



**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:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0040338

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. Our vision is to deliver high quality, holistic, person centred care in a homely environment. Our ethos is to have an environment where residents feel safe and protected. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

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 1 June 2023	09:30hrs to 17:45hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

Residents living in St. Joseph's Unit, who spoke with the inspector, gave very positive feedback regarding the care and attention they received from staff. The inspector met with many of the 22 residents living in the centre on the day of inspection and spoke with six residents in more detail to gain an insight into their experience. The inspector met with four relatives who also gave positive feedback. It was evident to the inspector that residents' rights and choices were supported and promoted by kind and competent staff.

On arrival to the centre, the inspector met with the person in charge and the assistant director of nursing for the main hospital, who was deputising for the director of nursing on that day. Following an opening meeting, the person in charge accompanied the inspector on a walk around of the centre. The inspector saw that the person in charge was well known to residents and was knowledgeable regarding residents' care needs and their preferences on how to spend their day.

St. Joseph's Unit is located on the first floor of Bantry General Hospital and has two rooms with four beds, two rooms with two beds and 12 single rooms. All bedrooms in the centre had en suite toilet and shower facilities. Showers and toilets in the centre were clean and well maintained. Two of the bedrooms were designated as palliative care suites, with adjoining space that included a seating area and kitchenette, for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to the palliative care rooms with a sheltered area and outdoor seating. On the day of inspection, both palliative care suites were occupied and families were able to come and go to visit their loved ones without restrictions.

The centre was bright and clean throughout, with a relaxed and welcoming atmosphere. Walls in the centre were decorated with pictures and a wall mural on one of the centre's corridors gave the centre a homely feel. The inspector saw that a number of residents' rooms were personalised and decorated with residents' personal possessions and memorabilia. The single and twin rooms in the centre had plenty storage space for residents' belongings while the four bedded rooms did not. The person in charge expected newly purchased wardrobes to be fitted in the coming weeks. In general, the centre was well maintained, however, the inspector saw that the surfaces of some lockers in residents' bedrooms and paintwork on cupboards in the sitting room were worn and required attention.

Communal spaces in the centre for residents' use included a day room, a dining room, a sitting room and two seating areas. The inspector saw that these rooms were welcoming and had plenty seating and home style furniture available. The day room had a May altar displayed at the request of some of the residents and a local visiting priest had arranged for a boat to be crafted for this display. A well maintained fish tank was maintained and managed by one of the residents.

The sitting room opened out to an outdoor sheltered terrace which had a spectacular view of West Cork Mountains and Whiddy Island. The inspector saw that the outdoor sheltered roof terrace had raised beds and flower pots that were managed by the residents. On the morning of the inspection, a large group of residents were sitting outside in the glorious May sunshine, with the activity co-ordinator, reading newspapers, chatting about current affairs and having a lively chat and banter with each other. The inspector saw that residents were wearing sunhats and sun cream to protect them from the sun.

The inspector observed the lunch time meal and saw great improvements to the dining experience. Residents were sitting at the dining room and day room tables and were seen chatting together and enjoying their meal. Condiments were within easy reach of residents, tables were decorated with flowers and cutlery was laid out for residents' use. Jugs of drinks were available at tables for residents' to help themselves. The inspector saw that residents eating together at a table were served at the same time, while residents who required assistance were provided with it in a respectful and dignified manner. The door of the dining room was closed to reduce noise levels and support a good dining experience. The inspector saw that meals were served hot from a heated trolley brought from the main kitchen to the centre's kitchen and residents' meals appeared appetising and wholesome. The inspector saw that a board displayed in the kitchen indicated residents' likes and dislikes and any special dietary requirements that was checked by staff when serving the meal. Residents told the inspector that they were offered a choice at meal times and the lunch and teatime options were displayed on a board in the dining room. The inspector saw that choice of textured modified diets was available and these were well presented.

The inspector saw during the day, that there was a good variety of activities available for residents. During the afternoon a lively bingo session was attended by a large group of residents and was led by one of the centre's volunteers. This was followed by a crossword game that staff and residents appeared to enjoy. The activity co-ordinator facilitated both group and one-to-one activities for residents based on their preferences and capabilities. The centre had strong links with the community and the residents told the inspector they loved the return of volunteers to the centre to support their activities. One volunteer was in the centre on the day of inspection and was well known to the residents who enjoyed chatting with them. A number of residents told the inspector how they really enjoyed a recent outing to the local secondary school's musical, which they attended by bus. A number of residents went to a local coffee shop with the activity co-ordinator for day trips. Arts for health also attended the centre twice a week to support the activities programme with activities such as art classes and music sessions. Mass was celebrated in the centre once a month by a local priest and residents told the inspector that this was important to them. Residents were encouraged to be involved in the centre's activities. A resident who was a great singer, led out on sing songs in the centre. While another resident led a daily rosary prayer, where a number of residents attended. One of the residents maintained the plants and flowers in the terrace and plants and flowers that residents chose were purchased for this.

During the day, the inspector observed that staff were kind and treated residents with respect. Residents told the inspector that staff were kind to them and "couldn't do enough" for them. One resident told the inspector it was like "staying in a hotel." The inspector saw that residents were dressed in accordance with their preferences and appeared well cared for. The inspector saw that the staff made time to sit and chat with residents and listen to their views. Residents' views on the running of the centre was sought through residents meetings and surveys. From a review of minutes of these meetings, it was evident that residents requests were actioned where possible by the management team.

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

This was an unannounced inspection carried out over one day, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to inform decision making for renewal of registration of the centre. Overall, findings of this inspection were that St. Joseph's Unit was a well managed centre, where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The governance and management arrangements were clearly set out and the centre was well resourced to ensure that residents were supported to have a good quality of life. Some improvements were found to be required in premises and personal possessions, as detailed in the quality and safety section of this report.

St. Joseph's Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of Bantry General Hospital, which is an acute hospital. There was a clearly defined management structure for the centre and staff were clear on their roles and responsibilities. The person in charge reported to the Director of Nursing who in turn reported to the Chief Executive Officer of Cork University Hospital Group, who was the nominated person representing the registered provider for the service. The office of the Chief Inspector had been notified of the change to the registered provider representative since the previous inspection.

The centre was managed by an appropriately qualified person in charge. They were supported in their role by a clinical nurse manager and a full complement of nursing and care staff, housekeeping, catering, administrative and maintenance staff. The person in charge also had support and advice available from the practice development staff, palliative care specialist nurses and infection control specialist nurses based onsite in the acute hospital.

There was sufficient staff available to meet the needs of residents. There was a

minimum of two nurses on duty over 24 hours. The person in charge and clinical nurse manager provided clinical supervision and support to staff. Staff were facilitated to attend both face-to-face and online training appropriate to their roles. Assurances were provided to the inspector that all staff were Garda vetted prior to commencing employment in the centre.

There was evidence of effective communication with staff in the centre with regular staff meetings and daily handovers. There was a schedule of clinical audits in place in the centre to monitor the quality and safety of care provided to residents. These indicated good compliance with care planning, medication management and infection control. Following the previous inspection, the person in charge and clinical nurse manager had developed and actioned a quality improvement plan to enhance the dining experience for residents. This plan included evidence of consultation with residents to elicit their preferences and included consultation with staff.

There was evidence of consultation with residents through residents' meetings and surveys. An annual review had been completed for 2022 in consultation with the residents. There were systems in place to manage clinical incidents and risk in the centre. Accidents and incidents in the centre were well recorded, appropriate action was taken, and they were followed up and reviewed. Each resident had a written contract of care that outlined the services provided and fees to be charged. However action was required to ensure bedroom numbers and room occupancy were recorded on all contracts as outlined under Regulation 24; Contracts of care.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience required by the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate to meet the assessed needs of the 22 residents living in the centre, given the size and layout of the centre. There was a minimum of two nurses on duty 24 hours a day, seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were seen to be supervised in accordance with their roles and responsibilities by the clinical nurse manager and the person in charge. Training in the centre was being well monitored by the management team. A training matrix was made available to the inspector and demonstrated up-to-date training for all staff in areas such as fire safety, manual handling and safeguarding vulnerable adults. Staff were provided with face-to-face infection control education and training from the infection control nurses working in Bantry Hospital. The inspector saw that face-to-face dementia specific training was scheduled for staff the week following the inspection. The activity co-ordinator working in the centre had been supported and completed a Masters degree in Dementia care in 2022.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The person in charge was supported in their role by both the director of nursing for the general hospital and the hospital manager. The inspector found evidence of sufficient resources to ensure the effective delivery of care in line with the centre's statement of purpose. The person in charge monitored the quality and safety of care provided to residents

to ensure the service was safe and effective. An annual reviewed of the quality and safety of care delivered to residents in the centre for 2022 was prepared and available in the centre on the day of inspection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

From a review of a sample of contracts, it was evident action was required to ensure contracts met the requirements of the regulation as not all contracts identified the bedroom to be occupied by each resident and the number of other residents, if any, in that room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the centre which was amended on the day of inspection to include some minor additions to ensure it contained all the information required in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained a record of all incidents that occurred in the centre. Based on a review of incidents, the inspector was satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations available in the centre. These were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were that residents were provided with a high standard of care in St Joseph's Unit by staff that were responsive to their needs. Residents' health and social care needs were being met through good availability of medical and allied health care services and opportunities for social engagement.

From a review of a sample of care plans, it was evident to the inspector that residents had timely access to medical and health care services. Residents were reviewed regularly by one of the general practitioners, who attended the centre five days a week and on call services were also available. Residents were provided with access to allied health and social care professionals in line with their needs. Referrals were made to allied health and social care professionals such as dietetics, speech and language therapy and physiotherapy as required. Nursing care records reviewed, showed that care plans were comprehensive, regularly updated and based on validated nursing assessments tools.

The inspector saw that the centre was visibly clean on the day of inspection and there was adequate resources available to ensure high standards of environmental and equipment hygiene were maintained. There was evidence of risk assessments and controls in place, in line with national guidelines, to reduce the risk of aspergillosis infection to residents. This was required due to the ongoing hospital building works underway in close proximity to the centre.

The inspector saw that the premises were appropriate to the number and needs of residents living in the centre and according to the statement of purpose. Residents had access to a secure and safe outdoor space on the balcony in the centre and residents were seen to use this space during the day. The inspector saw that paintwork on some of the furniture in the centre required attention, this is outlined under Regulation 17 premises. Personal storage space in the four bedded rooms remained inadequate as found in the previous inspection, however the inspector saw evidence that new wardrobes had been ordered and were due to be installed in the coming weeks.

The systems in place to prevent abuse occurring in the centre were good. Residents reported feeling safe in the centre. Staff had completed safeguarding training and were knowledgeable on the procedures to follow in the event of suspected abuse in the centre. The centre acted as a pension agent for one resident living in the centre. Management of residents' finances and invoicing for care was managed in a robust manner.

The inspector saw that there were great improvements in the dining experience for residents since that previous inspection, following the implementation of a quality

improvement plan by the management team and staff in the centre.

There was evidence of consultation with the residents through regular residents' meetings and surveys. It was evident that residents recommendations from these meetings were actioned. The inspector observed that staff interacted in a positive and meaningful way with residents. There was a schedule of activities in place which was facilitated by an activities co-ordinator, external activity providers and care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service and there was evidence where residents required support they were referred to these services.

Regulation 11: Visits

The inspector was informed that normal visiting had returned to the centre in line with national guidance. Visitors and residents told the inspectors that there was no restrictions on visiting and they were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

As on the previous inspection, the inspector saw the space provided for residents' personal possessions in the four-bedded rooms required action as it comprised a combined single wardrobe and bedside locker adjacent to each bed. The person in charge showed evidence that new wardrobes had been purchased and installation of same was expected in the coming weeks.

Judgment: Substantially compliant

Regulation 13: End of life

The inspector reviewed a sample of care plans and noted that residents' wishes around spirituality and dying were documented and preferences in relation to end of life had been recorded. There were two designated palliative care rooms that were large in size and occupied on the day of inspection. The rooms contained an armchair and couch and facilitated relatives to remain overnight with residents at end of life, should they so wish.

Judgment: Compliant

Regulation 17: Premises

The inspector saw that flooring on one of the corridors required replacement or repair. The inspector saw that the surfaces of some of the furniture such as lockers in a number of bedrooms and cupboards in one of the day rooms were worn and required repair. Paint on walls in one of the corridors was chipped and required repainting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents who spoke with the inspector with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. Residents had a choice of meals at lunch and tea time and menus were clearly displayed. Residents' hydration and nutrition needs were assessed and regularly monitored. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents had access to snacks and drinks as required throughout the day. The dining experience had improved for residents to ensure they enjoyed a social dining experience.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective structures in place for the implementation of infection prevention and control standards. The provider had ensured that staff had access to infection prevention and control advice, that was provided by two infection control specialist nurses employed at Bantry Hospital. Household staff were knowledgeable on effective cleaning practices in the centre and the centre was adequately resourced to ensure high standards of cleaning were maintained. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident to the inspector, that a comprehensive assessment was completed on admission to identify residents' care and support needs. Residents' care plans were developed within 48 hours of admission, as per regulatory requirements. It was evident that care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as the risk of falls, impaired skin integrity, malnutrition and to establish the resident's dependency needs. Reviews were carried out at intervals not exceeding four months or when there was a change in residents' assessed care and support needs. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioner(GP) and the person in charge confirmed that a GP attended the centre five days a week. Residents were provided with timely referral and access to a range of health and social care professionals such as physiotherapy, occupational therapy, dietitian, speech and language therapy, psychiatry of later life and palliative care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were under review by the management team and there was evidence of use of alternatives to bed rails in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of

the need to report if they ever saw or heard anything that affected the safety or protection of a resident. On the day of inspection the provider was acting as a pension agent for one resident. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for residents to meet with the person in charge and provide feedback on the quality of the service. Resident meetings were held each month and there was evidence that this feedback was actioned. Residents had access to an independent advocacy service and to the national patient advocacy service(PAS). The provider employed an activity co-ordinator, who was supported in their role by external groups such as Arts for Health and volunteers to ensure residents could engage in activities that aligned with their interests and capabilities. Mass was held in the centre once a month and residents who wished could pray the rosary together each day that was led by one 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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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	Compliant

Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0040338

Date of inspection: 01/06/2023

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Completed 20/06/2023	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Completed 09/06/2023. New wardrobes and lockers had been ordered prior to inspection.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Planned completion of painting and flooring by 31/10/2023.	



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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	20/06/2023
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	31/10/2023
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	20/06/2023

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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