



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0036963

About the designated centre

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

Sonas Nursing Home Melview is a three-storey facility located within the urban setting of Clonmel town. The centre can accommodate 49 residents. There is a lift close to the reception area and stairs on both sides of the house to enable easy access to the all floors. Bedrooms comprise 49 single bedrooms with full ensuite facilities. There is a day room and sitting room on each floor. A quiet room, hairdressing room and a visitors room is also available to resident. Residents have access to a safe outdoor courtyard area to the back of the centre. Sonas Nursing Home Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
--	----

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
Wednesday 25 May 2022	10:00hrs to 18:00hrs	John Greaney	Lead
Thursday 26 May 2022	09:30hrs to 17:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was a short notice announced risk inspection that took place over two days. The inspection was announced as the provider had submitted an application to vary the conditions of registration following the renovation of the older section of the nursing home and it was necessary for the inspector to confirm that the newly renovated section was ready for inspection. The centre had been extended in 2021 with the construction of a new wing containing 49 single en suite bedrooms. All residents are currently accommodated in this new wing. The two older wings, Melview House and The Orchard Wing had been vacated so that they could be renovated. Renovations are now complete and the provider has applied to register an additional 32 beds and the newly renovated communal day and dining space. There were 46 residents living in the centre and three vacant beds on the days of the inspection.

On arrival to the centre, the inspector was met by the director of nursing. The inspector was guided through the infection prevention and control measures in place. Following an introductory meeting, the inspector walked around the centre with the person in charge.

Sonas Nursing Home Melview was not originally designed as a nursing home but has been extended and renovated over time. It is set over four levels and is essentially divided into three wings, with each wing representing the various stages of development of the home. Melview House has three floors, was the original wing and predominantly comprises communal space. Orchard Wing has two floors and is the second stage of the development, predominantly comprising bedroom accommodation. The new wing has three floors, is the most recent development and will also mainly be used as bedroom accommodation. There is a basement that houses the main kitchen and staff facilities. There are no residents on the basement level.

The inspector initially viewed the newly renovated section of the premises. Melview House is where most of the communal space for the centre is based. While Melview House was being renovated, a number of bedrooms in the new wing were being used as sitting and dining rooms with a view to being re-designated as bedrooms at a later date. There are sitting and dining rooms on each of the three levels of Melview House with adequate communal space for the proposed number of residents to be accommodated in the centre.

Orchard Wing accommodates twenty nine residents in nineteen single rooms and five twin rooms over two floors. The five twin rooms were previously registered as single rooms. The provider was requested to review the design and layout of these bedrooms, as in their current configuration not all of these rooms were suitable for two residents. This is mainly due to personal possessions not being readily accessible because of the location of chest of drawers and wardrobes and also because in a least one room, it would be difficult to manoeuvre a hoist for a resident

in one of the beds without disturbing the resident in the adjacent bed.

Access to Melview House from the Orchard Wing is either via a sloped corridor from the Ground Floor or from a platform lift on the first floor as the floors are not aligned. During the renovations, bedrooms in the new wing were re-designated as sitting and dining space and these were adjacent to residents' bedrooms. Due to the reconfiguration, communal space would now be located in a separate wing and the provider was requested to review the signage to ensure it was dementia friendly and supported residents navigate their way around the newly reconfigured centre.

The inspector observed some residents spending time in their bedrooms, other residents were walking about the centre, and a number of residents were seen spending their day in the communal day rooms. The inspector observed staff assisting residents in a respectful and engaging manner. Staff were observed to be kind and patient in all their interactions with residents.

Residents had access to secure outdoor space on the ground floor. This had recently been landscaped but was in need of additional garden furniture to support residents spend time outside. There was another internal courtyard that was designated as a smoking area for residents. There was evidence of a significant amount of bird droppings on the ground and it was evident that birds spent time in this area. In its current state it would not be suitable for residents.

Throughout the inspection, the inspector noted that the person in charge and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided. The centre had an activities programme in place and activities were seen to take place over the course of the two days of the inspection. A large number of residents spent their day in the sitting room, while others spent their time in their bedrooms but were seen to come and go throughout the day.

A number of visitors were seen to come and go throughout the day. Visiting was scheduled in advance. The person in charge stated that visiting was scheduled to ensure that there were not a large number of visitors in the centre at one time, which could result in them congregating in communal areas.

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

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented. However, some further improvements were required to achieve regulatory compliance in relation to personnel records and the complaints procedure.

Sonas Nursing Services Limited, a company comprising four directors are the providers for Sonas Nursing Home Melview. The directors are involved in the operation of a number of other nursing homes throughout Ireland. The governance structure reflects the size of the organisation. The person in charge is an experienced nurse responsible for the care and welfare of residents and the oversight and supervision of clinical care. The person in charge reports to a Quality Manager that in turn reports to a Director of Quality and Governance. The Director of Quality and Governance reports to the Board of Directors through the Director of Operations. Members of senior management were present in the centre on the day of the inspection and met with the inspector.

The quality and safety of care is monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. There are regular governance meetings, usually attended by the Director of Quality and Governance, the Quality Manager and the person in charge and issues discussed include financial matters, human resources and complaints. There are also regular Quality and Safety meetings with attendance from various levels of management and representatives from all grades of staff.

On the days of the inspection the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Plans were in place to enhance the management structure through the recruitment of an assistant director of nursing and clinical nurse managers as the occupancy level increased. There were also plans to recruit additional staff of all grades to meet the demands of a higher number of residents in anticipation of the increased capacity of the centre. A review of a sample of staff personnel records found that recruitment practices were predominantly in line with the regulations and although some improvements were required in relation to records of employment histories.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had recently come out of an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene. The centre had an up-to-date COVID-19 contingency plan, which was reviewed on a regular basis.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. Complaints were managed in line with the centres' complaints

policy and all concerns and complaints, brought to the attention of staff, were addressed in a timely manner. While the procedure for managing complaints was set out in the complaints policy and the procedure was on prominent display in the centre, the complaints officer or independent appeals body were not clearly identified.

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

The provider had submitted an application to vary the conditions of registration. The proposed variation involves increasing bed capacity from 49 to 81 following the renovation of two wings of the premises.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that he was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. Staff were noted to be kind and caring and all interactions with residents were noted to be respectful.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training in place. A review of training records indicated that all staff had up to date training relevant to their role.

Judgment: Compliant

Regulation 21: Records

While most of the requirements of Schedule 2 were in place, a review of a sample of staff files found that not all had a full employment history with an explanation for gaps in employment and not all employment references were verified.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined governance and management structure with clear lines of authority and responsibility for the operation of the centre. There were regular management and staff meetings and it was clear that each person was clear on their area of responsibility.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written Statement of Purpose that detailed the services provided and the facilities available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The identity of the complaints officer or the independent appeals body was not clearly evident from the complaints policy or from the notice on the display.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in Sonas Nursing Home Melview, which was generally respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and opportunities for social engagement. Some improvements were required in relation to care planning, the design and layout of some of the newly renovated bedrooms, visiting arrangements, and fire precautions

The inspector was assured that residents' health care needs were met to a good standard. There was good access to general practitioners (GPs), including out-of-hours services. There were appropriate referral arrangements in place, to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. There was evidence that residents were referred and reviewed as required, by allied health and social care professionals.

A sample of residents assessments and care plans were reviewed by the inspector. Care delivered was based on a comprehensive nursing assessment, utilising a variety of validated tools which were completed within 48 hours of admission to the centre, in line with regulatory requirements. A sample of care plans reviewed provided good detail on the care to be provided to each resident on an individual basis. While most care plans were reviewed and updated on a regular basis, the care plan for one resident in relation to end of life preferences was not updated to reflect the resident's current wishes.

All residents were accommodated in the new wing of the premises during renovations of the older wings of the building. A number of bedrooms on each floor had been temporarily designated as sitting and dining rooms, with plans to be returned to bedroom accommodation when newly renovated sitting and dining rooms in the older wing were complete. Residents bedrooms in the new wing were

seen to be personalised with memorabilia and photographs. A number of the newly renovated bedrooms in Orchard Wing had been converted from single to twin rooms. These were not yet occupied. A review was required of the design and layout of some of these rooms to ensure they were suitable for two residents. There was also a need to review the designated outdoor smoking area to ensure that it was a safe place for residents.

There were measures in place to protect residents from being harmed or suffering abuse. All staff had completed training in adult safeguarding and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse.

The inspector found that comprehensive systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge. Fire drills had also been conducted from the unoccupied wings of the building to ensure that staff were familiar with the evacuation procedures from there. A review was required of evacuation signage to ensure all persons in the centre could readily identify the most appropriate evacuation route in the event of a fire. A review was also required of smoke seals on some fire doors.

A comprehensive risk register had been developed which included both clinical and non-clinical risks. Accidents and incidents were reviewed in a timely manner and any identified improvements put in place.

Thirteen of the forty six residents in the centre had bed rails in place while they were in bed. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken. There was evidence that other alternatives to restraint had been tried or considered to ensure that bed-rails were the least restrictive form of restraint.

Residents had access to TV, radios, newspapers and religious services. Resident were consulted through residents' meetings that were held on a regular basis and also through resident' surveys. Residents were also kept up to date on the various activities in the centre through a monthly newsletter.

On the day of inspection the inspector observed that residents could receive their visitors in the privacy of their bedrooms or in a visitor's room. there was a requirement, however, for visitors to schedule visits in advance, which is not in line with open visiting.

Regulation 11: Visits

Visitors were required to book visits in advance. This has the potential to restrict when residents can receive visitors.

Judgment: Substantially compliant

Regulation 12: Personal possessions

A review was required of the layout of bedrooms to ensure that residents had ready access to the clothes and personal possessions, as wardrobes and chest of drawers were not within easy reach of residents in some twin bedrooms of Orchard Wing.

Judgment: Substantially compliant

Regulation 17: Premises

During recent renovations, some of the bedrooms in Orchard Wing had been converted from single to twin rooms. While these rooms were not yet occupied by residents, it was evident that the current design and layout did not facilitate two residents to have ready access to their personal possessions due to the location of wardrobes and chest of drawers. In one of the bedrooms it would also be difficult to manoeuvre assistive equipment such as a hoist without disturbing residents in the adjacent bed.

There was a need for dementia friendly signage to support residents navigate from bedrooms to sitting rooms and dining rooms due to the reconfiguration of the centre.

A review was required of a designated smoking area. The area posed a risk to residents being contaminated by bird droppings as large numbers of birds congregated on roofs adjacent to the area.

Judgment: Not compliant

Regulation 26: Risk management

Adequate arrangements were in place for the management of risk. There was a risk management policy that contained all the requirements of the regulations. There was a risk register that identified risks throughout the centre and included measures to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Some wash hand basins designated for staff use did not comply with recommendations from infection control guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review was required of signage identifying the route of evacuation in the event of a fire, as the nearest evacuation route not clearly evident. There was also a need to ensure that the orientation of the signs clearly identified which direction to take in the event of a fire.

The smoke seals on some doors were loose and there was evidence of paint on others that would reduce their effectiveness.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a need to ensure that care plans were updated to reflect the end of life preferences of residents.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care supports to meet their needs. Residents had access to general practitioners (GP) including an out-of-hours GP service. Services such as physiotherapy, tissue viability nurse specialists, psychiatry of later life, speech and language therapy and dietetics were available when required. The inspector found that the recommendations of health and social care professionals was acted upon, which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were arrangements in place to ensure that restrictive practices were implemented in line with national policy and residents with responsive behaviours were supported by staff in a manner that was not restrictive.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and that staff were kind and caring. Where there were suspicions or allegations of abuse, adequate measures were put in place to safeguard residents while the investigation was underway and all allegations were appropriately investigated. All staff had attended up-to-date training on safeguarding residents from abuse and were knowledgeable of what to do in the event of an allegation or suspicion of abuse. The provider was not a pension agent for any residents and adequate measures were in place for the management of money, which the provider held on behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in relation to the operation of the centre through residents' meetings and surveys. There was a programme of activities that included one to one activities for residents that did not wish to participate in group activities. Plans were in place for the resumption of trips to places of interest in the community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0036963

Date of inspection: 26/05/2022

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
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • All staff files have been re-reviewed and they now contain all of the required information. Complete. 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <p>We have updated our procedure and the complaints officer and independent appeals body is now clearer. Complete.</p>	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: <p>We encourage visitors to book in advance but we do not restrict visits or refuse entry. We have adopted the HPSC guidelines. Complete.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The bedrooms identified have been reconfigured so that each resident has access to their personal belongings within easy reach and without compromising dignity. Complete.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The bedrooms identified have been reconfigured so that each resident has access to their personal belongings within easy reach and without compromising dignity. Complete.</p> <p>A bedroom was identified whereby it may be difficult to manoeuvre assistive equipment such as a hoist without disturbing residents in the adjacent bed, in order to resolve this issue the provider commits to only admitting residents who do not need assistive equipment to this bedroom. Complete.</p> <p>Additional dementia friendly signage to support residents to navigate from bedrooms to sitting rooms and dining rooms has been ordered and will be affixed by the 07/07/2022 . The designated smoking area has been thoroughly cleaned. We have also ordered window sill and parapet ledges to prevent birds landing on sills. There will also be a hawk kite on the roof to act as a deterrent to birds landing. 31/07/2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The facilities team have put a plan in place to address the type of handwashing sink available. In the interim there is a risk assessment in place. 30/09/2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Signage identifying the routes of evacuation in the event of a fire has been reviewed. Additional directional signage is currently being affixed. 07/07/2022. The smoke seals on the the doors have been repaired and the paint has been removed. Complete.

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All end of life care plans have been reviewed and updated. Complete.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	08/07/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	08/07/2022
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	08/07/2022

	retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.			
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	07/07/2022
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	08/07/2022
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	30/09/2022
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	07/07/2022

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	07/07/2022
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	08/07/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	08/07/2022

	consultation with the resident concerned and where appropriate that resident's family.			
--	--	--	--	--