



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

Issued by the Chief Inspector

Name of designated centre:	New Ross Community Hospital
Name of provider:	New Ross Community Hospital CLG Trading as New Ross Community Care Home
Address of centre:	Hospital Road, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	28 August 2025
Centre ID:	OSV-0000602
Fieldwork ID:	MON-0048080

About the designated centre

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

The centre occupies the ground floor of a two-storey facility built in the 1930s with residential capacity of 35 persons (both male and female) on the ground floor. It is located on the same grounds as the Health Centre, Day Care Centre and New Houghton Hospital. It provides 24 hour 7 day qualified nursing care for persons with the following care needs: long term/ residential care, short term, non-acute medical, respite, convalescence, palliative care, family emergencies and young chronically ill over eighteen years of age. There are 13 single rooms, eight of which are en suite and 11 twin rooms. Other rooms available included a day room, an activity room, quiet room, prayer room, kitchen, dining room, sluice rooms, a laundry, treatment room and offices. There was a secure garden area for residents use in addition to a secure courtyard. Some parking was available at the front of the building. There is also access to a shared car park on the grounds. According to their statement of purpose, the centre aims to provide an environment that residents can regard as a home from home. Committed and professional staff are focused on ensuring all residents are cared for in a safe, warm, secure and caring environment, based on the principles of home. Their objective is to provide a high quality of resident-centred care to all in accordance with evidence based best practice; to ensure residents live in a comfortable, clean and safe environment that promotes the health, rights and independence of the residents of the hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Thursday 28 August 2025	08:35hrs to 17:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection, the inspector spoke with seven residents, two visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection.

New Ross Community Hospital is a two storey designated centre registered to provide care for 35 residents in the town of New Ross in Co. Wexford. New Ross Community Hospital is on the grounds of a healthcare campus that accommodates several health and social care services in New Ross. There were 35 residents living in the centre on the day of the inspection.

The premises were constructed in the 1930s, was refurbished and extended in 2016. All resident accommodation is on the ground floor, while the first floor accommodates a staff canteen, store rooms, offices and staff changing areas. The centre was seen to have a closed-circuit television (CCTV) system installed internally with appropriate signage informing residents and visitors of its use.

The premises was laid out to meet the needs of residents. The centre was observed to be clean, bright, warm, and well ventilated throughout. The inspector observed enhancements to the premises since the previous inspection. For example; the toilets, shower room, bathroom, sluice room, store room and household room had been refurbished in the north wing.

Residents had access to communal spaces which included a sitting room, dining room, an activity room, a bay window seating area and a reflection room. The sitting and dining rooms were bright and spacious with homely features, such as colourful table cloths, delph dressers, antique radios, lamps, clocks and fireplaces. The centre was suitably decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed. Armchairs and tables were available in the sitting rooms and the bay window area. Corridor areas were sufficiently wide with an assistive handrail on both sides. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Bedroom accommodation consisted of 11 twin rooms and 13 single rooms, eight of which had ensuite shower, toilet and wash hand basin facilities. The eight single ensuite bedrooms were located within the 2016 extension and were seen to be bright and spacious. The remaining five single bedrooms and 11 twin bedrooms, located within the older part of the building, were smaller by comparison and did not

have ensuite facilities. These residents shared communal shower, bath and toilet facilities. All bedroom accommodation was homely and comfortable, personalised with photographs, pictures, art and furniture belonging to the residents. Each bedroom had call bell access, locked storage, a wardrobe, seating and television facilities. Each resident had a folder in their bedroom containing the centre's information guide, menus, activity schedule, and other literature on restraint and fall prevention topics.

Residents in the main building, north wing and south wing had access to communal shower, bathing and toilet facilities. These comprised of seven single toilets and four shower rooms. One of the shower rooms contained a toilet, while a second shower room had a bath facility. The provider had completed the refurbishment works to the communal shower, bath and toilet facilities on the north wing. By comparison, the shower and toilet facilities on the south wing were in poor condition, with damaged and discoloured flooring. A shower room on the south wing was observed to operate as a mixed-purpose room that was also storing multiple pieces of large clinical equipment. This room was 4.75 metres wide, with the shower on the right-hand wall as one enters the room. The shower area was enclosed with curtains to separate it from the rest of the large room. The impact of this aspect of the premises on the residents' comfort and dignity meant that while a resident was using the shower, they were facing out into a large room containing hoists and wheelchairs. These matters will be discussed under Regulation 17: Premises.

Residents had access to an enclosed courtyard, an outdoor area to the rear and a large enclosed garden on the south side of the building. The courtyards, terraces and garden had level paving and comfortable seating. The centres had two designated smoking areas available to residents which were observed in use on the day of inspection.

On the day of inspection there was a calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. The inspector observed residents sitting together in the sitting room watching a local live-streamed Mass, chatting and partaking in activities. Other residents were observed sitting quietly, observing their surroundings and walking through the centre. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. The centre was also home to Roger, the budgie. Residents spoke fondly of Roger, and he was observed in his cage visiting residents in their bedrooms and featured in the pet therapy programme.

The inspector chatted with residents about life in the centre. All residents spoke positively about their experience of living in the centre. Residents commented that they were very well looked after, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to

residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very happy with the care and support their loved ones received.

Residents' spoken with said they were very happy with the activities programme and some preferred their own company but were not bored as they had access to newspapers, books, radios, and televisions. Residents were observed attending an exercise session in the morning and attending a bingo session in the afternoon. Residents' views and opinions were sought through regular resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had an issue or problem to be solved. Residents had access to advocacy services.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed on each table. The inspector observed the lunchtime at 12:45pm. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising.

The inspector was told that "a lunch together with a resident and members of the family initiative" had commenced. A resident could invite up to five guests to a Sunday lunch. One resident told the inspector that he was looking forward to having his family in the centre for dinner and to catch up with family members he hadn't seen in a long time.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in November 2024. On this inspection, the inspector found that areas of improvement were required in relation to premises and infection prevention and control.

The inspector followed up an application to vary condition 1 of the centre, registration to change the purpose and function of a number of the rooms. The shower and WC 2 room in the north wing has been changed to WC 7 room. The WC 7 room contained a wash hand basin and toilet. Store room 2 has been changed to a staff toilet. Two bedrooms had incorrect measurements. Two bedrooms had their function changed from a triple room to a twin room. A treatment room has been changed to a nurses station and a nurses station has been changed to the assistant director of nurses office.

The registered provider is New Ross Community Hospital CLG Trading as New Ross Community Care Home. The company is comprised of five directors who work in a voluntary capacity. The company chairperson represents the provider in regulatory matters. One of the company directors attended on-site for feedback at the end of the inspection. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. There had been a change in person in charge since the previous inspection. The person in charge is responsible for the centre's day-to-day operations and reports to the board. The person in charge worked full-time in the centre and was supported by an assistant director of nursing and a team of registered nurses, healthcare assistants, an activity coordinator, chefs, catering, housekeeping, laundry, maintenance and administration staff.

Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. There had been a change in the care roster since the previous inspection, one care shift had been changed from 8am-8pm to 9am-9pm daily. The change in the roster allowed for increased supervision of the residents in the sitting room and allowed the nursing staff to administer medication with minimum interruptions between 8pm and 9pm.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff and training was up to date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding safe guarding and fire safety procedures.

Improvements were found in governance and management since the previous inspection. There was good oversight of decontamination of resident care equipment, fire safety procedures, and the recognising of statutory notifications. There were good management systems in place to monitor the centre's quality and safety. The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. Findings from audits were documented on the agenda for meetings and discussed with the board monthly. Records of management and staff meetings showed evident of actions required from audits

completed which provided a structure to drive improvement. Regular board of management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, incidents and accidents, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary condition 1 of their registration. The required information was submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse on duty at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

Residents who could express a view, were satisfied with the quality of the care they received and the inspector observed pleasant engagement between staff and residents throughout the inspection. Notwithstanding these positive findings, the inspector found that the premises, and infection prevention and control did not align fully with the requirements of the regulations.

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents generally lived in an unrestricted manner according to their needs and capabilities.

Improvements were found in care planning. The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were generally person-centred, routinely

reviewed and updated in line with the regulations and in consultation with the resident.

Improvements were found in the protection of residents, the provider had good oversight of recognising abusive incidents. There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. Staff had An Garda Síochána (police) vetting disclosures on file. The provider did not act as a pension agent for any of the residents living in the centre. The provider held small quantities of monies in safe keeping for a number of residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff. The provider also provided balances to the residents on a monthly basis.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. Notwithstanding the improvements as outlined in the capacity and capability section of this report, further improvements were required to the centres premises. This is discussed further under Regulation 17: Premises.

Improvements were found in infection prevention and control. The contents of commodes, urinals and bedpans were being disposed into the bedpan washers. There was sufficient racking in both sluice rooms and resident's equipment was observed to be clean on the day of inspection. The provider had systems to oversee the centre's infection prevention and control (IPC) practices. Hand sanitiser dispensers were conveniently located in all corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. Personal protective equipment (PPE) stations were available on all corridors to store PPE. There was an IPC policy available for staff which included COVID 19 and multi-drug resistant organism (MDRO) infections. There was evidence that infection prevention control was an agenda item on the minutes of the centres staff meetings. IPC audits included, the environment, PPE, antibiotic usage and hand hygiene were evident. The ADON had undertaken infection prevention control (IPC) link nurse training and the centre was re-establishing its IPC committee. Notwithstanding these good practices, an area for improvement was identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Improvements were found in fire safety. Both designated smoking areas have call bells. Batteries were no longer charged beside oxygen cylinders and there were no combustible items observed to be stored in the meter room. The provider had installed three additional sets of compartment doors to the corridor on the new

extension, which reduced the largest fire compartment occupancy from ten to eight and made the bay window area a room.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to all bedrooms and all compartment doors. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes, and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents had access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radios. Mass took place in the centre on a monthly basis. A Eucharist minister offered communion to residents weekly. Residents had access to a reflection room in the centre.

Regulation 17: Premises

While the premises was designed and laid out to meet the number and needs of the residents in the centre, some areas required maintenance and repair to fully comply with schedule 6 requirements. For example:

- The shower room in the south wing was observed to operate as a mixed purpose room. The left side of the shower room was observed in use as a storage area containing a number of resident specific chairs, wheelchairs, a shower chair and a commode.
- Storage arrangements required review. For example; a hoist and wheelchair were observed stored in the accessible toilets in the south wing.

These were repeated findings following the previous inspection.

Parts of the centre required repair and painting to ensure it could be effectively cleaned. For example: there was damaged and scuffed wood work, plaster work and walls in areas of the main building and south wing.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- There were continued barriers to effective staff hand hygiene due to a limited number of dedicated hand wash sinks in the centre.

This was a repeated finding following the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for New Ross Community Hospital OSV-0000602

Inspection ID: MON-0048080

Date of inspection: 28/08/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Shower room was divided by the curtain in March 2025. Meeting with HSE Estate was held in September this year and HSE provided assurance that the needed refurbishing works should commence in the first half of 2026 where this shower room will be divided in to two separate rooms (shower facilities and storage) - Storage review is undergoing. Plans are in place to free up a room on the ground floor (staff facilities) to accommodate a storage for wheelchairs to the ground floor. Same will be covered in the HSE refurbishment plans for the 2026 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The installation of hand wash sinks is currently under review. The availability and placement of these sinks are being discussed with the HSE team as part of the new refurbishment plans. In the older section of the building, the corridors are narrow, and the unstrategic placement of hand wash sinks could potentially obstruct emergency exit pathways. Therefore, careful consideration will be given to ensure compliance with safety and accessibility requirements.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	