via affinity and will commence in the coming year.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors not closing in a bedroom in one the designated centers were immediately notified and put up on the affinity and works completed on 14/01/2022.</p> <p>Our environmental walk round document has also been adapted to specify doors not closing on own weight.</p> <p>OT equipment as outlined has been ordered.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: On the day of the inspection old files were being transitioned from one unit to another unit where that resident was transitioning too. These files are now in protected space of the unit in which CMSN's is residing.</p> <p>All local management and staff team completed trainings on HSE land 'The Fundamentals of GDPR' by 31/01/2022.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	31/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022
Regulation 28(3)(d)	The registered provider shall make adequate	Not Compliant	Red	01/02/2022

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Red	06/01/2022