



**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:	Cloverlodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Clonmullion, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	27 April 2021
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0032286

About the designated centre

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

Cloverlodge Nursing Home is a single storey purpose built facility located on the outskirts of Athy in Co. Kildare. It is registered for 60 residents who are accommodated in single rooms, with full en suite shower facilities in each. The centre has a day room, an activities room, a visitors' room, a dining room, an oratory and two secure enclosed gardens for residents' use. The centre offers long term care, respite care convalescence and palliative care. The service provides 24 hour nursing care for residents, who are categorised as low to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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 27 April 2021	10:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day and at the time of this inspection, visiting restrictions were easing and residents were enjoying having members of their families in to visit them. Residents told the inspector about how they had missed their families during the level five national restrictions and expressed their hopes that those times were now gone. From the inspector's observations and residents' feedback, residents received a good standard of care and support in the service. The overall feedback from residents was that the management and staff in the centre were kind and caring, and that their choices and wishes were respected.

On arrival to the centre, the inspector was guided through the centre's infection control procedures and the measures in place, including hand hygiene and temperature checking completed prior to entering the centre and residents' accommodation. There was a welcoming and relaxed atmosphere and residents were observed to be getting themselves organised for their day. The centre's premises was purpose built and on ground floor level throughout. The interior of the centre was bright, warm and visibly clean. Furniture for residents' comfort was appropriate and most furniture could be effectively cleaned. However, the inspector observed that some furniture was in need of replacement. Some areas of the centre also required maintenance for example, damage to floor covering in some en suites, missing areas of paint on some walls and damaged door frames and skirting boards needed attention. Alcohol hand gels were readily available throughout the centre and staff wore appropriate personal protective equipment (PPE).

The inspector was accompanied on a tour of the centre by the person in charge after a short introductory meeting. This gave the inspector an opportunity to meet with the residents. Throughout the day of inspection, the inspector met several residents and spoke in more detail with five residents. The inspector also spent time observing residents' daily lives to gain insight into residents' living experiences in the designated centre. The inspector also used this opportunity to observe the care and attention residents' received. The inspector observed that all staff engaged positively with residents and also witnessed many examples of kind and respectful staff interactions with residents throughout the inspection. All residents who spoke with the Inspector expressed high satisfaction levels with the service they received and confirmed that staff were always 'exceptionally kind', regularly spend time talking to them about their feelings on the restrictions and COVID-19. One resident said 'they (staff) knew what it was like and didn't want us to be thinking about it alone'. The centre had experienced a significant COVID-19 outbreak in January 2021 and sadly 16 residents died. One resident told the inspector that she contracted COVID-19 and she had 'prayed that she would not die'. Another resident said that they had experienced many events in their life but the COVID-19 outbreak in the centre was 'very frightening'. Both residents attributed their recovery to the 'unfaltering care' and 'attention' given to them by the staff. The inspector saw that the person in charge and staff team had already recognised the impact of the outbreak on

residents' physical and psychological wellbeing and had updated their care plans with actions to rehabilitate residents who needed additional supports. For example, the centre's physiotherapist works each Saturday in the centre and facilitated a variety of exercise activities to improve residents' mobility and general body strength.

The inspector saw that each resident's care was guided and provided as residents' preferred. This person-centred approach had a positive impact on residents' satisfaction regarding their feelings of wellbeing and satisfaction levels. Residents told the inspector that staff were knowledgeable regarding the care they needed. One resident said that 'staff paid a lot of attention to detail' regarding her care procedures. Another resident said that he admired how 'skilled' staff were in their care procedures to meet his needs.

Residents were observed mobilizing independently or with the assistance of staff around the centre and they could access any of the centre's communal areas and two enclosed outdoor courtyard/gardens. Communal rooms consisted of a sitting room, activity room, dining room, oratory and a visitor's room. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits by their families. There was a varied and flexible activities programme over seven days per week. One-to-one activities were based on individuals' needs which were regularly re-assessed and updated. A group of ten residents were in the sitting room on the morning of the inspection participating in a Mass which was been steamed live via webcam from a local church. Various other group activities including artwork, bingo and quizzes were facilitated for residents between mealtimes over the day. The activity coordinator and staff also carried out one-to-one activities with residents who preferred to spend the day in their bedrooms. Some other residents liked to be in the sitting room while doing knitting or word searches.

Residents' lunch was served in the main dining room in two sittings. The inspector was told that this arrangement was to facilitate all of the residents to dine in the dining room. A small number of residents choose to eat their meals in their bedrooms and this was facilitated. Sufficient staff were available to provide any necessary assistance and to support residents to interact socially while dining. There were menu options for each meal and residents were also provided with any foods they preferred that were not on the menu. Residents told the inspector that the food was 'very good' and was 'flavoursome'. One resident said that the standard of the food was equal to the food they would get 'in any of the best hotels in Ireland'.

Compassionate visits were facilitated at all times throughout the restrictions. Systems were in place to ensure that visitors were screened appropriately prior to entering the centre and were provided with appropriate personal protective equipment. Residents confirmed they understood the need for the restrictions, but expressed their high satisfaction that these restrictions were easing. Visiting has resumed in line with public health guidance. Residents told the inspector that staff helped them to keep in touch with their families by telephone and various social media.

Some residents told the inspector they were confident that they would be listened to

if they were dissatisfied with any aspect of the service and would talk to the person in charge or other staff members they named.

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

Effective management systems in place ensured a good standard of service was provided for residents. The systems in place to monitor the quality, safety and oversight of the service provided ensured that compliance with the regulations was for the most part maintained. The provider ensured that the designated centre was adequately resourced to ensure residents needs were met. There was a proactive approach to managing risk and other issues that arose, that ensured the safety of residents and others.

Mowlam Healthcare Ltd is the registered provider for the designated centre since January 2021. There are three directors on the company board, one of the directors represents and reports back to the provider board regarding the operation of the service. Cloverlodge Nursing Home is part of a larger group of 27 nursing homes which are supported by centralised departments, including human resources, finance and staff training and development. The management structure was clearly defined and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time and was responsible for the daily operation of the centre. She reported directly to a regional healthcare manager who was one of a group of senior managers who supported the centre. The Person in Charge was supported by a clinical nurse manager and a staff team of nurses, care assistants, activity staff, administration, maintenance, cleaning and catering staff.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included key clinical and environmental audits. This process informed quality improvement plans which were mostly actioned to completion. Those in progress were progressed and still within specified timescales. For example, since taking over the operation of the designated centre, the provider had developed plans to upgrade the premises and furnishings with a maintenance and furniture replacement programme. This will ensure that all areas of the centre can be effectively cleaned and improve the environment for residents.

This inspection was completed over one day and was unannounced to monitor compliance with the regulations and standards. The centre was recovering from a large COVID-19 outbreak in January 2021 that affected 49 residents and 40 staff. Sadly 16 residents passed away due to the viral infection. Learning from this outbreak was implemented and was being regularly reviewed to strengthen the

centre's contingency plan and preparedness for a further outbreak. COVID-19 vaccinations were completed for residents and staff.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on day and night duty to meet residents' needs and to ensure infection prevention and control (IP&C) cohorting arrangements could be implemented without delay. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of practices gave assurances that staff were competent with carrying out their respective roles. Staff supervision arrangements in place ensured all staff were appropriately supervised and that each member of staff was aware of their roles and responsibilities regarding the provision of person-centred care and timely assistance to residents.

Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored. Records confirming quarterly servicing of the fire alarm and emergency lighting systems and annual certification of the fire alarm system were available.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate actions were taken to mitigate recurrence. Incidents were been notified to HIQA as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting in place. The provider was not a pension agent for collection of any residents' social welfare pensions.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service. The annual review of the quality and safety of the service delivered to residents in 2020 was nearing completion and was done in consultation with residents.

Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and managed in line with the centre's own policy and procedures. However, a record of day-to-day verbal expressions of dissatisfaction expressed by residents, relatives and others was not maintained. Therefore, this information was not available for analysis to identify recurring issues and to inform improvement initiatives.

Regulation 15: Staffing

Staffing levels and skill mix in the centre were adequate to meet the assessed needs of residents. A minimum of two staff nurses were rostered on duty at all times to ensure cohorting of residents who developed symptoms of COVID-19 infection and

to care for residents nursed in precautionary isolation follow admission or return from receiving treatments outside the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend mandatory and professional development training appropriate to their roles. The management structures in place ensured staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection.

Judgment: Compliant

Regulation 21: Records

A record of the annual emergency lighting certificate was not readily available on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were well developed and systems were in place to ensure the quality and safety of the service was effectively monitored.

An annual review of the quality and safety of the service was in the final stages of completion and was done in consultation with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations. The document was updated and

described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

A summary of the complaints procedure was displayed. Complaints were logged, investigated and the outcome of investigation was communicated to complainants. A procedure was in place for referral of complainants who were not satisfied with the outcome of investigation to the centre's appeals process.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in the centre and their wishes and choices were respected. Residents' feedback was valued by the provider and the service ensured residents had opportunity to feedback on the service provided. There was evidence of good consultation with residents and arrangements were in place to ensure their health and nursing care needs were being met with appropriate access to medical services and good standards of care and support. Some improvements were required to the centre environment and the standard of furnishings in some areas of the premises to ensure cleaning procedures were not compromised and appropriate assistive aids were provided in toilets and showers.

The centre premises was purpose built and the layout of the 60 single bedrooms with full en suites, communal areas, utility facilities and storage met residents' individual and collective needs. A number of areas needing maintenance in the premises required review and action.

Environmental cleaning procedures were consistently completed by competent staff but cleaning procedures were not effective due to the damaged surfaces in some residents' toilets, en suite floors, some walls in bedrooms and on corridors, door frames and wooden skirting.

Residents were well cared for and gave positive feedback regarding their lives in the centre. The inspector found that residents were consulted with about how the centre was run and were supported and encouraged to make choices about their day-to-day lives, within public health guidance. There was evidence that resident meetings took place and ongoing communication had taken place with residents' families throughout the COVID-19 pandemic but especially during the significant COVID-19 outbreak in the centre discussed in part one of this report.

Overall, there was satisfactory oversight of risk in the centre. Systems such as environmental audits were in place to support identification of risks and for the assessment of risks identified with implementation of mostly effective controls to mitigate adverse events occurring. There was effective oversight of risk. Review of risk management in the centre was a standing agenda item in management meetings and there risks were appropriately escalated. Incidents and accidents that occurred in the centre were reviewed and action plans were developed to mitigate ongoing risks and to ensure learning and continuous quality improvements were implemented. An emergency policy was in place arrangements for alternative accommodation for residents in the event of an emergency were also in place that identified an alternative safe area for residents in the event of full evacuation of the centre. .

Effective systems and safety measures were in place to protect residents from risk of fire. Staff fire safety training and emergency evacuation drills were carried out in the centre. Staff were knowledgeable regarding fire safety and emergency evacuation procedures. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff needs including whether they had a cognitive impairment.

Residents nursing and healthcare needs were met to a good standard and monitoring procedures were in place for early detection of any deterioration in residents' health or wellbeing including indicators of COVID-19 infection. Each residents' needs were comprehensively assessed and care plans developed were person-centred reflecting residents' individual preferences regarding their care and supports. Residents' care plans were regularly updated in consultation with residents or their families, as appropriate.

Residents' rights to have their privacy, dignity and access to social activities were respected. Due to the COVID-19 restrictions, residents were unable to socialise safely with their family and friends outside the centre. The service ensured that the impact of the national restrictions was reduced with provision of coordinated meaningful activities for residents in the centre.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any

signs of abuse and a reporting system in place ensured any disclosures or suspicions were escalated and investigated without delay.

Regulation 11: Visits

Visiting had resumed indoors for residents in line with public health guidance and the systems in place facilitated scheduled safe visiting for residents. Window visits were continuing.

Judgment: Compliant

Regulation 17: Premises

Areas of the premises were not suitably decorated and in need of painting. The inspector was told that upgrading of the environment and replacement of damaged furniture was planned but no works were underway on the day of inspection. The inspector observed that there was damage to the paint and wall surfaces in some bedrooms and corridors. Paint was missing from some areas of wooden surfaces along corridors, in bedrooms and on door frames and as such did not facilitate effective cleaning.

Floor surfaces in some en suites were damaged and surface edges on some residents' lockers were damaged or missing. These findings did not facilitate effective cleaning.

Grab rails were not fitted in most of the residents' en suite and communal toilets and showers. The absence of these assistive equipment compromised residents' independence and safety when using these facilities.

The height of the toilets in residents' en suites and communal facilities were raised by means of a wooden base. These wooden bases in several toilets were damaged and paint was missing from their surfaces and as such did not facilitate effective cleaning.

Judgment: Not compliant

Regulation 26: Risk management

Although risk of falling was identified as a risk to residents, controls were not comprehensive in the absence of installation of grab rails in the majority of

residents' en suite and communal toilets and showers.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector observed that one cleaning trolley was generally clean, but more detailed cleaning of the upper surface of the base tray to remove collected dust and grit was necessary to ensure that equipment used for cleaning did not contribute to the dispersal of dust or micro-organisms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Checking procedures were consistently completed to ensure emergency exits were not obstructed, the fire alarm and emergency lighting systems were operational at all times and that the fire exit doors were fully functional. Servicing of the fire alarm system and the emergency lighting system were completed at regular intervals by an external contractor who also provided an on-call service.

Each residents emergency evacuation needs and supports were assessed, documented and were updated regularly. Annual fire training was completed by all staff. Regular fire drills were undertaken including the simulation of a full compartment evacuation during night and day time conditions to ensure timely and safe evacuation of residents could be achieved in an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed on admission and regularly thereafter using accredited assessment tools. Residents' care plan information described person-centered care interventions to meet their assessed needs and mostly reflected their care preferences and choices. Residents were regularly assessed and monitored for signs of malnutrition, pressure related skin damage and risk of falling.

Based on a sample of care plans viewed by the inspector, appropriate interventions were in place for residents' assessed needs. Residents or their family as appropriate were involved in their regular care plan reviews.

Judgment: Compliant

Regulation 6: Health care

Residents were provided good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care, tissue viability specialists. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from risk of abuse and any allegations were investigated without delay. All staff had completed up-to-date safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Residents access to meaningful group activities had resumed whilst adhering to public health guidance following an outbreak of COVID-19 at the beginning of January 2021. Staff ensured residents had opportunities to participate in group or one-to-one activities to meet their capabilities and wishes. Records of the activities residents participated in and their level of engagement were maintained by the activity coordinator. The centre premises and staff practices promoted residents' privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cloverlodge Nursing Home OSV-000025

Inspection ID: MON-0032286

Date of inspection: 27/04/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person In Charge will ensure that all records are available in the home of all quarterly and annual services.</p> <p>We have carried out all quarterly and annual services and we sent the required certificates to the inspector immediately after the inspection.</p> <p>The PIC will ensure that all certificates are readily available in the home after each service.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There is a planned program in place to upgrade the decorative state of the center where required.</p> <p>There is a planned program in place to repair En-Suite Floor Surfaces and repair/replace damaged Residents Lockers as required (30.09.21)</p> <p>The Risk Register has been updated to include use of Grab rails. We will ensure that there are effective systems in place to mitigate against identified risks and to ensure that we maintain the safety of all residents. (30.09.21)</p> <p>There is a planned program in place to repair/replace Toilet Bases as required to facilitate effective cleaning (30.09.21)</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Risk Register has been updated to include use of Grab rails. We will ensure that there are effective systems in place to mitigate against identified risks and to ensure that we maintain the safety of all residents. (30.09.21)</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will ensure that all cleaning trollies are cleaned every day after use. Documentation has been implemented for the daily cleaning of cleaning trollies and included in infection control audits.</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.	Not Compliant	Orange	31/10/2021
Regulation 21(1)	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.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental	Substantially Compliant	Yellow	31/10/2021

	injury to residents, visitors or staff.			
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	30/06/2021