



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

## Issued by the Chief Inspector

Name of designated centre:	SignaCare Killerig
Name of provider:	Signacare Killerig Ltd
Address of centre:	Killerig, Carlow
Type of inspection:	Unannounced
Date of inspection:	05 May 2021
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0030855

## About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 45 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 35 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the first and second floor. The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents' needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents' independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

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

Number of residents on the date of inspection:	43
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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
Wednesday 5 May 2021	10:05hrs to 17:15hrs	Catherine Furey	Lead
Wednesday 5 May 2021	10:05hrs to 17:15hrs	Liz Foley	Support

## What residents told us and what inspectors observed

At the time of this inspection, the centre had been declared free of COVID-19, following a small outbreak which had impacted significantly on the residents, their families and staff. Despite the setbacks associated with this outbreak, from the observations of the inspectors and what residents told us, it was clear that the residents received a high standard of quality care. The overall feedback from residents was that they were very happy living in this centre, where the management and staff were supportive and kind and respected the residents' individual wishes and choices.

On arrival to the centre, inspectors were met by the clinical nurse manager who ensured that all necessary infection prevention and control measures were implemented prior to accessing the centre. Inspectors were then guided on a walk around of the centre by the person in charge. It was apparent from this walk around that the person in charge and the residents were very familiar, greeting each other by first names and stopping to chat in the corridors. The residents appeared delighted to see him and talk with him and were all very complimentary of the care that he gave them. Inspectors spoke with approximately eight residents in detail during the inspection to identify their experiences of living in the centre. The staff were described by residents as kind and attentive, with one resident describing them as "the best you could get". Inspectors observed many occasions of person-centred engagement between residents and various staff including catering and housekeeping staff during the course of the inspection. It was obvious that all of the staff knew the residents well. Residents appeared relaxed and there was plenty of suitable and comfortable seating options in the communal areas.

The centre was spread over three floors with the ground floor comprising of spacious communal rooms and a large dining room. The centre was tastefully and comfortably furnished and there were assistive hand rails throughout to enable residents to safely navigate this large centre. There was access to the centre's garden from the communal rooms at the rear of the building and these doors were opened and easily accessible for residents. The ground levels outside the building directly from the door ways were ramped and uneven in places. The provider was undertaking to review this in order to make it safer for residents who wished to mobilise unsupervised in this area. The gardens were well maintained and overlooked the surrounding Carlow countryside. The centre kept chickens and ducks which the residents enjoyed visiting and also enjoyed the fresh and free range produce. Bedroom accommodation was on the first and second floors and residents had open access to the lift to move between floors. Bedrooms were large and bright and some enjoyed panoramic views of the countryside. Residents had the opportunity to personalise their bedrooms if they wished and twin bedrooms had sufficient space for resident to relax and access their possessions easily.

While the recent COVID-19 outbreak impacted on the freedom of residents to move around the centre and to participate in daily activities, residents were kept informed

about the reasons for this. Activity provision was returning to normal with the resumption of group activities. A lot of the residents were connected to the local community and great efforts were made throughout the periods of restriction to maintain these connections. For example, the centre organised a recent fundraiser where residents and staff completed a 'Roll and Stroll' over 100km and donated the proceeds to a local charity. There were many other examples of community involvement and a big emphasis on social engagement in the centre.

Inspectors observed a group activity in the afternoon which was a very social occasion with residents singing, clapping and engaging well with the activity staff and with each other. Residents were seen to dance spontaneously with staff in a very interactive and lively session. Residents were also observed to walk freely around the centre, and were accompanied by staff when needed. Residents were seen to be assisted out into the grounds by staff. Some of the residents' artwork was tastefully framed and displayed in the communal areas of the centre. Beautiful messages of support and well wishes received from families during the COVID-19 restrictions were printed out and displayed for all the residents to read. Inspectors observed frequent hot and cold drinks and snacks being offered throughout the day. Mealtimes were a sense of occasion with dinners being plated up in a hotel-style servery in the dining room. Residents could see and smell the food before it was served to them which enhanced the overall dining experience. Menu options were displayed prominently with large images of the food on offer for that day. Residents were very complimentary about the food and stated that they had plenty of choice. One resident stated that anything she asked for she could get.

Residents said they were aware of COVID-19 and had been kept up to date regularly during the recent outbreak. Minutes of residents meetings confirmed that the person in charge attended and gave updates and discussed pertinent issues such as visiting restrictions. Many visitors were seen to come and go during the day of the inspection. Residents told inspectors that they had received visitors and could also use phones and video calling to keep in touch. The centre was observed to be spotlessly clean throughout and there was sufficient cleaning staff on duty to maintain the high level of cleanliness.

Overall, the residents that inspectors spoke with expressed that they felt safe and content. There was a relaxed and happy atmosphere in this centre. 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 effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The provider ensured that the centre was adequately resourced and the centre had a history of good compliance with the

regulations. While the systems in place were good, they required strengthening in order to ensure that risks were promptly identified and addressed. This is discussed further in the Quality and Safety section of the report.

Signacare Killerig Ltd. is the registered provider and has two company directors, one of whom is involved in the operational management of the centre. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the overall delivery of care. He was supported in his role by a full time clinical nurse manager, a team of nurses and healthcare assistants, and a catering, domestic and maintenance team. Dedicated activity staff ensured that residents social and spiritual needs were met. One of the directors visited the centre weekly.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. Residents and staff had been through a challenging time, having experienced a recent COVID-19 outbreak in the centre which affected six residents. The outbreak was well managed and the affected residents had supportive plans in place to promote a full recovery. The centre had successfully implemented their preparedness plan and had managed to substantially increase their staffing levels during the outbreak with a combination of agency staff and redeployment of staff from other SignaCare centres. There had been a high uptake of the COVID-19 vaccine amongst staff and residents. Staff continued to participate in regular testing for COVID-19 infection and precautions were in place to prevent the spread of infection. There was ongoing and regular engagement between the centre and the Public Health department regarding the centre's infection control procedures. A post-COVID review had been completed which detailed what had worked well and also identified learnings from the outbreak.

There was evidence of good governance and communication systems within the centre and regular meetings were held with all grades of staff. In addition, the provider held regular meetings with the senior managers across the SignaCare company. A review of the minutes of these meetings identified that outcomes of audits were shared between the centres to enhance the lessons learned. There was evidence of regular engagement with the residents and their families during the pandemic. The provider sought to ensure the residents and families views were captured through satisfaction surveys and regular residents committee meetings, where pertinent issues such as the current visiting guidance was discussed.

Inspectors followed up on three pieces of unsolicited information which had been received by the Chief Inspector since the last inspection. This information contained concerns in relation to the service provided to residents. These were found to have been appropriately investigated and managed by the registered provider. The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included a company-wide schedule of audits. These audits were reviewed by the inspectors and were seen to be comprehensive, with identified findings leading to action plans for improvement. Accountability for these plans were assigned to the relevant persons and the progress and the completion of the action plan was documented.

Staffing levels in the centre were adequate to meet the current needs of the residents. The provider had risk-assessed the current staffing levels and this was under constant review, based on the assessed dependency levels of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level with a contingency amongst the centre's own compliment of staff in the event of short notice absences. All staff had access to online training courses, including the mandatory training programmes. Staff were encouraged to identify their learning needs and interests and were supported to complete additional training courses. Registered nurses undertook annual medication management training and additional training such as palliative care and venepuncture. New courses were added to the training schedule in response to issues identified. For example, following a falls audit which showed a high number of falls occurring, the provider had added a mandatory falls management course to ensure all staff were aware of the correct procedures to follow.

Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures. Minor concerns from residents and families were actively encouraged to be documented and investigated to ensure that these smaller issues were identified and dealt with quickly and efficiently.

### Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supervised in their roles by the director of nursing who was supported daily by the clinical nurse manager. Records viewed by the inspectors confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults, dementia and behaviours that challenge, manual handling and fire safety. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE). Inspectors reviewed the planned training schedule and saw that training was planned throughout the year



for new and existing staff.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. Inspectors spoke with various staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

The inspectors were assured that the regular system of auditing ensured that areas for improvement were identified and actioned. The person in charge had prepared an annual review of the quality and safety of care delivered to residents in 2020. This included a detailed quality improvement plan for 2021, based on a review of audit outcomes. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the centre's accident and incident log confirmed that the provider had notified the Chief Inspector of incidents set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) within the required time frames. All submitted notifications were well managed in line with the centre's own policies and procedures.

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 regulation. A sample of complaints were viewed and were seen to have been acknowledged and investigated thoroughly and included regular documented updates on the investigation into the complaint. The satisfaction of the complainant was documented for all complaints. The inspector spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or

complaints they had would be dealt with and they were confident to highlight issues to staff members

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There was a rights based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service. Improvements were required in fire evacuation procedures, the identification of risk and environmental safety.

Oversight of fire safety required review. Systems were in place to ensure effective detection of fire in the building. Staff regularly participated in fire evacuation drills and there was a weekly check of the alarm system which also provided opportunity for learning for staff. However further assurances were required around the safe evacuation of residents and the availability of residents individuals' evacuation needs as this information was held on computer and was not readily available to guide staff in the event of a fire in the centre. Information submitted following the inspection confirmed that evacuation procedures were available in a central location and communicated at handover. The provider took on board the inspectors findings' and was undertaking to display the information in each residents bedroom.

Overall the management team had a proactive approach to risk management in the centre and arrangements were in place to mitigate or eliminate any of the identified risks. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. However some risks identified by inspectors had not been assessed and were not being actively managed. The provider immediately undertook to address these risks and some were addressed during the inspection. For example, risks of cross contamination to equipment stored in sluice rooms was addressed and the equipment was relocated to a more suitable area, and oxygen cylinders were removed from inappropriate areas and relocated to a designated and safe area.

The premises was mostly meeting the needs of residents however some improvements in environmental safety were required to ensure the safety of residents. The management team were undertaking a programme of works to address the risks identified on inspection.

The centre's COVID-19 contingency plan had been implemented and helped them in managing the recent outbreak. Additional staff resources and infection control procedures were in place during the outbreak and the building facilitated the relocation of residents to a safe isolation area for protective nursing. All staff were

following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing. Staff were continuing to follow the uniform policy and inspectors observed separate changing and break facilities for staff teams. Work was organised in teams which were allocated to specific residents on specific floors in an effort to minimise the impact of a potential second outbreak in the centre. Residents were socialising in pods which enabled them to meet with their friends, move throughout the building and enjoy group activities. Residents and staff had completed their vaccination programme and staff continued to participate in fortnightly screening for COVID-19. Some communal equipment was stored inappropriately in a cleaner's room and a sluice room posing a risk of cross contamination to the equipment from these high risk areas. The equipment was moved and relocated to a more appropriate area during the inspection.

The service promoted the rights of individuals by respecting individual choices and preferences and by involving residents in the organisation of service. There were regular resident meetings and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents could undertake activities in private and there were appropriate facilities for occupation and opportunities for all residents to participate in activities accordance with their abilities.

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Oversight of residents' health care needs was good. Residents' health care needs were promoted by ongoing on-site access to their GP and allied health professionals when required, for example, psychiatry of old age. Some services continued to be provided remotely and effectively due to restrictions from COVID-19, for example, the dietician and wound care specialist. Health care needs were assessed using validated tools which informed appropriate care planning. While the incidence of falls appeared to be high in the centre, there was a culture of recording all incidents, whether they were a near-miss or an actual incident. Residents who fell were appropriately managed and routinely assessed following a fall by their GP and physiotherapist in order to understand and prevent recurrence. Falls were appropriately audited and the learning informed ongoing quality and safety improvements in the centre. There was a low use of restrictive practices in the centre and staff demonstrated very good levels of knowledge of evidence-based care and individuals' needs.

Visiting was in line with the national guidance and there were appropriate facilities available for safe visiting. There were designated rooms available, and a pod at the front of the centre for continued window visits. Bedroom visits were also allowed subject to risk assessment. There was an online booking system for visitors to book their visits and an option to call the centre and arrange a visit over the telephone.

## Regulation 11: Visits

Indoor visiting has resumed in the centre in line with the most up to date guidance for residential settings. There were designated areas within the centre available for visits and systems were in place to facilitate booking and safe visiting for residents. Window visits had continued throughout level five restrictions for COVID-19.

Judgment: Compliant

## Regulation 17: Premises

Environmental safety required review, some issues identified by inspectors had not been addressed by the provider, for example, uneven ground outside in the centre's enclosed garden could be a falls risk for residents. Some bathrooms were missing assistive hand rails and assistive equipment in one bathroom had not been properly installed and therefore posed a risk to residents' safety. Senior management undertook to address these risks immediately.

Judgment: Substantially compliant

## Regulation 26: Risk management

Hazard identification and assessments of risks throughout the designated centre required improvement as risks associated with infection control, safe premises and fire had not been identified in the risk register.; these are discussed under each regulation. Actions were taken to eliminate the risks associated with fire and infection control during the inspection.

Judgment: Substantially compliant

## Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were improved in order to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for COVID-19 had been completed.

Equipment which was inappropriately stored in high risk infection areas was

removed during the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. The centre had not practiced a simulated evacuation of the largest compartment with the lowest staffing levels. Following the inspection, the provider carried out this simulated evacuation and submitted the report to inspectors, who were assured that a timely and safe full compartment evacuation could be completed. However further drills of the compartments are required to ensure all staff are competent in evacuation procedures.

Personal evacuation plans for residents were not readily accessible by staff in the event of an emergency, this information is vital for staff in order to inform them of residents needs during and following an evacuation.

Risks with the inappropriate storage of oxygen were fully addressed during the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were person-centered and based on the assessed needs of residents. Care plan reviews were routinely completed in order to ensure care was appropriate and meeting the evolving needs of residents. Residents were made aware of and involved in directing their care needs. In instances where a resident was unable to make decisions about their care, arrangements were in place to include their next of kin or nominated care representative.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. The GP routinely attended the centre weekly and was available to residents from Monday to Friday if required. Allied health professionals continued to support residents throughout the periods of restrictions on a remote basis and were now returning to the centre to provide essential on-site services for example,

physiotherapy and community psychiatric services for older persons.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following an outbreak of COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for SignaCare Killerig OSV-0005454

Inspection ID: MON-0030855

Date of inspection: 05/05/2021

## 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
Outline how you are going to come into compliance with Regulation 17: Premises: Assistive handrails in residents bathrooms installed in the two bathrooms required. Garden flooring will be revised to make the floor even and minimize falls risk to residents. Full environmental audit completed quarterly.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk register will be reviewed to identify any additional hazards associated with infection control, premises and fire and controls will be put in place to eliminate or minimize the risk.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Current Evacuation plan templates in place in line with our fire policy will be updated to give more information as a quality improvement, and new evacuation plans will be displayed in resident rooms.  Regular Fire evacuation drills will be continued to be carried out for different	

compartments with both daytime and nighttime staffing levels and all staff will be scheduled to attend at least 2 evacuation drill over the year.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	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	30/06/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	30/06/2021

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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