



**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:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 October 2024
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0045224

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 29 October 2024	09:00hrs to 17:15hrs	Sinead Lynch	Lead
Tuesday 29 October 2024	09:00hrs to 17:15hrs	Laurena Guinan	Support
Tuesday 29 October 2024	09:00hrs to 17:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Inspectors observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and caring. Inspectors heard positive comments about staff who were described as 'very nice' and 'very kind'. One resident expressed concern about accessing equipment to meet their care needs and another family member said they wished staff would ensure that the call bell was always within residents' reach and that there has been a high turnover in management staff in the centre. However, the majority of residents were very complimentary in their feedback and expressed satisfaction about how well staff had cared for them. The inspector met with four visitors during the inspection. Visitors overall were satisfied with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive.

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors and they were observed visiting the centre on the day of inspection. There was a notice in the reception area that visitors could use a separate room for visiting. However, inspectors observed that this room was also used by the hairdresser and was unclean with hair on the ground from the previous week when the hairdresser had last attended the centre. Other areas of the centre needed more attention to hygiene and this is discussed later in the report. On the morning of the inspection, inspectors observed a strong unpleasant odour in one part of the centre, this subsided later in the day when staff opened windows in the corridor.

Inspectors observed that some of the ancillary facilities including the housekeeping room, the laundry, kitchen and store room did not support effective infection prevention and control. This was mainly due to poorly maintained surfaces that were not able to be cleaned properly and the kitchen cleaning store room had no janitorial unit to access and discard mop water.

The dining experience was observed to be a relaxed occasion for residents. Meals were served to residents in the main dining room and were attractively presented. There was a choice of meals from a menu that was displayed and updated daily. Residents expressed satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request.

Notwithstanding the mainly positive feedback from residents, further improvements were required across many of the regulations. There were incidents of repeat findings from the previous inspection. Residents satisfaction surveys were completed, however, there were no improvement plans developed following feedback. There were also recurrent concerns around the safe storage of residents records, which had already been highlighted on the previous inspections.

Supervision of residents had improved and throughout the day of the inspection residents were seen to be appropriately supervised in communal areas.

There were activities made available to residents and residents appeared to interact well. These activities were carried out mainly in the communal room and there was a good attendance throughout the day.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection carried out over one day. The inspectors followed up on findings from the previous inspection and any information that had been received by the Chief Inspector. Notwithstanding some improvements that were identified on this inspection and the positive feedback from residents and visitors, further actions continued to be required in respect of a number of regulations to ensure a safe effective service was provided at all times for the benefit of the residents. The governance and management arrangements continued to be insufficient in providing effective oversight in a number of areas. The registered provider had provided assurances on a compliance plan following the inspection in June 2024 that any outstanding actions would be addressed by 30 September 2024. Not all of these actions had been completed which resulted in many repeated non-compliances found on this inspection. For example; Regulation 21: Records, Regulation 23: Governance and Management, Regulation 4: Policies and Procedures and Regulation 27: Infection control. These will be discussed further in the report under their respective regulations.

The inspectors spoke with many residents and visitors throughout the inspection. The feedback was mainly positive.

The centre is owned and operated by Dunmurry West Care Homes Limited and is part of the Beechfield group. There was a person in charge who worked full-time in the centre. There had recently been a new assistant director of nursing appointed. The person in charge reports to the provider and an operations manager. They also received support and guidance from the group quality lead who had recently been appointed to the role.

The centre was found to have sufficient staff to meet the needs of the residents living in the centre. These staff had been provided with training appropriate to their roles. Supervision in the communal rooms had improved since the previous inspection. At all times during the inspection there was appropriate supervision and assistance available to the residents.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated a recently appointed assistant director of nursing nurse to the role of IPC link practitioner, who had planned to start the national IPC link course at the end of the year and appeared enthusiastic in their new role.

The centre had a schedule for conducting infection prevention and control (IPC) audits, carried out by the senior staff. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The IPC audit schedule had identified some of the findings on the day of inspection in relation to maintenance issues but it had not identified any issues with resident equipment and areas of the centre that were not clean. This is discussed under Regulation 27: Infection control.

IPC policies and posters at the nurses station were available to guide staff, the guidance had been up-dated to reflect the new national policy *National Clinical Guideline No.30-(IPC) 2023* and the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*.

Documentation reviewed relating to water safety provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and monitoring for *Legionella* in hot and cold water systems was undertaken.

Inspectors looked at three staff files in relation to Schedule 2 and found that addresses outside the country were recorded for two staff members while the third had no reference from their most recent employer. In the oratory, which was unlocked and no staff present, inspectors found a number of files with personal details of both staff and residents in an open box. This did not ensure that records were maintained safe and was a repeat finding.

In relation to Schedule 5, while policies and procedures were in place as required, there was no Health and Safety Statement and both the Complaints Policy and the Emergency Policy contained incorrect information.

Regulation 15: Staffing

The registered provider had the number and skill mix of staff appropriate to the needs of the residents having regard to the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management and all staff had attended training in dementia care for residents.

Judgment: Compliant

Regulation 21: Records

Records continued to be stored in an un-safe manner. A number of staff and resident files were found in an open box in the oratory which was unlocked and un-staffed at the time. These included:

- Garda Vetting documentation with staff names and addresses
- An employee application form with CV, personal details and professional certificates
- Voting register details for residents with personal details including medical history

A storage cupboard with current residents' files was open and easily accessible in the nurses' station which was observed unattended at times.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had committed in a previous compliance plan submitted to the Chief Inspector that:

- Quality improvement plans would be developed based on residents' feedback from satisfaction survey and residents committee meetings by the 30 September 2024. This had not yet been completed.
- The provider had ensured there was an effective system and process in place for the storage of records in line with all relevant legislation by the 31 July 2024. This had not yet been completed.

This is a repeated non-compliance.

The registered provider did not ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were a number of residents who had been assessed as requiring one-to-one specialised care. No additional resources outside the whole time

equivalent (WTE) compliment that the designated centre was registered for had been put in place in response to these needs.

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- Ineffective management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene. Residents' bedrooms and bathrooms were not cleaned in line with the centre's own policy for daily cleaning.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre. However, this did not reflect the arrangements within the service as seen on the day of inspection. For example;

- The name for the operations manager was not updated since the last inspection and they no longer worked in the centre.
- The quality manager had left the centre two months prior to the inspection and the new person in this role was not yet listed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

Most of the required policies and procedures required under Schedule 5 were in place and correct. However deficits were identified, for example;

- There was no health and safety policy in place.

- The emergency policy had inaccurate information. (This is the third occasion that inspectors have found the emergency policy to contain the same incorrect information.
- There were two complaints policies in place, one of which had inaccurate information. Both had two different complaints officers detailed. There were two complaints open on the day of inspection and the policy was not followed in relation to acknowledging these complaints.
- Not all policies were implemented in practice. For example the infection prevention and control policy detailed the frequency and level of cleaning required for a number of areas. Cleaning schedules were not in line with local policy requirements.

Judgment: Not compliant

Quality and safety

Notwithstanding the efforts made by the nursing and care staff to provide a good standard of care to the residents, inspectors found that further improvements continued to be required specifically in the areas of Regulation 27: Infection control and Regulation 17: Premises. These are discussed under their respective regulations.

Residents told the inspectors that they were happy living in the centre. There was a safeguarding policy that detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. Training records indicated that all staff had completed safeguarding training.

Residents had space to store personal items and a lockable space for their valuables. Residents reported that they had no concerns with the laundry service and that their clothes were returned cleaned and promptly.

The premises was designed and laid out to meet the individual and collective needs of the residents. However, there were areas where floor surfaces and wall surfaces were in a poor state of repair and skirting boards were visibly damaged. This finding is detailed further under Regulation 17: Premises.

Inspectors were informed that residents' rooms and bathrooms were cleaned every day and there was a schedule also that some rooms were deep cleaned during the day. However, on the day of inspection the standard of environmental hygiene and equipment hygiene fell below an acceptable level. This is discussed further under Regulation 27: Infection control.

Hand wash sinks were available in the sluice rooms and the nurses station and in one of the corridors. These sinks did not meet the recommended specifications for clinical hand wash basins but they were clean and in good repair. Some barriers to good hand hygiene practices were observed during the course of this inspection. For

example, there were two sinks that did not have a towel dispenser and one of the clinical rooms did not have a hand hygiene sink.

Staff were observed to provide assistance and support to residents at meal-times in a person-centred manner. Inspectors observed modified diets being provided and ample numbers of staff were available to serve and assist with meals. Residents had access to condiments and drinks and were observed to be offered choices.

A sample of assessments and care plans were reviewed and found that care plans in place were informed by an accurate and up-to-date assessment of the residents needs. The care plans were reviewed regularly, and following a change in the residents condition, and so reflected the current care needs of the residents. Referral and access to allied health professionals such as general practitioner (GP), occupations therapist (OT), physiotherapist and tissue viability nurse (TVN) was observed to be prompt and care plans reflected the advice given.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had access to and retained control over their personal property and possessions.

Judgment: Compliant

Regulation 17: Premises

Many aspects of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- The premises was not kept in a good state of repair. For example;
 - Areas of the centre and in residents bedrooms had repaired leaks in the ceiling that had not been painted. Some of the walls in the corridor had plaster patches and needed painting.
 - The flooring in some of the bathrooms and bedrooms was heavily stained, deeply marked and appeared visibly dirty and in need of

replacement. The equipment store room had areas of the floor that needed painting and items were stored on a heavily damaged chipboard shelf.

- Skirting boards in the housekeeping room and the laundry room had fallen off the wall and needed fixing. An old pipe in the laundry room was covered with a stained towel and was on a maintenance list to be removed.
- Ventilation was not suitable for residents in all parts of the centre. For example;
 - Some areas of the centre were showing on the wall thermometers as being 25 degrees and staff reported that there was a change in the boiler system and that that they could not regulate the temperature to a comfortable environment; to address this a lot of windows were opened.
- There was unsuitable storage found on the day of inspection. For example;
 - The oratory room was also used as a store area for activity equipment and five boxes of PPE.

Judgment: Not compliant

Regulation 18: Food and nutrition

The dining room was spacious and had menus on display. Condiments and drink options were available on the tables for the residents and there was ample numbers of staff in attendance. Those residents who needed assistance were in upright positions in chairs and were not rushed. Residents spoken with said that they were happy with the quality and quantity of food offered.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents guide prepared and made available to residents in respect of the designated centre. This included a summary of the services and facilities available in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The centre was using the National Transfer document on their computerised care planning system. These forms had a section to document a resident's infection status. A selection of transfer forms where residents were transferred to the acute care were viewed by the inspectors, these forms were fully completed to support the sharing of information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. For example:

- Resident rooms were not cleaned to an appropriate standard. For example, the inspectors observed a room that had just been cleaned, however the shower plug hole was very dirty, the bin was dirty, the toilet brush was heavily stained and there was no toilet paper available.

The inspectors observed other bedrooms and found the same standard of hygiene. The communal areas on the day of inspection were clean.

- Some resident equipment was not clean on the day of inspection. For example: three raised toilet seats were dirty underneath, two urinals were stained and discarded with permission from a staff member as not fit for purpose. Two commode basins ready for use were visibly unclean.
- There was no hand towel dispenser beside two hand hygiene sinks, instead rolls of paper were in use. This increased the risk of infection spread.
- The kitchen staff discarded dirty mop water down the staff toilet as there was no janitorial unit in the kitchen cleaning room. This posed a risk of splashing and could lead to the spread of infection.
- The provider had not substituted traditional needles to those with a safety device in line with evidence-based guidelines; this increased the risk of staff getting a sharps injury.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors looked at a sample of care plans and found that they were comprehensive and reviewed regularly. Changes in a resident's needs were taken into account on review. The most recent admission had their care plan completed

within 48hrs. Consultation with the resident and/or next of kin was included when care plans were being developed.

Judgment: Compliant

Regulation 6: Health care

Inspectors looked at a sample of care plans, including those of residents who had dressings or had suffered a fall. Residents were found to be referred promptly to GP (general practitioner), OT (occupations therapist), physiotherapist and TVN (tissue viability nurse) and recommendations by these disciplines were documented and carried out.

Judgment: Compliant

Regulation 8: Protection

Staff had completed safeguarding training and staff spoken with confirmed that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse. The inspectors found that all reasonable measures were taken to protect residents from abuse. The registered provider was a pension agent for two resident's. Clear and transparent arrangements and a separate client account were in place to safeguard residents' finances.

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	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0045224

Date of inspection: 29/10/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Centre’s management have reviewed our processes on records management and have implemented additional measures to ensure that all records are kept in a safe and secure manner. This includes:</p> <p>PIC/ADON conducted a thorough walk around and made sure all the records are kept safe immediately after the HIQA inspection.</p> <p>The PIC and ADON will conduct a daily walk around and oversee to make sure that all the records are kept safe. A storage cupboard with resident’s files is kept locked.</p> <p>The PIC and ADON reiterate the importance of safe keeping the resident’s/staff’s records and GDPR policy, during morning huddles and handover meetings.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An action plan has been developed based on the residents’ feedback from satisfaction surveys. This will be added to the quality improvement plan and in the annual report for 2024.</p> <p>Effective storage of records has been put in place. PIC/ADON conducts spot checks to make sure the GDPR policy is reflected into practice.</p>	

The residents of those who require one-to-one specialised care are supported with specific purpose staff and agency staff if required, this is additional to the WTE's. The registered provider will ensure that staff resources are in place in line with the SOP WTE's.

A new cleaning schedule with instructions on terminal cleaning and daily supervision plan by PIC/ADON has been implemented.

The checklist on equipment cleaning has been updated. An equipment cleaning audit has been commenced which is now added in the audit schedule.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose has been updated, which reflects the arrangements within the Centre.

The Operations Manager's and Group Quality Care Manager's role is now listed in the Statement of Purpose.

Regulation 4: Written policies and procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The Health and Safety policy in the home is incorporated in our Health and Safety statement.

Emergency policy has been reviewed and updated.

Complaints policy has been updated.

A new cleaning schedule has been implemented which is in line with the Infection Prevention and Control Policy.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC and maintenance staff conducted a thorough review of the areas that need to be painted in the centre. The maintenance staff has started to paint the areas in question.</p> <p>The senior management team reviewed the flooring and have started the procurement process with contractors after which work will commence.</p> <p>The skirting boards in the housekeeping room and the laundry room have been fixed by the maintenance staff.</p> <p>The heating and pumps within the centre have been regulated and fixed.</p> <p>All activity equipment and boxes of PPE have been removed from the oratory.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new cleaning schedule with instructions on terminal cleaning and daily supervision plan by PIC/ADON has been implemented.</p> <p>The checklist on equipment cleaning has been updated. An equipment cleaning audit has been commenced which is now added in the audit schedule.</p> <p>Hand hygiene dispensers have been installed beside two hand hygiene sinks.</p> <p>The kitchen staff now discard any dirty water in a janitorial sink in the cleaning store room.</p> <p>Safety needles have always been used in the Centre in line with evidence-based guidelines, a few needles which were found on the day of the inspection have been removed with immediate effect. PIC/ADON educated the staff nurses to use safety needles only.</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	30/06/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	05/11/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/01/2025

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/01/2025
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.	Not Compliant	Orange	05/11/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/11/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	05/11/2024
Regulation 04(3)	The registered provider shall review the policies and procedures	Not Compliant	Orange	05/11/2024

	referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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