



**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:	Greenhill Nursing Home
Name of provider:	Saivikasdal Ltd
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0004584
Fieldwork ID:	MON-0039181

About the designated centre

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

Greenhill Nursing Home is situated in a residential area approximately half a mile from the centre of Carrick-on Suir on the main Waterford road. Local amenities are all within easy access of the centre. The registered provider of the centre is Saivikasdal Ltd and Greenhills Nursing Home is purpose-built and residents' accommodation comprises of single bedrooms and one twin bedroom, most with en suite facilities. The layout of the centre comprises of three wings, each with it's own large day room. Day rooms are arranged with a comfortable lounge area and a dining area. The main dining room is located by the main reception, this is a large room with views of the enclosed landscaped garden. Residents have access to the garden via many exits. The garden has walkways, seating areas, a smoking shelter, raised flower and vegetable beds for residents' enjoyment. Greenhills Nursing Home provides accommodation for 55 residents. The centre employs approximately 49 staff and full-time nursing care is provided for both male and female residents with low to maximum dependency. It caters for long-term care, convalescence care and for people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 January 2023	10:00hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents of their experience of living in the centre was positive. The inspector spoke with multiple residents throughout both days of the inspection and the feedback was generally positive. One resident told the inspector that staff are very nice and another said that the staff are always there if I need them.

This was an unannounced inspection, and on arrival, the inspector went through the infection prevention and control practices in the centre, such as temperature checks and symptom checks, before entering resident' areas.

Following an introductory meeting with the person in charge the inspector did a walk about of the centre accompanied by the person in charge. The inspector noted that there was generally a calm atmosphere. Staff were observed to respect resident's privacy and dignity, for example, they knocked on residents' bedroom doors and awaited resident's response before entering. The inspector noted that staff engaged in conversation with residents while attending to their personal care needs.

Greenhill nursing home is a single storey facility located in a residential area in the town of Carrick-on-Suir. The centre has capacity to accommodate fifty five residents in fifty three single rooms and one twin room. Forty of the single rooms and the twin room have full en suite shower and toilet facilities and thirteen of the bedrooms have a wash hand basin only in the room. There are adequate communal toilet and shower facilities for these residents. On the day of the inspection there were 55 residents in the centre.

Operationally, the centre is made up of three distinct wings, A, B, and C wing. Each wing has their own day/dining room. The inspector observed the centre to be appropriately furnished and decorated with pictures and ornaments throughout. While the centre was generally clean throughout, as found on the last inspection, some areas were in need of painting as there was scuffed paintwork on walls and doors. The inspector also noted a shower chair in one of the bathrooms had rusted legs.

The inspector observed that there was adequate storage in most of the resident' bedrooms, which included a wardrobe and lockable storage space. In a number of bedrooms, residents had personalised their bedrooms with the addition of items of personal significance, such as photographs and ornaments. One resident did say to the inspector that they did not have sufficient storage space and some items were stored in boxes on the ground.

Residents had access to an enclosed garden that was landscaped to a good standard. It had seating and walkways for residents' use. The weather was not suitable for spending time outside on the day of the inspection and residents were

only seen to avail of the sheltered smoking area, that was located in the corner of the garden. This area was in need of attention. The concrete surface was coated with a black substance that made it slippery and a potential slip hazard for residents. There was also a table in this area that was unclean.

The inspector observed that there were residents in each of the sitting rooms throughout the day. Residents were observed to be participating in activities, such as bingo. There were staff coats and bags stored in the corner of the sitting rooms. In addition to detracting from a homely environment, this posed a risk to residents as there could have been items of risk stored in the coats and bags.

The inspector spent time in the different areas chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, and staff attended to the care needs of the residents with kindness and compassion. Staff assisted residents in a discrete and supportive manner. Staff that spoke with the inspector demonstrated a good knowledge of residents, their individual needs and preferences.

The inspector found that there was a calm and welcoming atmosphere in all areas. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

Residents were found to have access to telephones, personal mobile phones and technological devices such as tablets, which supported them in maintaining contact with friends and family. There was a good level of visitor activity and residents expressed satisfaction with visiting arrangements. A number of visitors spoke with the inspector and expressed high levels of satisfaction with the care and services their relatives received in the centre.

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

Capacity and capability

Overall, the findings of this inspection were that there were systems in place to support the provision of a high standard of evidenced based care. However, more focus was required on key areas such as the programme of audits that contributed to oversight of quality and safety and in staff training. These findings are discussed under the relevant regulations in this report.

This unannounced inspection was conducted over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for

older people) Regulation 2013 (as amended).

Greenhill Nursing Home is operated by Saivikasdal Ltd, a company comprising two directors. There is a clearly defined management structure in place. Both directors are medical staff. One of the directors has a daily presence in the centre and is actively engaged in the day to day operation of the centre. The person in charge was appointed to the role in October 2022. He is an experienced nurse and manager. The person in charge is supported by an assistant director of nursing (ADON).

The management team had systems in place for the oversight of the quality and safety of care in the centre. This included a number of audits on key areas, such as falls management, wound care, medication management and nutritional status. While audits were conducted, the system would benefit from an overall programme of audits set out for the year ahead. There was also a need for further detail in some of the audits to ensure that any deficits in care or trends were captured.

The inspector reviewed the worked and planned roster and was assured that there were sufficient staff to meet the assessed needs of residents. Rosters showed there was a minimum of one registered nurse on duty at all times in line with regulatory requirements.

Records reviewed showed that there was a good level of attendance at training in areas such as safeguarding residents from abuse, manual handling, infection control and medication management. Some staff were overdue attendance at training in the areas of fire safety and responsive behavior. Staff were aware of the lines of authority and accountability in the centre and where to report any issues or concerns. Staff were appropriately supervised in their work and were knowledgeable regarding the needs of residents, including the policy on safeguarding residents from abuse. They explained how they would protect residents and report any complaints or concerns of abuse.

Residents that spoke with the inspector said that if they have any concerns or complaints, they were dealt with quickly and they were comfortable highlighting any issues that required attention.

The inspector observed that there were residents in each of the sitting rooms throughout the day. Residents were observed to be participating in activities, such as bingo. There were staff coats and bags stored in the corner of the sitting rooms. In addition to detracting from a homely environment, this posed a risk to residents as there could have been items of risk stored in the coats and bags.

The inspector spent time in the different areas chatting with residents and observing the quality of staff interactions with residents. Staff interactions with residents were respectful, and staff attended to the care needs of the residents with kindness and compassion. Staff assisted residents in a discrete and supportive manner. Staff that spoke with the inspector demonstrated a good knowledge of residents, their individual needs and preferences.

Residents were found to have access to telephones, personal mobile phones and

technological devices such as tablets, which supported them in maintaining contact with friends and family. There was a good level of visitor' activity and residents expressed satisfaction with visiting arrangements. A number of visitors spoke with the inspector and expressed high levels of satisfaction with the care and services their relatives received in the centre.

Regulation 14: Persons in charge

There was a person in charge of the designated centre. The person in charge had been appointed to the role in October 2022. The person in charge is an experienced nurse and manager and has the required experience and qualifications to be person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff were overdue attendance at training in responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. Records were stored securely and readily accessible.

Judgment: Compliant

Regulation 23: Governance and management

While there were audits conducted in a number of high risk areas and some of these were of high quality, improvements were required to enhance the oversight of quality and safety in the centre. For example:

- there was no overarching audit schedule available to identify what and when audits would be conducted throughout the year
- the frequency of some audits could be increased. For example, medication management audits were conducted annually by an external pharmacy. While this is good practice, additional audits conducted internally would support better oversight of medication management
- further detail was required in some audits, such as falls management and the management of wounds

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place, that included an appeals process. The procedure for making a complaint was on prominent display in the centre. The inspector reviewed the complaints log and found that adequate investigations were conducted and adequate measures taken in response to complaints.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving a high standard of evidence-based care in response to their assessed health and social care needs. However, the inspector found that some action was required to ensure the safety of residents and compliance with fire safety, assessment and care planning, infection control and the premises.

A review of residents' records found that residents' care and support needs were appropriately identified through validated assessment tools. These were used to inform the development of person-centred care plans residents. Care plans generally provided adequate detail on the care to be delivered to each resident on an individual basis.

Ten residents required the use of bed rails, which was a reduction in the number from the last inspection. There was a focus on reducing the use of bed rails and this was supported by the gradual replacement of older beds and some new low beds were due for delivery in April 2023. Records reviewed by the inspector indicated that appropriate risk assessments had been carried out. A restrictive practice register was maintained in the centre which was reviewed regularly by the person in charge.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents. There was a need however, to ensure that residents had access to a full multi-disciplinary team, such as occupational therapists. This is outlined in more detail under Regulation 5 of this report.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The provider was not pension agent for any residents.

The risk management policy met the requirements of Regulation 26, Risk management and contained associated risk policies that addressed specific issues such as the unexplained absence of a residents, self-harm, aggression and violence, safeguarding and the prevention of abuse. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk.

The premises were found to be generally in a good state of repair. There were systems in place to ensure that preventive maintenance was conducted on equipment such as hoists and beds. There were some areas for improvement to ensure that the premises fully conformed to the matters set out in Schedule 6 of the regulations. These are outlined under Regulation 17: Premises.

A review of fire precautions in the centre found that records were available to indicate that emergency lighting and fire-fighting equipment were maintained at the recommended intervals. Daily checks were completed to ensure means of escape were unobstructed. However, records of maintenance and testing of the fire alarm system were not available on the day of the inspection. Bedroom and most day area doors had automatic door closure devices fitted that were connected to the fire detection and alarm system. One of the day room doors, however, did not have one of these fitted and this door was held open with a chair. Action was also required in relation to fire drill records and the availability of evacuation aids in each bedroom. These issues are discussed in more detail under Regulation 28 of this report.

Ample supplies of personal protective equipment (PPE) and alcohol based hand sanitisers were available in dispensers throughout the centre. While there was some evidence of good infection control practice identified, a number of actions are

required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

Overall, the rights of residents were upheld and promoted. Visiting was observed to be unrestricted and the inspector observed a high level of visitor activity over the course of the inspection. Residents were provided with a good selection of food and residents were offered a choice of food at mealtimes. The dining experience would be enhanced by displaying the menu on offer. This would be particularly beneficial to residents with communication difficulties that may benefit from the use of pictorial menus. Meals were presented in a appetising way and adequate staff were available to assist residents, if required or requested.

Regulation 11: Visits

Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. There was a high but safe level of visitor activity and inspectors saw and met a number of visitors coming and going to the centre during the inspection. Residents were seen to meet their visitors in their rooms and in communal areas.

Judgment: Compliant

Regulation 12: Personal possessions

While most residents had adequate storage space in their bedrooms for clothing and personal belongings, there was to review storage space on an individual basis for each resident to ensure they had adequate space for personal belongings.

Judgment: Substantially compliant

Regulation 17: Premises

Action was required to ensure that the premises complied with Schedule 6 of the regulations. For example:

- the concrete surface of the sheltered smoking area was coated with a black substance that made it slippery and a potential slip hazard for residents
- some areas of the premises required repainting due to evidence of scuff marks on surfaces
- there was a rusted hand rail in one of the bathrooms and there was also a shower chair in one of the en suites with rusted legs

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that addressed the items specified in the regulations and is kept under review.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required in order to meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), including:

- the street clothes of some staff were stored in the corner of communal rooms
- there wash basins stored on top of commodes in the sluice room
- there was not an adequate system in place for identifying when equipment was cleaned after use
- the provider was requested to risk assess the availability of clinical wash hand basins to determine if there were adequate hand washing facilities in the centre
- the table in the smoking shelter was not clean
- a store rooms used for storing hygiene items and linen was untidy and there was a number of cloth towels overflowing on to the floor from their plastic wrapper

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- certification was not available to ascertain if the fire alarm had preventive maintenance conducted in accordance with relevant standards
- the sitting room door was held open with a chair which could impact on the containment of smoke and flames in the event of a fire
- while there were regular fire drills, the evacuation times did not indicate that residents could be evacuated in a timely manner

- there was a need to ensure that personal evacuation plans were updated to reflect each resident's changing needs
- there was a need to ensure that evacuation aids provided to each resident reflected their evacuation needs

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a need to ensure that residents assessments incorporated the input from allied health services, such as an occupational therapist for seating assessments, when this was indicated.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical care to meet their needs. Residents had access to general practitioners (GP) that visited the centre on a regular basis. Residents also had access to an out-of-hours GP service at evenings and weekends. Services such as physiotherapy, psychiatry of later life, speech and language therapy and dietetics were available when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with by inspectors knew how to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records indicated a low incidence of bed rail usage. Where restraints were used, records indicated alternatives to restraint were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what constitutes abuse and the appropriate actions to take should there be an allegation of abuse. The provider was not pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and there was a good level of participation by residents. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenhill Nursing Home OSV-0004584

Inspection ID: MON-0039181

Date of inspection: 31/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Responsive behavior and Restrictive practice training completed on 15/2/23 and 24/2/23.</p> <p>Fire safety training was completed on 02/03/2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: We have reviewed our Audit management system and introduced an annual audit plan.</p> <p>In our annual audit plan,</p> <ol style="list-style-type: none"> 1. The Frequency of medication management audits is now 2 monthly 2. Falls audit done monthly with quarterly reviews to take account of emerging trends. 3. Wound care audits done every week. <p>All above audits are reviewed by DON regularly and acted upon.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We have done a review of storage space on an individual basis for each resident. As a result of that review, we have provided additional storage space to one resident.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A risk assessment of the smoking shelter including floor surface was done. Revised cleaning schedule has been introduced including daily cleaning and weekly power washing.</p> <p>There is a maintenance schedule in place which identifies areas that need to be repainted and these are scheduled once identified.</p> <p>An audit of the bathrooms and equipment has been completed including handrails, shower chairs and commodes, as a result there has been some repainting of handrails and following a review of shower chairs and commodes a planned phased replacing of some of this equipment has commenced.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All personal items belonging to staff have been removed from the communal rooms.</p> <p>All staff has been reminded during hand overs/meetings to keep named wash basins in the residents' room and to record cleaning of equipment in residents daily care record, after the use.</p> <p>There is now a named person responsible for the cleaning and tidying of the storage rooms on each wing. This will be evidenced on the carers cleaning schedule.</p> <p>The risk assessment of the wash hand basin adjacent to areas of clinical interventions has been done and the long lever taps has been ordered for the two sinks.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Preventive maintenance certificate for the fire alarm was available on the date of the inspection but got missed during the process.</p> <p>We now attach the same.</p> <p>We have commissioned the installation of magnetic door closures for the entrance door to the A wing day room.</p> <p>Fire drills are being done regularly and evacuation times are improving with the latest recorded time 4 minutes and 30 seconds.</p> <p>All personal evacuation plans are updated regularly and appropriate evacuation aids are provided to each resident.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We have identified the residents who needs occupational therapy and referred one of our residents for a seating assessment to the HSE.</p> <p>However, the HSE have responded indicating that they do not provide such supports to the nursing homes in the South Tipperary region.</p> <p>We continue to seek out a private Occupational Therapist through the Association of Occupational Therapists in Ireland and private providers.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	09/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	30/04/2023

	which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2023
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	Substantially Compliant	Yellow	09/03/2023

	and, in so far as is 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	09/03/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	09/03/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	09/03/2023