



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunabbey House
Name of provider:	Health Service Executive
Address of centre:	Springmount, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	02 September 2021
Centre ID:	OSV-0000590
Fieldwork ID:	MON-0033857

About the designated centre

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

Dunabbey House is a single storey, purpose built centre and has operated as a designated centre for dependent persons since 1974. The centre is currently registered for 28 residents. Accommodation provided consists of 26 single bedrooms and one twin bedroom. A number of bedrooms have shared bathrooms and additional bathroom and toilets are located in close proximity to bedroom accommodation. The communal accommodation consists of one large sitting room as well as a number of smaller sitting rooms. There is a large dining room, an oratory, a small sunroom at the entrance which was very popular with residents. There are suitable paths for residents' use and an enclosed garden area with planted raised flower beds, pots and plenty of comfortable garden seating. There is one long bedroom corridor contained a number of large windows that caught the sun light. Each window had a cushioned seating area that facilitated residents to look out at the enclosed garden area, creating a pleasant place for sitting and reflection. The centre is located close to all amenities in Dungarvan town including shops, churches and restaurants. The

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. The admission policy states that residents have to be within a low to high dependency level. Pre admission assessment is carried out by a member of the hospital management team to ensure the resident meets the admission criteria for Dunabbey House. It offers care to long-term residents and to short-term residents requiring respite care. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 2 September 2021	09:15hrs to 17:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

Dunabbey House is operated by the Health Service Executive and is registered to accommodate 28 residents. The centre comprises twenty two single and three twin bedrooms. The centre is located directly across the road from another designated centre, Dungarvan Community Hospital. Both centres share a number of services, such as nursing management, kitchen services, maintenance, administration and activity staff.

This was an unannounced inspection and was carried out over one day. On arrival at the centre the inspector observed one resident getting in their daily exercise by walking laps around the perimeter of the centre. The resident informed the inspector that they do this everyday, weather permitting, and they believe it helps to keep them well. The inspector was directed to a side entrance that was now used for entry to the centre. A staff nurse guided the inspector through the infection prevention and control measures necessary on entering the designated centre.

The inspector held an opening meeting with the person in charge and an assistant director of nursing. The plan for the inspection was outlined and a number of documents were requested that would be reviewed as part of the inspection. The clinical nurse manager (CNM) was off duty but came to work to facilitate the inspection.

The inspector was guided on a tour of the centre by the person in charge. There was a pleasant and relaxed atmosphere on arrival in the centre. A number of residents were seated in an area immediately inside the main entrance where they could observe people coming and going from the car park. The inspector spoke with several residents throughout the inspection and the general feedback was that they were well cared for and had good relationships with staff in the centre. All residents were well dressed. Staff informed the inspector that most residents were able to provide for their own personal care and only required minimal supervision with personal hygiene. Residents were observed chatting with each other or relaxing alone with magazines and newspapers. Residents said that staff were kind and supportive. While there was some general concern in relation to restrictions caused by the COVID-19 pandemic, residents had a positive outlook on the future as restrictions were being eased.

A small number of bedrooms have en suite toilet facilities and some have shared toilet facilities between two rooms. It was found on the last inspection that there were inadequate shower/bath facilities for the number of residents accommodated in the centre, based on the requirement of the regulations that there should be a minimum of one bath/shower for every eight residents. A new shower has been installed since that inspection and the sanitary facilities now meet the requirement of the regulations. Some improvements were required in relation to infection prevention and control. The housekeeping room was only accessible through the sluice room and this posed a risk of cross contamination as cleaning equipment has

to pass through the sluice room, which is considered an unclean area. There were also washing machines and a dryer in the housekeeping room, predominantly used for cleaning residents' clothes and mop heads. This is also a source of potential cross contamination between clean and dirty items.

Residents had easy access to a secure outdoor area that had garden furniture for residents to sit, should they wish. The area contained brightly coloured shrubs and flowers in plant pots and raised plant beds.

The person in charge advised the inspector that residents' visits were facilitated in a designated visiting area, the garden area or by window visits. The inspector spoke with a small number of visitors and the feedback was positive in relation to the care of residents. Visitors said that staff were approachable and they would have no problem informing staff if there were any concerns.

Most residents had their meals in the dining room, but residents who wished to eat in their bedroom could do so. Meals were delivered from the main kitchen based across the road in the community hospital. During the morning the inspector observed a member of the catering staff ask residents what they would like for lunch from the menu available. On further discussions with staff it was determined that residents were being asked what they would like on the following day. While residents were sitting at the dining tables awaiting their lunch, none were able to tell the inspector what was on the menu that day or what they had requested for lunch. A menu board on display in the dining room contained the menu from three days previously. The inspector observed lunch being served and saw that staff were aware of resident's dietary needs and their likes and dislikes. The inspector saw that the meals served were well presented and there was a choice of food available. The atmosphere in the dining area was relaxed and residents were complimentary of the food provided. A choice of hot and cold refreshments and snacks were available to residents throughout the day.

The inspector saw that residents were interacting and participating in activities during the day. A member of the activity staff spent the afternoon with residents. Staff stated that opportunities for residents to access activities in the local community had reduced significantly due to restrictions in place for the COVID-19 pandemic. The centre, however, has access to a mini bus and residents were taken on regular outings, even when there was a high level of restrictions in place, though they were unable to leave the bus. An outing was scheduled to the town centre in the days after this inspection and residents talked to the inspector about their plans. One resident had plans to have a coffee in their favourite coffee shop, another was going shopping and yet another resident said they will decide on the day what they will do in town. The centre also has access to a trishaw bike, which is pedalled by a member of staff and can carry two residents. This is used regularly to take residents on spins around town or down to the sea.

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 on the quality and safety of the service being

delivered.

Capacity and capability

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations. The Health Service Executive is the registered provider. The service is supported by centralised departments, for example, human resources, fire and estates and learning and development. There is a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge is also person in charge of another designated centre immediately across the road from this centre. The person in charge is supported by two assistant directors of nursing, both of whom are involved in the management of both centres. There is also a clinical nurse manager (CNM) responsible for day to day clinical oversight of this centre. The person in charge reports to a General Manager, who in turn reports to the Head of Older Persons Services. The Head of Older Persons services was present in the centre on the day of the inspection and attended the feedback meeting at the end of the inspection.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time, and they have been successful to date in managing to keep the centre free of COVID-19. A documented COVID-19 contingency plan and guidance folder were in place, and the management team had established links with the public health team. There was an adequate supply of PPE and hand sanitising gel at the entrance, and it was conveniently placed throughout the centre. There were numerous laminated posters and COVID-19 quick reference material displayed throughout the centre to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. There was an annual review of the quality and safety of care to residents that incorporated feedback from residents obtained through residents' meetings. The centre was adequately resourced and mostly compliant with the regulations. The management team had an effective system in place to identify and manage risks. Risks were regularly reviewed and evaluated to ensure that measures in place to mitigate or eliminate identified risks were effective.

Information had been received by the inspector prior to this inspection expressing concerns about suspected financial abuse. Apart from a failure to notify the Chief Inspector about the allegation, the inspector found the matter had been investigated by the provider and managed in line with the centre's policy. The safety of the resident was a priority at all times and there was evidence of learning from the investigation.

Staff training records showed that staff had good access to mandatory training and additional training in order to meet the needs of individual residents. The inspector was informed that all staff working in the centre had completed the relevant COVID-19 training. Records indicated all staff had completed training in donning and doffing personal protective equipment (PPE) and hand hygiene. Staff also had access to training in cardiopulmonary resuscitation (CPR) and medication management. Some members of staff were overdue attendance at the practical element of fire safety training. Staff had access to relevant policies to guide their practice and there was evidence of regular and effective communication, including staff meetings, memos and email communication. All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI). A review of a sample of staff personnel files indicated that adequate arrangements were in place in relation to staff recruitment.

Regulation 14: Persons in charge

The Person in Charge was also person in charge of another designated centre, which is located across the road from this centre. The person in charge was supported by two assistant directors of nursing, both of whom were involved in the management of both centres. There is also a clinical nurse manager (CNM) responsible for day to day clinical oversight of this centre. The inspector was not satisfied that the person in charge was adequately engaged in the day to day operation of this centre due to their involvement in the management of another large designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix to meet the needs of the residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Discussions with staff and a review of training records identified a high level of attendance at training and

education.
Judgment: Compliant
Regulation 21: Records
Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.
Judgment: Compliant
Regulation 23: Governance and management
There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were well developed and there was a comprehensive programme of audits to support oversight of the quality and safety of the service.
Judgment: Compliant
Regulation 3: Statement of purpose
A review was required of the description of the rooms in the Statement of Purpose to ensure that they corresponded with the floor plans and that the floor plans reflected the design and layout of the centre.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Not all notifications were submitted as required. For example, an allegation of suspected financial abuse was not notified as required.
Judgment: Substantially compliant

Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as set out in Schedule 5 were available for inspection. There was a system in place to regularly review policies and to update staff on any policy changes.

Judgment: Compliant

Quality and safety

Overall residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents' told the inspector that life in the centre was generally good and they were happy with the quality of the service provided. The inspector observed that staff provided care and support in a respectful and unhurried manner. Staff were observed to be kind and were familiar with residents' preferences and choices.

Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held regularly and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

Residents' health care needs were met to a good standard. There was good access to GP services including out-of-hours services. There were referral arrangements in place with good access to services such as dietetics, speech and language therapy, physiotherapy, occupational therapy, dental and opticians.

The premises was bright and clean with good access to outdoor areas, including a secure garden. The corridors were long and wide and provided plenty of space for walking and residents were seen to use and enjoy this space. The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. A new shower room had been created since the previous inspection to ensure that residents had

sufficient sanitary facilities. As found on the last inspection, a number of bedrooms had been reduced from three or two person occupancy down to single occupancy, however, curtains and curtain rails remained in place. They were unnecessary and did not contribute to the residents' bedroom being homely. Unlike the last inspection, the additional space was now being used by residents for additional furniture, such as chest of drawers.

There was a varied programme of activities provided to residents by a team of activity coordinators. Access to the community was improving with the easing of restrictions related to the COVID-19 pandemic. Resident were supported to go on outings, some of which were just sightseeing but a visit to the town centre was scheduled to take place as a result of feedback from residents at a recent residents' meeting.

Visits were well managed with regular information provided to families as and when there were changes to the guidance on visits. There was WiFi available throughout the centre and there were two electronic tablets available should residents wish to make video calls. There was also a desktop computer located close to the lobby with full internet access for use by residents.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspections these measures were observed to be adhered to by staff and residents.

Each resident had a current personal emergency evacuation plan. Records indicated a system for the preventive maintenance of fire safety equipment, however, the interval between maintenance visits at times extended beyond the recommended time frames. there was also a need to carry out more frequent fire drills. An emergency plan was in place with an appropriate response for identified emergency situations.

Regulation 11: Visits

Visits had resumed at the centre in line with updated national guidance for residential centres. Staff guided visitors through appropriate COVID-19 safety checks at the centre.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that staff had actively engaged with

residents to elicit their end-of-life care wishes.

Judgment: Compliant

Regulation 17: Premises

Bedrooms that had been reduced from multi-occupancy rooms had not been fully reconfigured to the new occupancy level. For example, curtains used as a screen between beds were still in place but were not necessary and did not contribute to a homely environment.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which identified the risks as set out in the regulations. There were also arrangements in place to review incidents and accidents. The centres risk register was found to be updated on a regular basis.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required in relation to the infection prevention and control, including:

- the housekeeping room was only accessible by going through the sluice room
- there was no wash hand basin in the housekeeping room
- there was skin cleanser in a communal bathroom that was not labelled for individual use

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- the schedule of preventive maintenance for the fire alarm and emergency

lighting extended beyond the recommended quarterly intervals. For example, both were serviced on three occasions in 2020 instead of four and there was an interval of five and half months between service dates in 2021.

- while all staff had completed online fire safety training, seven staff were overdue attendance in the practical element of fire safety.
- fire drills were not conducted at a minimum of every six months in accordance with the regulations. A fire drill had been conducted in June 2020 and the next fire drill was conducted in March 2021.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed using validated assessment tools. Care plans were developed based on these assessments and incorporated input from other health professionals, where indicated. Care plans were reviewed every four months or more frequently, as required.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans contained guidance for staff on resident's preferences and individual needs. There were no residents living in the centre using bed rails at the time of the inspection.

Judgment: Compliant

Regulation 8: Protection

There was an up to date policy on safeguarding residents from abuse. All staff had attended relevant training. Staff spoken with by the inspector were knowledgeable of what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre. The provider was pension agent for seven residents and arrangements in place for the management of these finances were audited routinely. The provider kept sums of money on behalf of residents and there were adequate records maintained of lodgements and withdrawals, which were signed by two members of staff. The records were audited on a regular basis by a senior member of nursing management.

Judgment: Compliant

Regulation 9: Residents' rights

Arrangements for offering residents choices at mealtimes required review:

- Residents food preferences for lunch were ascertained a day in advance and many residents were unaware of what options were available at meal times.
- The menu on display on the day of inspection did not display the food available on that day.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunabbey House OSV-0000590

Inspection ID: MON-0033857

Date of inspection: 02/09/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Nominated PIC, who is ADON grade, assigned specifically to Dunabbey & who has responsibly & governance for Dunabbey House. CNM 2 currently in the HSE recruitment process, with a start date of December 2021. CNM2 following a period of induction & orientation to unit will be assigned as PIC, with appropriate documentation to be submitted to HIQA by Jan 31st 2022.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Review & update of SOP to ensure correspondence with Floor plans, design & layout of the centre.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications of occurrence of certain events to be submitted in line with HIQA monitoring notifications guidelines & within the required timeline.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Curtains/rails remaining in place in a reduced occupancy room. It was clarified at inspection feedback & post inspection that these rooms were documented as part of COVID Preparedness/Contingency plan that in the event of an outbreak, these rooms would be used as cohort areas to treat suspected/ positive cases. In support of dignity & respect of residents, curtains & rails would be considered an essential component in these rooms. Once the declaration of end of the Covid pandemic, renovation plan in place to remove curtain rails etc.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Renovation plan in place to segregate the sluice area under IPC guidance. Installation of hand wash sink in housekeeping room. Estimated completion date 30/11/2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Due to the Covid National Emergency - a derogation from HSE National lead Fire Safety to 'Masterfire' confirming that there was an acceptance that the company would be unable to access all sites /fulfil their contractual obligation due to Covid restrictions. However, Dunabbey management did as required carry out regular checks of fire compliance/fire register etc throughout Covid. Fire service & emergency lighting servicing going forwarded will be conducted in line with recommended quarterly intervals.</p> <p>Fire Drills/Evacuation will be conducted at 6 monthly intervals going forward. Training plan in place to ensure all staff will have completed practical Fire training by November 30th 2021.</p>	

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Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Daily Menus, food options & choices will be available to residents. While wide & varied choice of food preferences for lunch are discussed with residents the day prior as food orders are required the day in advance in the catering kitchen, there is always the change of mind option on the day with menus offering 3 main course choices on a daily basis.

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 14(4)	The person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/09/2021
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	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	30/11/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/10/2021
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 designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/09/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Substantially Compliant	Yellow	10/10/2021

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	06/09/2021