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:	Aperee Living Bantry
Name of provider:	Deerpark Care Home Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	13 November 2024
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0045434

About the designated centre

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

Aperee Living Bantry is a single storey facility located approximately two kilometres from the town of Bantry. The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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
Wednesday 13 November 2024	10:30hrs to 17:00hrs	Ella Ferriter	Lead
Wednesday 13 November 2024	10:30hrs to 17:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This unannounced risk inspection by two inspectors took place over one day. The purpose of this inspection was to monitor the care and welfare of residents living in the centre and to follow up on the completion of fire safety works required in the centre. There were 29 residents living in the centre on the day of the inspection and 21 vacant beds. The inspectors met with all residents living in the centre and spoke with seven residents in more detail, to gain an insight into their experience of living in the centre and their quality of life. Residents told inspectors that they were happy and that they were cared for by great staff, one resident stating that staff "couldn't do enough for me". Residents had been informed that the centre was currently being managed by a receiver and they knew that required fire works were ongoing in the centre. It was evident that residents were supported to enjoy a good quality of life and that they had many opportunities for social engagement and meaningful activities.

Aperee Living Bantry is a designated centre for older people, , in the town of Bantry, Cork. The centre is divided into three corridors Beara, Mizen and Sheep's Head, all named after local places around West Cork. Bedroom accommodation in the centre consists of 42 single and four twin bedrooms, all with en-suite facilities. The inspectors observed that the four twin bedrooms continued to function as single bedrooms, similar to the findings of the previous seven inspections. These bedrooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed. Communal space in the centre comprises of a quiet room, two living rooms and two dining rooms. The inspectors noted that when the total communal area was calculated, it did not provide 50 residents with the recommended amount of communal space, per resident. However, the communal space in the centre was sufficient, when the centre operated with the twin bedrooms as single rooms, as they had been doing for over three years. Resident had access to two well maintained internal courtyards.

Overall, the centre was nicely decorated, clean and had a homely atmosphere.The premises was designed and laid out to meet the needs of residents living in the centre. The flooring in the dining room, sitting room and ten bedrooms had been replaced and inspectors were informed that the flooring on the Mizen corridor was due to be replaced the week following the inspection. The inspectors identified additional bedrooms in which the flooring required attention as it was torn and damaged and some bedroom walls and door frames were also seen to be scuffed. These and other findings in relation to the premises are further detailed under regulation 17.

On the walk of the premises inspectors noted that fire emergency lighting was not functioning on one of the centres corridors, which may impede or delay an evacuation in the event of an emergency. This was immediately brought to the attention of the management team and arrangements were made so the required work was completed on the day. This is further detailed under regulation 28.

Externally, contractors' equipment, welfare facilities and a skip were observed to be still in place and were awaiting the contractor to remove them. Further action was required as detailed under Regulation 17; Premises

The centre was observed to be clean and there was adequate cleaning staff employed. There was one sluicing facility on the premises, however this was observed to be overcrowded and used for storage, which made access to sluicing facilities and the hand washing sink difficult for staff to access. These and other findings in relation to infection control are detailed under regulation 27.

The inspectors observed the lunch time meal in the two dining rooms. Dining room tables were observed to be nicely dressed with table cloths and a menu was available for residents to choose their meals from. Lunchtime was observed to be a very social occasion with residents sitting with their friends and chatting. Overall, residents spoken with said the food was very good and that there was always choice. A review of residents meetings evidenced that feedback from the residents was sought and changes made to menus to reflect suggestions.

Residents were seen to enjoy a varied activities programme in the centre in the main sitting room. The inspectors saw residents had recently completed a knitting project and the work was being donated to charity. Musicians attended the centre weekly and residents enjoyed exercise programmes, baking, newspaper readings and quizzes. Residents told inspectors they were happy with the variety of activities available to them and that there was always something to do. The inspectors had the opportunity to meet with three visitors during the inspection and they all stated they were very happy with the care in the centre and the kind and compassionate nature of the staff.

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

Capacity and capability

This was an unannounced risk inspection carried out by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and to follow up on information received from the provider that the required fire safety works were complete in the centre. Findings of this inspection were that the on site management team were ensuring that the care provided to residents was safe and of a good standard and residents reported they were happy and felt well cared for by staff. However, while it was evident that fire safety works had been undertaken in the centre, all required works were not completed. There was also no evidence that work completed to date, had been signed off by a competent professional to ensure that it was completed to the required standard.

Aperee Living Bantry is operated by Deerpark Care Home Ltd the registered provider. As identified in the previous inspection, concerns remained regarding the financial resources available to the provider. The Chief Inspector was informed that the registered provider company was placed in receivership, on 31 July 2024 and that the appointed receivers were now responsible for the operational and financial management of the designated centre, with the powers of the current directors suspended. These and other findings are outlined under Regulation 23, governance and management.

The previous seven inspections, between July 2022 and September 2024 of Aperee Living Bantry identified significant areas of concern relating to the governance and management of the centre and fire safety. As a result the Chief Inspector had issued a notice of proposed decision to cancel the centres registration relating to serious concerns about the registered providers fitness to operate the centre and their failure to complete the fire safety works within the agreed time line.

At the time of this inspection the centre had a restrictive condition on its registration, which had been attached in July 2023. This had been applied to the centres registration, by the Chief Inspector, in accordance with Section 51 of the Health Act. This condition states that the registered provider shall ensure that no new resident is admitted to the designated centre until the designated centre is brought into compliance with regulation 28- fire precautions and the works to improve fire safety were completed in full. This was applied to the centres registration to hold the provider to account, for non-compliance with the Act and regulations. The person in charge of the centre was aware of the restrictions imposed. From discussion with the person in charge, review of the residents admission dates and review of the directory of residents it was evident that there had been no new admissions to the designated centre since July 2023.

There was a clearly defined local management structure in place with identified lines of accountability and authority and staff were aware of their individual roles and responsibilities. The centre was being managed by an appropriately qualified person in charge who had been working in the centre for over 15 years. They were supported in their role by an assistant director of nursing and a team of registered nurses, healthcare assistants, administrators, catering, maintenance and household staff. From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The person in charge and the assistant director of nursing who supervised the delivery of care were supernumerary when on duty Monday to Friday.

The registered provider had appointed a person participating in management who attended the centre each week to support the on-site management team. The inspectors were informed that this person met with the provider on a regular basis to discuss the operational management of the centre and to ensure finances were available to complete the fire safety works required. However, these meetings were informal and therefore minutes of management meetings were not available to inspectors on the day to review. Records of management meetings and clinical governance meetings between the person in charge and this manager were

maintained, with associated action plans developed, and implemented. Once again the findings of this inspection were that the registered providers governance structure was not in line with commitments provided to the office or the Statement of Purpose for the centre.

There were good communication systems evident between the person in charge and the assistant director of nursing to ensure effective clinical oversight. There was a good system of local oversight of the quality and safety of care delivered to residents through a programme of audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback. Incidents occurring in the centre were recorded and had been notified to the Chief Inspector as required by the regulations.

Regulation 15: Staffing

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. There were two registered nurses on duty day and night.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regards to the governance and management of the service as evidenced by the following;

The provider had not ensured that the service was sufficiently resourced:

- There had been significant delays in the completion of fire works required in the centre which had been identified three years prior to this inspection. Commitments given by the provider following seven inspections of the centre had not been fully completed to date. A restrictive condition remained in place against the registration of the centre and could not be removed as the fire works in the centre had not been completed.
- Inspectors remained concerned regarding the provider's management of the centre's finances, as the centre was in receivership since 31 July 2024.

Management systems required action to ensure that the service provided is safe, appropriate, consistent and effectively monitored as evidenced by the following findings:

- The registered providers governance structure was not in line with commitments provided to the office or the Statement of Purpose for the centre.

- Communication systems between the registered provider and the PPIM remained informal and therefore were not sufficiently robust.
- Fire work which had been completed had not been signed off by a competent person. This is required to evidence that all orange and red rated fire safety risks, identified in the fire safety risk assessment dated 20 November 2021, have been addressed in full and the works to address those risks were completed to the required standard.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in Aperee Living Bantry. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and opportunities for social engagement. Notwithstanding this, the registered providers' history of poor governance and failure to complete fire safety work to the premises impacted on the quality and safety of care and continued to put residents at risk. These and other findings pertaining to the premises and infection control are detailed under the relevant regulations of this report.

The inspectors reviewed a selection of care records for residents with a range of health and social care needs. These were seen to be person-centred and were updated either four monthly or more frequently when there were any changes to

the residents care or condition. Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as dietitian, tissue viability and palliative care services, as requested by residents or as required.

Overall, in terms of fire precautions, there was good oversight of the fire safety in the centre by local management and staff. From a walk-through of the centre and conversations with management, it was evident that the programme of work to address fire safety risks identified in the provider's fire safety risk assessment dated 20 November 2021, was nearing completion. However, as mentioned earlier in this report sign off from a competent person was not available to provide assurance that all risks identified have been addressed in full and that work was completed to an appropriate standard.

Fire safety training was up to date for staff. The inspectors reviewed the fire safety records and saw that appropriate certification was in place for servicing and maintenance of fire equipment, including the fire fighting equipment, emergency lighting and fire detection and alarm system. Fire compartments had been amended to reduce the number of beds in each compartment, fire doors had been altered and sealed to ensure effective containment and there was evidence of fire sealing of breaches through fire rated walls and ceilings. The external ramps had been replaced and residents were now affording a safe route of escape from the Beara and Sheep's Head corridor. A number of other exits, which previously had a short steep ramp or step was now provided with a more accessible ramp, improving the means of escape. There was signage on external routes directing occupants towards the assembly point, however, some additional signage would be beneficial in areas where the escape path was in one direction only. On the day of this inspection inspectors also found that further works remanded outstanding, as detailed under regulation 28 of this report.

Risk management systems in the centre were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks that may impact on the safety and welfare of residents. While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Regulation 17: Premises

Some areas of the premises required to be addressed to conform with Schedule 6 of the regulations:

- Flooring in some areas of the centre, such as bedrooms and corridors was damaged.
- Paint on some bedroom walls, door frames and corridors was chipped and damaged.
- Following fire safety work, there were areas that had not yet been repainted or repaired, in particular fire doors to resident's bedrooms and the plaster to the wall of the quiet room was damaged.
- The door into the quiet room was a double door with two door leaves; each leaf was narrow and meant that both would need to be open for residents using mobility equipment or a wheelchair. The inspectors observed that the door into this space proved difficult to manoeuvre for staff and inspectors; therefore, it may be difficult for residents to use independently.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk register had been established to include potential risks to residents' safety and was being reviewed monthly by the person in charge. Clinical risks were documented on the electronic care documentation system. Environmental risks had been identified and included in the risk register. Controls were identified for all risks identified.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), however, further action is required to be fully compliant. For example:

- Sinks in the centre required updating to comply with recommended standards for clinical hand wash facilities.
- Inspectors saw that there was inappropriate storage of equipment in the sluice room, which increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Under this regulation, immediate action was required on the day of this inspection by the provider to address an urgent risk;

- The emergency lighting on one bedroom corridor was not functioning.

The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed. The person in charge arranged for an electrical contractor to come on site during the inspection and the issue was addressed.

Notwithstanding the extent of work carried out, it was not yet complete and signed off by the competent person. In order to complete the programme of work, identified in the provider's fire safety risk assessment, the following was outstanding:

- Completion of the upgrade of the electrical panels and subsequent sealing up of breaches in the fire rated ceiling of the electrical room.
- Some additional exit signage.
- The upgrade and display of evacuation floor plans.
- Fire sealing of enclosure to electrical room once the above electrical work is complete.

Improvement was required to ensure adequate means of escape:

- There was a lip at the threshold to the exit door by the quiet room. This meant that egress may be hindered where mobility aids and evacuation aids were used.
- Minor alterations were required to exit signage; the directional arrow was not pointing towards the exit and a corridor required an additional exit sign.
- The provider was awaiting the fitting of a manual lock release to a gate on an external escape route.
- There were cars parked at the assembly point and on one external route leading to the assembly point. Appropriate signage was needed to ensure they were kept clear.

While evacuation drills were completed and staff spoken with were knowledgeable on the evacuation procedure, a drill had not been completed along the newly completed external ramps, to ensure staff knowledge and competency if required to evacuate on these routes.

The competent fire consultant was due on site the following day to complete a snag list of the work complete, and would also upon completion of the work issue the

requisite sign off. This will be required so that the centre's evacuation procedure can be amended to reflect the newer reduced compartment sizes.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre, as per regulatory requirements. Care plans reviewed were updated four monthly and they contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Improvements were noted in care planning documentation and consultation with residents since the previous inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioners from a local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required. There was a low incidence of pressure ulcer formation in the centre and wound care practices were found to be in line with evidence based nursing care.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors were satisfied that improvements had taken place in relation to all aspects of safeguarding. Safeguarding training was provided to all staff and allegations of abuse were reported, investigated and changes implemented as required. Inspectors were satisfied that systems had been enhanced to protect and manage residents finances. The provider was not pension agent for any residents living in the centre on the day of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. There were facilities for residents to participate in activities in accordance with their interests and capacities. Residents were consulted about the activity schedule to ensure it was enjoyable and engaging for all residents. Residents said that they were kept informed about changes in the centre through monthly resident forum meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service.

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0045434

Date of inspection: 13/11/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The RPR and PPIM continue to communicate at a minimum on a weekly basis. Minutes are taken of these weekly meetings since this inspection. • The works in the center are now complete. The sign off report from a competent person to provide assurance that all previously identified fire risks have been addressed will be submitted once the engineer finalizes his report. • The center is in the process of being sold and will remain in receivership until the sale is completed. • • The Statement of Purpose has been updated. **The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.** **The registered provider failed to provide a date for achieving compliance with Regulation 23 (a) and (c).**	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose has been updated.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• A refurbishment plan for the center has been compiled and works have commenced:
- 32 bedrooms out of the 46 bedrooms have been painted.
- 10 bedroom floorings have been replaced

• The refurbishment plan has been updated in January 2025 and includes
- Repainting the remainder of the center, including repairing and repainting damaged skirting boards.
- Replacing the curtains and curtain poles in the resident's bedrooms
- Flooring to be replaced in the remaining 16 bedrooms
- Flooring in middle of Sheep's Head corridor to be replaced
- Replace bedroom lockers
- Replace bedroom tables
- Replacement of bedding
- Installation of 3 Clinical Sinks in accordance with HBN11 -01.
- In the Quiet Room, both leaf doors of the double doors have been fitted with magnetic door holders (these magnets are in compliance with fire regulation standards) to hold them open. In the event a resident wishes to close these doors for privacy, they are informed that staff will assist them. There is a sign beside the call bell in the room reinforcing this message and residents were are informed at the Residents' Meeting.

The registered provider failed to provide a date for achieving compliance with Regulation 17 (2).

Regulation 27: Infection control	Substantially Compliant

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

• Installation of 3 Clinical Sinks in accordance with HBN11 -01 is included in the refurbishment plan.
• The Sluice Room has been reorganized and stored equipment has been removed

The registered provider failed to provide a date for achieving compliance with Regulation 27.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• All emergency lightening is now functioning.
• Both electrical panels in the Home have been upgraded and subsequent sealing up of breaches of the fire rated ceiling of both electrical rooms is completed.
• Alterations to the exit signage have been made.
• The Evacuation Floor plans are in the process of being updated by the engineer.
• The lip at the threshold of the exit door is the quiet room has been resolved by installing a small sloping ramp.
• The signage of the assembly point in the car park has been installed to ensure that visitors are instructed not to park in this area.
• Evacuation Drills have been completed along both newly completed external ramps.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

The registered provider failed to provide a date for achieving compliance with Regulation 28 (1)(a).

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	

	consistent and effectively monitored.			
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	
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	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/02/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Substantially Compliant	Yellow	10/02/2025

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/02/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	10/02/2025