



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

## Issued by the Chief Inspector

Name of designated centre:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	10 June 2021
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0033259

## About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barnstown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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 10 June 2021	10:00hrs to 17:20hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. While some pandemic restrictions were still in place, from the observations of the inspector and from speaking to residents, it was clear that despite these restrictions, the residents received a high standard of care from skilled and kind staff. Overall, the feedback from residents who spoke with the inspector was that they felt supported and cared for by management and staff, who respected their opinions and choices. Residents expressed that they were very happy living in the centre.

On arrival to the centre, the inspector was met by the person in charge. A comprehensive COVID-19 risk assessment and screening area was set up in the main entrance hall. There was signage in place to guide all visitors through the appropriate infection control practices including correct hand hygiene technique prior to accessing the centre. A short meeting was held, after which the person in charge accompanied the inspector on a tour of the premises. The centre is registered to accommodate 49 residents and there were 47 residents living in the centre on the day of inspection. The inspector greeted most of the residents in the centre and spoke in more detail with five residents to find out more about their experiences living in Knockeen Nursing Home. The person in charge outlined that approximately 65% of the residents had a known or suspected level of cognitive impairment. On arrival, the inspector observed that some residents were up and dressed, some having their breakfast in their rooms and some walking about the corridors and communal areas. Residents appeared content and comfortable. Scheduled visiting was in progress and continued throughout the day. Care was seen to be delivered in accordance with the residents wishes, for example, residents who wished to have breakfast late, or very early, were facilitated to do so.

The centre is a large and spacious single-storey building, with all rooms single occupancy with ensuite toilet and shower facilities. There are two dedicated Level 2 palliative care beds. The centre liaises directly with the palliative care consultants in Wexford and Waterford hospitals to admit residents from the general Wexford area for active palliative care services. The bedrooms occupied by these residents are spacious and bright with direct patio access and facilities to enable families to stay overnight with their loved ones. All other residents bedrooms were tastefully decorated and residents were encouraged to bring their own items of furniture, bedding, pictures and memorabilia to personalise their space.

There is several communal areas within the centre, including a sunroom, activity room, sitting rooms and rest areas throughout. All areas of the centre are furnished and decorated to a high standard, and contain appropriate and comfortable seating. The inspector observed that there was insufficient storage space for equipment within the centre, as discussed further in the report. Residents had unrestricted access to the enclosed garden areas from large wheelchair-friendly doors on the main corridor. There are two landscaped courtyard gardens which are designed to

maximise the space, with plenty of chairs, benches and tables and a large pergola for residents to enjoy the outdoors. The area is further enhanced by raised flower beds, a flowering archway, bird feeders, bird baths and wind chimes which add to sense of well being in nature. There was also a large statue of an angel in the Wexford colours, referred to as "The Covid Angel" who was described by staff and residents as keeping the residents safe throughout the past year. One resident described the garden areas as "the jewel of the place". While the weather was poor for most of the day, during dry spells, residents were seen walking outside.

All of the residents who spoke to the inspector were highly complimentary of the service provided. Staff were described by residents as "excellent", "fantastic" and "above and beyond anywhere else". The person in charge was obviously well known and many residents stopped to speak with her in the corridors. Inspectors observed that staff on duty maintained a positive and supportive presence throughout the day. The inspector observed good camaraderie between residents and staff and it was evident that the residents and staff knew each other well. Staff were observed to be attentive to residents needs and responded to call bells and requests promptly. Staff were seen to encourage residents independence, for example encouraging residents to eat and drink with minimal assistance. There was a calm and unhurried atmosphere throughout the day.

Hot and cold drinks and fresh snacks were offered to residents regularly. One residents described how her family never needed to bring her any treats as she was so satisfied with everything on offer in the centre. Mealtimes were observed in two spacious dining rooms beginning at 1.00pm. Residents were offered different options for each of the three courses. The food was attractively presented, including foods of a modified consistency. Tables were set nicely and there was a restaurant-style service. Residents were extremely complimentary of the food offered, with every resident the inspector spoke with praising the chefs for the delicious food.

There was a varied schedule of activities on offer seven days a week. Activities were mainly carried out by care assistants, who each led a dedicated activity session, which they were interested in and proficient at such as skittles, knitting and flower arranging. Care assistants assigned to activities were trained to provide activities and stimulation for residents with dementia. The inspector noted that 'Imagination Gym' was held as a separate activity and also integrated into the rest of the activity sessions. On the morning of the inspection, there was a large art class taking place, facilitated by the centre's external art teacher. In the afternoon, a lively skittles tournament took place. Daily rosary took place at 12.00pm and the visiting priest celebrated Mass twice weekly. Mass took place in the centre's large oratory on the afternoon of the inspection was attended by a number of residents. Residents remarked to the inspector that the Mass was the most important part of their week. The oratory was designed with beautiful stained glass and was a peaceful place for residents' use.

The inspector observed that outside of scheduled activity times, staff kept residents occupied with newspapers, magazines and walks. Some residents were seen to spend time in their rooms resting and watching television. Residents had access to call bells, including call bells worn on wrists for use when outdoors or in areas out of

reach of a wall-mounted call bell. Residents who spoke with the inspector stated that they were never waiting long for assistance.

In summary, the residents were supported to enjoy a good quality of life in a centre which was laid out to meet their needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There were strong management systems in place in this centre, ensuring that the care delivered to residents was of a high level. The provider ensured that the centre was adequately resourced and actions and improvements required from the previous inspections in July and September 2019 had been fully addressed and completed. The systems in place, while good, did require further strengthening to ensure that all potential risks were identified in a timely manner. This is discussed further in the Quality and Safety section of the report.

The centre is operated by Knockeen Nursing Home Limited, who are the registered provider. There are two company directors, one of whom is the person in charge and the other who is the operations manager. Both company directors are involved in the day-to-day running of the centre. There is a clearly defined overarching management structure in place with good lines of communication between the staff team. The person in charge is supported in her role by a clinical nurse manager, senior nurse and team of staff nurses. Further support was provided by the healthcare assistants, catering, domestic, maintenance and administration teams. Staff had a good awareness of their defined roles and responsibilities. Staff members told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

Comprehensive systems were in place to monitor the quality and safety of the service. The clinical nurse manager and senior nurse were allocated supernumerary hours to conduct regular audits of clinical practice. A review of these audits showed that the information gathered was analysed to identify trends and to inform ongoing quality improvement initiatives. Regular meetings were held across all departments, providing good communication systems within the centre. The oversight of the service was strengthened through regular clinical governance committee meetings, where audit results were discussed to identify opportunities for learning and improving practice.

The centre had managed to remain free from COVID-19 outbreak during the pandemic and were seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures. There had been a high uptake of COVID-19 vaccinations amongst residents and staff. The provider had good awareness of their requirements with regards to emergency planning, and had developed a COVID-19

preparedness contingency plan, which detailed the extensive measures to be put in place if they were to experience an outbreak of COVID-19. This plan had been communicated to all staff at regular meetings. There was evidence of regular engagement with the residents and their families during the pandemic. Regular residents meetings were held, and families were kept up to date regularly.

Staffing within the centre was maintained at an adequate level to meet the needs of the residents. Currently, there was one staff nurse and two healthcare assistants on duty from 10.00pm to 8.00am. The provider confirmed that staffing levels were kept under review based on the occupancy and dependency level of residents in the centre and could be adjusted accordingly. Staffing levels were seen to be discussed at nurse's meetings, with all staff agreeing that the current levels were adequate.

A high level of training provided in the centre, as evidenced by records reviewed by the inspector. Training courses were a mixture of online and in-person. All staff had received up-to-date mandatory training specific to their roles, including safeguarding vulnerable persons, moving and handling techniques, infection prevention and control and fire safety. Registered nurses completed annual medication management training and had undertaken additional training in palliative care, venepuncture, and catheterisation. The provider had a robust induction process in place for new staff. Regular staff performance appraisals were conducted by the person in charge and staff confirmed that they were encouraged to identify their individual training needs.

A review of the centre's complaints records showed that overall, there was a low level of documented complaints. There were no open complaints on the day of inspection. Closed complaints were reviewed which showed that complaints were investigated and well managed. The action from last inspection regarding complaints management had been completed and complaints were routinely audited and analysed to minimise repeat incidences of complaints.

### Regulation 15: Staffing

On the day of inspection, suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care with regard to the current resident profile and assessed needs and having regard for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

A comprehensive training schedule was in place and records showed that mandatory training was completed for all staff. Staff were well supervised in their roles by the person in charge and clinical nurse manager. There was evidence of robust



orientation processes for new staff including three and six-monthly reviews, and annual performance appraisals where staff could identify any additional training needs or requests based on their areas of interest.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations. Garda Vetting disclosures were in place for all staff prior to commencing employment.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place with clearly identified lines of accountability and authority. A comprehensive annual review of the quality and safety of care delivered to residents in 2020 had been prepared. This included a detailed quality improvement plan for 2021, based on a review of audit outcomes. The review included the views of the residents as discussed at the regular residents meetings.

There was a centre-specific schedule of audits in place including audits of falls, accidents and incidents, wounds and restraints which were completed on a regular basis. Audits included detailed action plans for quality improvement and identified timelines for completion. Audit results were discussed at the clinical governance committee meetings initially, and subsequently with the wider staff pool at regular department meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the centre's incident and accident records confirmed that notifications were submitted to the Chief Inspector within the specified timeframes, in line with the requirements of the regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area and contained all information as required by the regulations. A review of the complaints log identified that there were no open complaints. Closed complaints were reviewed and seen to have been investigated thoroughly and included the response to the complainant. The satisfaction of the complainant was documented for all complaints. Staff who spoke with the inspector confirmed that they were aware of the complaints procedure.

Judgment: Compliant

### Quality and safety

Overall, it was evident that the residents of Knockeen Nursing Home were supported to achieve and maintain a good quality of life in this centre. The rights of the resident were respected and residents were consulted with regularly. The inspector found that the residents experiences of living in the centre were overwhelmingly positive. Some improvements were required in relation to general storage within the centre and the storage of oxygen.

Resident's healthcare needs were well met and there was a choice of General Practitioners' (GP's) that provided in person and remote support to the centre. A sample of residents care plans were reviewed by the inspector and all were found to be very comprehensive, with rich detail guiding the care of the residents. End of life care plans were in place for all residents which detailed their specific wishes and preferences. Inspectors saw that residents appeared to be very well cared for and feedback from residents supported this.

There was regular review and audit of incidents and accidents that occurred in the centre and action plans were developed to mitigate ongoing risks and to ensure learning and continuous quality improvement. There was a comprehensive risk register in place, detailing a wide range of clinical and environmental risks, including updates in relation to COVID-19. Nevertheless, the risks associated with the storage of oxygen had not been identified, as discussed under Regulation 26. There was an emergency policy in place and an evacuation procedure and process. Appropriate arrangements for alternative accommodation for residents in the event of an emergency were also in place.

The design of the premises was laid out to meet the needs of the residents with sufficient seating and areas for residents to spend time alone or in groups.

Residents were seen to walk around in an unrestricted environment, and staff were seen to offer assistance to residents in a dignified and supportive manner. The decor was homely and an ongoing programme of regular maintenance was in place. The centre was visibly clean throughout. Floors were carpeted in the corridors and residents' bedrooms, and the inspector saw that these were regularly cleaned according to best practice guidelines. The provider was exploring options to expand the flat mopping system used in non-carpeted areas to the residents ensuite areas.

The centre had improved its fire safety procedures and processes following the previous inspection, and all of the actions required following the previous two inspections in 2019 were completed. The inspector was assured that all necessary precautions were in place to prevent and contain the spread of fire. The provider had installed automatic closing devices on all fire doors within the centre. In addition, the provider had implemented a system of allocating residents' rooms based on the residents dependency and mobility level, ensuring that no more than two residents requiring full evacuation by two staff were accommodated in one compartment.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by feedback from residents and the minutes of residents' meetings which inspector reviewed. On the day of inspection, a group of residents were facilitated to participate in a national survey of nursing home experiences via Zoom, where their thoughts, preferences and feedback were sought. Residents had access to newspapers, radios, telephones and television. Advocacy services were available to residents as required and were posted on notice boards in the centre along with other relevant notifications and leaflets.

Following admission, social assessments were completed for all residents which gave an insight into each resident's history and interests to inform individual activation plans. A range of diverse and interesting activities were available for residents, including one-to-one activities. These were carried out in accordance with public health advice and the inspector observed that there was space to facilitate social distancing. Visits were seen to commence early in the morning and continued on throughout the day. Visiting logs confirmed that visits were facilitated over seven days. A dedicated staff member was assigned to schedule and coordinate all visits. All visitors underwent a COVID-19 screening process and visits took place in one of the designated visiting areas, the residents own room, or outdoors.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place in line with the current national guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities)

Judgment: Compliant

### Regulation 17: Premises

Not all ensuite bathrooms had grab rails by the toilets, as required by Schedule 6 of the regulations.

Storage within the centre required review. Sluice rooms, store rooms and vacant rooms were cluttered and used to store a mix of items both in use, and for storage, including hoists, wheelchairs, activity supplies, and domestic supplies. The area for storage of domestic equipment was insufficient. The provider had identified this deficit and plans were being drawn up for a new storage area to be built.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk assessment for the storage of oxygen was categorised as a low risk and had not been updated since 2019. The risks associated with the current inappropriate storage of numerous oxygen cylinders had not been identified. Oxygen cylinders were stored in a shed, alongside potentially flammable substances such as paint and cleaning products. The provider was issued with an immediate action to remove the cylinders to a safe and suitable location. The provider made arrangements with the oxygen service supplier to review and risk assess the storage of the cylinders.

Judgment: Substantially compliant

### Regulation 27: Infection control

The provider had a comprehensive COVID-19 contingency plan in place, which detailed the protective measures in place should an outbreak occur. The vaccination programme for COVID-19 had been completed. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were aware of the ongoing changes to guidance from public health and the HSE. The centre was clean throughout and the cleaning staff spoken with were knowledgeable about correct cleaning techniques, infection prevention and control. There was a plentiful supply of Personal Protective Equipment (PPE) and staff were seen to use this appropriately.

Judgment: Compliant

### Regulation 28: Fire precautions

Annual fire training was completed for all staff. Fire drill records showed that staff completed regular evacuation drills, including the evacuation of the centre's largest compartment of six residents, with the lowest staffing levels of three staff. The drill records showed that the compartment was evacuated in a timely and safe manner. Daily, weekly and quarterly fire safety checks were completed. Records were in place for the regular servicing of the emergency lighting system and the fire panel. Fire extinguishers were serviced annually. Residents had Personal Emergency Evacuation Plans (PEEP's) which were routinely updated. These reflected the level of dependency, the aids used to evacuate and the number of staff required to assist in the evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found them to be well written and described in detail the individual needs of the residents. Interventions were person centred and based on validated risk assessments which were routinely updated. Care plans were initiated and updated within the required time frames.

Judgment: Compliant

### Regulation 6: Health care

Overall, residents received a good standard of evidence based health care in this centre with regular clinical input. GP's attended the centre routinely and were available for additional or emergency visits as required. CareDoc provided the out of hours medical service. Physiotherapy was provided in house each week and allied health care professionals provided support with dietetics, speech and language therapy and tissue viability nursing.

Referrals for specialist frailty assessments by an advanced nurse practitioner and input from psychiatry of later life were made as necessary. Residents' health care records found these to be completed in a timely manner.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' right to privacy and dignity were respected and positive and respectful interactions were seen between staff and residents. Minutes of residents meetings, and residents who spoke to the inspector identified that residents were consulted with about the running of the service, and about their own individual needs. The layout and facilities in the centre afforded the residents the opportunity to undertake activities according to their abilities, both in groups and in private if they choose to. Each resident had a single ensuite room, with access to TV, radio, internet and phones.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0033259

Date of inspection: 10/06/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Schedule 6 Part 1 3(b) All ensuite reviewed – outstanding toilets fitted with toilet surrounds or grabrails.</p> <p>Schedule 6 Part 1 3(k) all storage area reviewed. Increased shelving where appropriate. New shed erected in service yard. Plans drawn up to increase storage at the planning application stage.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Oxygen supplied by the HSE due to Covid returned to supplier(collected on the 17.06.2021)Oxygen storage risk assessment reviewed and updated. Lockers for external storage as advised by BOC source and ordered.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/07/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	09/07/2021