Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St. Mary’s Residential Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Shercock Road, Castleblayney, Monaghan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>03 April 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000495</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025919</td>
</tr>
</tbody>
</table>
About the designated centre

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

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The provider has made a commitment that the total number of residents accommodated will not exceed the maximum number for which the centre is registered (70 residents). The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>26/09/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>70</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 April 2019</td>
<td>11:00hrs to 17:00hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
<tr>
<td>03 April 2019</td>
<td>11:00hrs to 17:00hrs</td>
<td>Angela Ring</td>
<td>Support</td>
</tr>
</tbody>
</table>
Views of people who use the service

Residents who communicated with the inspectors were positive regarding care received, the facilities and services available to them. In particular residents were happy about the layout and design of the centre, the food and mealtimes, arrangements for visitors, the choices they could make, activities and staffing. The feedback from residents and relatives was highly complimentary of the staff within the centre, some describing them as ‘exceptional’ and professional at all times.

None of the residents who communicated with inspectors had any complaints or concerns about the care they received. They described having freedom to make choices and being able to vary their routines. The activity programme was seen to engage a range of residents with reminiscence sessions, newspaper reading, bingo, sing alongs, mass and quizzes taking place on the day of inspection. Visitors also confirmed that staff were approachable and made good efforts to meet everyone’s needs and treat them as individuals.

Capacity and capability

The centre was well organised, managed and led by a committed team of people who ensured that residents’ needs were always put first. A strong culture of person-centredness pervaded in how care was being managed, organised and delivered. The stated philosophy of care to embrace positive ageing in a safe therapeutic environment was evident in practice. The care was organised and delivered in accordance with the household model which refers to creating a culture and environment which focuses on quality of life, breaking down institutional barriers and task driven care. Inspectors observed person-centred practices throughout the inspection and were assured of clear vision, leadership and the commitment of a management team, which continually strived to make improvements in all aspects of care. This inspection was unannounced and all the information requested was made available in a timely manner.

The provider is the Health Service Executive (HSE), represented by the general manager for the area, who attended the feedback meeting. The inspectors noted that the overall governance, management and oversight of the delivery of service was good and measures were in place to ensure care practice and business systems operated to consistently high standards. The findings of the inspection confirm sustained levels of compliance.

There were day-to day systems in place to monitor the quality and safety of care. The registered provider met the person in charge on a regular basis and held formal
monthly meetings where they reviewed audit results, staffing, complaints, incidents and accidents and the risk management in the centre. Minutes were available of these meetings which showed that areas that required review were discussed, action plans were developed to address deficits identified and learning from incidents was acted on. Where required there was evidence that risks were appropriately escalated to service manager. There were robust systems in place for fire safety, medication management and risk management with evidenced based policies in place and training provided regularly to staff.

There was a clear management structure in place which provided oversight of the service. The management team worked cohesively to ensure the service delivered was safe and of highest quality. The person in charge was an experienced nurse who had been in that role for many years. She had good working knowledge of the regulations and standards. The person in charge was supported by three Clinical Nurse Managers 2 (CNM) and one CNM1 who were overseeing the quality of service by engaging in regular audits and monitoring key performance indicators such as falls, pressure ulcers, infection control, nutrition, discharges, use of restraints, medication management and resident satisfaction. Residents and relatives confirmed that they knew the person in charge well and she was always available if they needed to talk to her. The nominated persons involved in the management of the centre were knowledgeable regarding their roles, management of the centre and the care and condition of the residents. The person in charge had ensured that staff had received appropriate mandatory and other relevant training to ensure they had the required skills and knowledge to meet the specific assessed needs of the residents.

There was evidence of robust recruitment practices in place. Staff files records showed that the vetting disclosure, minimum of two references and photographic ID were obtained prior to commencing employment. The registered provider representative arrived in the centre with the requested staff files in digital format and made them available to the inspectors. However, despite facilitating the inspection process, the availability of staff records on site at any time is a regulatory requirement.

Communication with staff occurred regularly on a formal and informal basis. Inspectors saw minutes from regular meetings and staff confirmed that they could raise issues readily with management and felt their views would be taken seriously. Staff turnover in the centre was low, this impacted positively on residents as staff knew their needs. Throughout the inspection, staff were observed to engage with residents in a person-centred and respectful manner.

There were adequate resources allocated to the delivery of service in terms of equipment, catering arrangements and staff deployment. There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of the residents. This was supported by a review of the rosters, which showed that staffing levels during the inspection were the usual staffing levels.

Regulation 15: Staffing
The numbers and skill mix of staff were appropriate to meet the needs of the residents. There was at least one staff nurse present at all times on the premises and all nurses had their registration up to date. A system of internal staff rotation was in place every two years. Staffing levels differed in each unit in accordance with residents’ assessed dependency levels and identified needs. They were regularly reviewed by the person in charge.

Judgment: Compliant

### Regulation 21: Records

Overall the records were well maintained as per regulations. They were safe and the registered provider representative demonstrated sound knowledge of data protection regulation. Inspectors were satisfied that there was evidence of robust recruitment practices. Nevertheless, the practice of storing staff files in a centralised location does not meet the regulatory requirements, which state that staff files should be available in the centre at all times and be easily accessible.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspectors found that there were established governance and management systems in operation in the centre and that the structures in place ensured there were sufficient resources for effective delivery of care as described in the statement of purpose.

The annual review for 2018 was received immediately after the inspection. It briefly outlined the service provided, audits undertaken, management of risk, incidents and complaints. It showed that residents were consulted on the quality and safety of care delivered and the future planning of services.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents and quarterly returns were brought to the attention of the Office of the Chief Inspector in a timely manner. Where a serious incident occurred, effective governance arrangements ensured that
they could maintain the safety and welfare of the residents. However, a report had not been submitted by the registered provider at the end of each six month period in the event of no three day or quarterly notifiable incidents occurring in the centre. This was received immediately after the inspection.

**Judgment:** Compliant

**Regulation 32: Notification of absence**

The provider and person in charge were aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.

**Judgment:** Compliant

**Regulation 4: Written policies and procedures**

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available. They were regularly updated as per regulatory requirements and there was a rota system in place to ensure all were reviewed in a timely manner.

**Judgment:** Compliant

**Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre**

The provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

**Judgment:** Compliant

**Quality and safety**

Overall, the quality and safety of care provided to residents was of an excellent standard and the inspectors found that residents and relatives supported this finding. The care provided was person-centred where each resident was well known to staff and the care was tailored to suit their individual social, nursing,
medical and spiritual needs. The centre was homely, and a relaxed atmosphere was evident throughout all individual households. Staff did not wear clinical uniforms, there were no name badges or medication trolleys. Residents were treated as individuals and person-centred care plans ensured that residents received the care they required. Residents' right to privacy and dignity was prioritised and visible throughout all aspects of the centre, including leadership, care practices, policies, premises and the general atmosphere.

The health of residents was promoted through ongoing regular medical review and assessment using a range of recognised tools. These assessments included skin integrity, malnutrition, falls and pain assessments. Residents' care plans were developed; they were person-centred and were based on information and knowledge from residents' life stories. During the inspection, the inspectors found evidence that plans were implemented and reviewed on a four-monthly basis reflecting residents' changing needs. Pre-admission assessment was completed to ensure the centre could meet residents' needs.

The centre was originally built in the 1960s with large nightingale style wards and very poor communal facilities. The management team, staff and local community have worked very hard over the past number of years to refurbish the centre to a high specification and create three distinct households with en-suite bedrooms, a number of communal areas in addition to other facilities such as a fully licensed bar, shop, library and hairdressers' salon. Each of the households was furnished like a domestic house with a door bell, front door, street-like masonry façade and age appropriate features and fixtures such as domestic lighting, ornaments, antiques, books and photos of local areas and buildings. Each household had a spacious open plan kitchen and sitting area, overlooking internal courtyards with seating and features to interest the residents. At every opportunity, the care team has maximised space to benefit the residents.

The overall feel was of a calm, dignified environment appropriately furnished with old style furniture, relevant to the residents. The corridors were lined with activity boards, curtains and picturesque images of local sights, villages and varied themes to capture the imagination or stimulate memories of times gone by. An array of art pieces were displayed throughout the corridors and in the communal areas. Many of these were made with tactile materials to promote sensory stimulation. For example, small replicas of thatched-roof cottages provided opportunity for sensory stimulation as well as reminiscence. All areas within the centre were appropriately decorated and efforts made to appeal to residents' interests and personal histories.

The centre comprised of 28 twin rooms and 15 single rooms, each equipped with a track hoist system. One of the single rooms, equipped with own kitchenette, was designated for end of life care. All houses contained a combination of single and twin bedrooms, which were found to be of an appropriate size to meet the needs of each resident. The twin bedrooms were spacious and bright and had been designed to include a third wardrobe where general day to day items such as linen, towels and blankets could be stored. This feature of design enhanced residents' dignity by eliminating institutional practices such as communal trolleys. Residents' medication was stored in their own rooms, in a lockable facility and was administered at
bedside. Handrails and grabrails in corridors, circulation areas and toilets and shower rooms used contrasting colours and promoted residents’ independence throughout the centre and the external areas. The houses contained a sufficient number of toilets and shower rooms, and a bath was available to residents who wished to use it. All had been designed to high specifications.

The centre was tastefully decorated with high quality items sourced from local fundraising. The person in charge informed the inspectors that each house was autonomous, organised their own fundraising and used creative imagination to develop a stimulating, comfortable and welcoming environment for residents. Different colour schemes used throughout the centre had therapeutic functions to meet specific needs. For example the doors of the assisted toilet had been painted orange to encourage easily identification. Overall the centre had built-in dementia-friendly features and design. These were further enhanced in the specialist dementia unit where bedroom signage was colour coded and personalised with the photo of the residents. Discreet symbols of falling leaves placed on residents’ doors alerted staff of the associated risks in relation to the care of some residents. Residents’ bedrooms had been personalised with their possessions and belongings. Clear efforts to create a homely and familiar environment were evident throughout the centre.

A high standard of care and support was provided in the centre. This ensured that residents were experiencing a good quality of life. Residents’ well being and social care was enhanced by the choice of appropriate and stimulating activities available to meet their individual needs and preferences. These were listed daily on the information board. Residents said that they liked the variety and opportunities for meaningful engagement and some were seen to attend activities of their choosing in different households. Each household had a care staff in charge of activities, which were tailored to the assessed needs of the residents. An additional diversional therapist was overseeing activities across the whole centre and was responsible for community functions. Each event in the calendar year was celebrated such as St Patrick’s Day and Mothers’ Day, in addition to outings, music, art and relaxation.

Residents were encouraged to voice their views. Residents’ meetings were held regularly and chaired by residents’ themselves. The centre had access to its own bus and the destination for communal outings was chosen at residents’ meetings. Records demonstrated that feedback and suggestions were addressed by the management team and this was confirmed by residents. Residents confirmed that they always had the opportunity to vote at election time either in the centre or in the polling station.

**Regulation 11: Visits**

There were no restrictions on visiting and a number of areas throughout the centre, including the bar, were available to residents receiving visitors. There were multiple
spaces through the centre being used to see visitors, and if privacy was required there were rooms that could be used. A visitors’ room, equipped with two pull out beds to facilitate friends or relatives who wished to stay overnight, was also available.

Judgment: Compliant

**Regulation 17: Premises**

The design, layout and delivery of service maintained and supported the physical and psychological wellbeing for residents and ensured they achieved best health and social care outcomes. The building had been refurbished to a high specification and was decorated and furnished to a high standard. The centre was homely, inviting and walking along the corridors was a pleasant and engaging experience.

The three households are interconnected. They are well decorated, furnished in a home-like manner and enriched with household items, which provide focus for stimulation, engagement and chats. All rooms are spacious and have good levels of natural light.

Throughout the households and in the main reception area there were alcoves and corners set as quiet places for reflection and wide corridors for residents to wander freely. There was good signage to guide residents around the building and to help them identify their bedrooms. Shared bedrooms were very spacious and had screens to protect the privacy. Residents had access to safe enclosed courtyards. Each household had a smoking room and areas to received visitors in private.

The centre was well maintained, clean and hygienic throughout. There was suitable storage facilities for assistive equipment and other supplies. Sluicing facilities were available in each house and these were found to be securely locked throughout the inspection.

Judgment: Compliant

**Regulation 20: Information for residents**

A residents’ guide, which included a summary of the services and facilities on offer, was available to each resident. Copies of this guide dated March 2019 were also available in each house. Information leaflets on various topics were accessible in several locations throughout the centre.

Judgment: Compliant
### Regulation 28: Fire precautions

Records showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The fire procedures and evacuation plans were prominently displayed and staff were knowledgeable and confident in what to do in the event of fire. The centre had an up-to-date fire prevention policy and regular fire drills were being carried out. All staff spoken with confirmed they had attended one.

Each resident had an up-to-date personal emergency evacuation plan held centrally at the nursing station. At the entrance of each house there was a current fire evacuation list containing the names and location of each resident. The evacuation procedures were displayed in both written and visual format. The bedding equipment was fire retardant.

Evacuation sledges were available where beds could not be evacuated. In the dementia unit the fire extinguishers were boxed off and glass panels adapted to promote and maximise the safety of these residents.

**Judgment:** Compliant

### Regulation 5: Individual assessment and care plan

All residents’ care needs were described in their individual care plans. These were based on comprehensive assessments that were supplemented by input from residents or their relatives. There was information available on residents’ backgrounds, interests and how they liked to spend their day. Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. There was a range of risk factors assessed and reviewed regularly. This included falls risks, vulnerability to pressure area problems and inadequate nutrition. Where risks were identified there were care plans that described prevention measures to guide staff action and avoid deterioration in health or incidents.

**Judgment:** Compliant

### Regulation 6: Health care

Appropriate medical and health care was provided through timely access to treatment, therapies, and specialist consultations. Residents had access to their own general practitioner who visited the centre daily and also a variety of allied health professionals such as physiotherapists, occupational therapists, dieticians, tissue viability nurse, community Psychiatry services, palliative and dental services, some...
of which were available on site. Out of hours GP services were also available.

Judgment: Compliant

**Regulation 8: Protection**

There were clear policies in place to inform and guide staff on managing any suspicions, allegations or incidents of abuse. Staff spoken with were very clear of the types of abuse residents may be at risk of and also the steps to take if they suspected, witnessed or had abuse reported to them. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs. Staff were available at all times in the communal areas. The use of restraint was low. At the time of inspection there were two residents requiring bedrails. A culture of promoting a restraint-free environment with evidence of alternatives such as ultra low floor beds, bed wedges, crash mats and sensor alarm mats was in place. Records indicated that restraint was only used following a risk assessment and informed consent.

The centre's financial transactions in relation to residents' private funds had recently been audited and found compliant. The centre acted as pension agent for a number of residents. All money were held in a centralised account designated for residents’ funds and separated from centre’s main bank account.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents had access to advocacy services and information on this was displayed in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. They were facilitated to maintain their privacy and undertake any personal activities in private. Bedroom doors were closed when personal care was being undertaken and ‘do not disturb’ signs in use. Adequate screening was available in the shared rooms.

Residents were aware of their rights, including civil, political and religious rights. These rights were respected by staff and residents were supported to exercise their choices as much as possible. There was an active residents’ group that met on a regular basis. Weekly mass was held in the centre and clergy from different faiths visited the centre regularly. Residents had access to newspapers, radio, TV and internet. The hairdresser salon in the centre was modern and equipped with overhead hairdryers, a nail bar, tea and coffee facilities in order to provide a genuine pampering experience for residents. Within the centre there was a licensed bar and a local shop staffed by volunteers. Residents could come and go as they
pleased and exercise autonomy by retaining control over the purchase of their toiletries, clothing or personal items of choice.

| 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Views of people who use the service</td>
<td></td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 32: Notification of absence</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Quality and safety</td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:
All staff files are now stored in the Person In Charge Office electronically in St. Mary’s Residential Centre 0495 and are available for inspection when required.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>07/05/2019</td>
</tr>
<tr>
<td>Regulation 21(6)</td>
<td>Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>07/05/2019</td>
</tr>
</tbody>
</table>