



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

Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0040232

About the designated centre

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

St Carthage's House is located on a large site on the outskirts of Lismore town, Co Waterford. It is owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. It is a single-storey purpose built centre and was opened in its current location in 1994. It was set up by local people to provide support with activities of daily living to residents with a low to moderate dependency needs who do not require full-time nursing care. Residents are charged a weekly fee, an annual grant is allocated to the centre via statutory funding and additional funds are raised through on-going local fund raising. It is currently registered to provide residential care to 42 older people. There is a large communal sitting room, two smaller sitting rooms in the main building along with a dining room and a small Oratory. Accommodation in the premises comprises four "Courts", Court A, B, C and D. Court A accommodates 14 residents in single bed rooms and two residents in one shared bedroom. Court B accommodates 16 residents in single bedrooms and one double room. Court C contained one single bedroom. Court D is adjoined by a glass corridor to the rear of the main building and comprises eight single en-suite bedroom flats. St Carthage's house is a residential setting catering for the residents to live independently with supportive care. The centre is specific in its criteria and facilitates older adults to continue independent living. The centre does not provide 24 hour nursing care but a registered general nurse is responsible and accountable for the daily running of the centre and nursing staff administer medication during the day and at night time. The staffing structure includes nursing, care staff, household and catering staff and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 14 June 2023	09:30hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff promoted a person-centred approach to care and actively engaged with residents to support their independence and autonomy. Residents living in this centre expressed a high level of satisfaction with the service provided. The inspector met with the majority of residents informally throughout the inspection and spoke in more detail with five residents to ascertain their views of living there. Residents told the inspector they were happy in the centre and were very pleased with the care and support provided. Residents were free to come and go as they please and on arrival at the centre the inspector observed a resident returning from the shop.

This inspection was unannounced and completed over one day. Following an opening meeting with the person in charge the inspector was guided on a tour of the premises.

St. Carthage's House provides accommodation and support for residents assessed as low to medium dependency. Residents are free to come and go from the centre to meet with their family and friends in the local community. Residents have a significant amount of choice on how they lived their lives on a daily basis. Surveys completed by the residents indicated they were happy in the centre.

The centre is set out in three wings that have recently been renamed. Oak Land accommodates sixteen residents in fourteen single rooms and one twin room. Woodvale accommodates eighteen residents in sixteen single rooms and a twin room. Elm Way is registered to accommodate eight residents in single bedroom flats all of which are individually named. Each of the flats have en suites facilities that include a shower, toilet and wash hand basin with the exception of one flat. This flat has en suite toilet and wash hand basin only. All of the flats have a separate living area. Three of the flats are currently unoccupied and are in need of redecoration. There is a process of renovation underway but this is a slow process due to the cost associated with the renovations and the need to source funding through fund raising. These three courts are linked to a central court where the main entrance is located in addition to a large sitting room, dining room, kitchen, visitors' room and a small oratory.

The centre was generally clean and well organised. There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. There were adequate communal areas that were decorated in a homely manner with ample comfortable seating and decorative ornaments on display. Bedrooms were found to be clean and personalised. Each room had adequate storage space, including a locker and a wardrobe. Residents that spoke with the inspector were happy with their rooms. The centre is set in large grounds with good access to outdoor space.

The inspector observed that staff were visible on the floor, tending to the residents' care needs. It was clearly evident that staff knew residents well and were observed

to treat residents with kindness and respect. Residents were seen to be content and relaxed in the company of the staff.

All residents were seen to have their meals in the dining room and meal times were observed to be social occasions. There was one main course on offer and should residents not like the option on the menu for that day, the inspector was informed that they could have a fried egg or a cold meat option. The inspector discussed with management the need for greater choice at mealtimes. The food on offer appeared wholesome and portion sizes were large. A small number of residents required assistance and these were assisted by staff in a discreet and respectful manner.

Residents spoken with said they were very happy with the activities programme in the centre. The daily activities programme was displayed near the dining room. The inspector observed residents taking part in a group activity in the morning and a live music entertainment session in the afternoon. The inspector observed staff and residents chatting throughout the day and it was evident that they were familiar with residents' their personal interests and family members. Residents were observed moving freely around the centre, reading newspapers, watching television, listening to the radio, and engaging in conversation.

Residents' views and opinions were sought through resident meetings and satisfaction surveys. Residents told the inspector that they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical care needs.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that St Carthages House was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices.

This was an unannounced risk inspection conducted over the course of 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 as amended.

St. Carthage's House is a residential care setting operated by St. Carthage's House Company Ltd. Membership of the board of directors comprises a number of volunteers. The centre is registered to accommodate 42 residents. There were 36 residents living in the centre on the day of the inspection. The centre is registered to provide care to low to medium dependency residents on the basis that they do not require full-time nursing care. The dependency level of residents is monitored and

when it is determined that care needs are beyond what can safely be provided in the home, residents are assisted in the process of finding more suitable accommodation, usually a nursing home.

The person in charge was appointed to the role on 02 August 2022. A new person has been recruited to act as deputy for the person in charge and take charge of the centre for planned absences, such as annual leave. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services.

An annual review of the quality and safety of care delivered to residents has been completed for 2022 in consultation with residents and their families.

The registered provider ensured there were sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme.

Records viewed by the inspector confirmed that most training was up-to-date. Training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, infection control, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). A small number of staff were overdue training in areas such as manual handling and fire safety. This is detailed under Regulation 16 of this report. Staff were appropriately supervised and supported to perform their respective roles within the centre.

Registration Regulation 6: Changes to information supplied for registration purposes

The inspector was informed that a new member had joined the board of management. The required notification had not been submitted to the office of the Chief Inspector.

Judgment: Substantially compliant

Regulation 14: Persons in charge

There was a person in charge of the centre that met the requirements of the regulations. The person in charge is an experienced nurse and manager and supported residents to have a good quality of life in the centre. Residents spoken were familiar with the person in charge and confirmed that she was always available, approachable and responsive to their needs. The person in charge is

responsive to the regulatory process.
Judgment: Compliant
Regulation 15: Staffing
There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
Five staff did not have the required training in manual and people handling and one member of staff did not have training in fire safety.
Judgment: Substantially compliant
Regulation 21: Records
A sample of staff personnel records reviewed found that there were gaps in employment histories for which a satisfactory explanation was not recorded. It was also found that not all staff had references from their most recent employer.
Judgment: Substantially compliant
Regulation 23: Governance and management
There were systems in place to monitor the ongoing quality and safety of the care delivered to residents. There was a programme of oversight of the quality and safety of care delivered to residents that included a programme of audits and a suite of key performance indicators (KPIs). An annual review of the quality and safety of care delivered to residents in the centre for 2022 was completed.
Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that it accurately reflected the services provided and the facilities available in the centre. For example:

- details of bedrooms did not accurately reflect the floor plans or the findings of the inspector. For example, it was not clearly stated what rooms were shared
- the current conditions of registration were not detailed

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports were notified to the Chief Inspector within the required time frame in accordance with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

A significant number of policies and procedures listed in Schedule 5 of the regulations required review. While the process of reviewing and updating the policies was underway, a number of policies had not been reviewed at a minimum of every three years.

Judgment: Substantially compliant

Quality and safety

Residents expressed a high level of satisfaction with the care provided and the quality of life in St. Carthage's House. While residents' care needs were met to a good standard further actions were required to improve fire safety management, the premises individual assessment and care planning, premises, medication management and health care.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP). Allied health and specialist services were also available

when required. These included, dietetics, speech and language therapy, dental, chiropody and ophthalmology services. Most of these services were accessed through referral to community care.

A detailed individual assessment was completed for each resident prior to admission, to ensure the centre could meet each resident's care needs. Improvements were noted in the assessment and care planning process since the last inspection. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Care plans were developed for residents and these were seen to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms, the centre's communal areas, or in the external grounds. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for three of the residents and adequate arrangements were in place for the management of these monies, allowing residents full access to their monies. There was adequate storage in bedrooms for residents' personal clothing and belongings. A laundry service was provided in the centre for residents clothing.

The centre was generally clean, bright and tidy. Bedrooms were personalised and the residents in the twin rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents. However, some improvements were required in relation to the premises and this is outlined under Regulation 17 of this report.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26.

The centre had electronic door closure devices connected to the fire alarm on all bedroom and compartment doors. A sample of cross compartment and general fire doors were checked on the day of inspection. The door closure devices worked appropriately on the sample of doors checked. A gap was noted in the door from the dining room to the main corridor, meaning that it would not effectively contain flame and smoke in the event of a fire. Fire training was completed annually by staff and all except one member of staff had up to date training in fire safety. Staff spoken with were knowledgeable of what to do in the event of a fire.

The premises was compartmentalised for the purposes of fire containment. As found on the last inspection there were two large fire safety compartments of 16 and 17 beds. While fire drills were conducted regularly that included night time simulation, further assurances were required that all residents could be evacuated in a timely manner in the event of a fire. A review was also required of emergency lighting in the centre. The provider has commissioned a fire safety risk assessment (FSRA) to be conducted on the centre. The provider was requested to ensure that this was done at the earliest opportunity to ensure any deficits in fire safety were identified

by a suitably qualified person and required actions addressed based on the level of risk identified. Other issues identified in relation to fire safety are outlined under Regulation 28 of this report.

There were adequate arrangements in place to protect residents from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radios. Mass took place in the centre weekly. Residents had access to an oratory within the centre.

Regulation 11: Visits

The centre had unrestricted visiting and a high level of visitor activity was observed over the course of the two days of the inspection. Visitors were seen to come and go freely and it was evident that they were familiar with staff and were on first name terms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- some of the flats or in need of renovation and redecorating
- the emergency call bell was missing from the bathroom in one of the flats

- and there was exposed electrical wires on the ceiling
- some of the flooring tiles on corridors were damaged making it difficult for them to be effectively cleaned

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was a need to review the choice of food available at lunchtime to ensure that a second main course was available should residents not like the first option.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The wash had basin in the treatment room did not conform to relevant infection control standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate arrangements were in place to respond appropriately in the event of a fire. For example:

- there were two large fire compartments comprising 16 and 17 beds respectively, and further assurances were required that all residents could be evacuated to a place of relative safety in the event of a fire
- while fire drills were conducted regularly that included night time simulation,

more detail was required in the drill record to demonstrate that all residents were evacuated in a timely manner in the fire drill scenario simulated

- there was no emergency lighting identifiable in the dining room
- there was a gap in the fire door from the dining room to the main corridor that would impact on its ability to contain smoke and flame in the event of a fire
- records provided to the inspector indicated that the emergency lighting had preventive maintenance conducted annually rather than the required quarterly intervals
- the orientation of evacuation maps required review to support the identification of where you were in the centre in relation to the nearest emergency exit

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Further oversight was required in relation to medication management. For example:

- the inspector was not assured that nurses in the centre had access to a valid prescription to verify that the medications being administered accurately reflected what was prescribed by each resident's GP
- nurses did not routinely record the opening dates of ointments so it was therefore not possible to ascertain when they should be disposed
- the inspector noted that a tube of ointment had recently passed its expiry date

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

There was a need to ensure that residents were referred to allied health and

specialist services, such as speech and language therapy, when it was identified that they may benefit from such a referral.

Judgment: Substantially compliant

Regulation 8: Protection

The provider was pension agent for three residents and records demonstrated adequate arrangements were in place to safeguard residents' finances.

Staff were knowledgeable of what constituted abuse and what to do should there be suspicions or allegations of abuse. Training regarding safeguarding was up-to-date for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents' rights were respected, and their choices were promoted in the centre by all staff. Residents were provided with access to independent advocacy services if required. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

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 6: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Carthage's House OSV-0000687

Inspection ID: MON-0040232

Date of inspection: 14/06/2023

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
Registration Regulation 6: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Upon new members joining the Board HIQA will be notified within an 8 week period outlining the new board members appointment and details.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Five staff members training in relation to Manual Handling was completed on 6th April 2023 however on the day on inspection this was noted to be missing from the training matrix. Certificate of completion and an up to date training matrix are available to provide evidence in relation to the above. One staff member has completed fire training however not specific to St Carthages. This training has been scheduled for August 2023.</p>	
Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Full review and Audit of staff files is scheduled for September and relevant CVs will be requested to be updated by staff outlining recent references and to complete employment gaps with a reason for the gap.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of purpose is currently under review and will contain new names for both courts along with numbers of bedrooms as these were recently changed. This will be completed by September 2023.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Policies were currently under review at the time of the inspection, Policies missing have been noted as part of the monthly Audits and will be updated and in place by October 2023.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Flat renovations and corridor tiles are in St Carthages House three year plan in which funding will need to be sourced.

The call bell in the flat in question has been repaired.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Discussion with Kitchen staff, it has been agreed that a weekly menu outlining two choices for each day for mid-day meal will be implemented by September 2023.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The taps in the treatment room will be changed accordingly to the hands free taps by end of August 2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A PASS 79 risk assessment will be carried out in the home and a company has been sourced to complete this. Upon completion of this risk assessment relevant fire precautions will be amended accordingly. This is being completed on the 4th September.</p> <p>Fire drill has been completed since the inspection with two staff in a night time simulation allowing for evacuation in a timely manner.</p> <p>Emergency lighting in the dining room has been sourced and is being fitted by an electrician, this will be completed by the end of August 2023.</p> <p>The gap in the fire door I the dining room has been amended and the fire strip now allows for no gaps.</p> <p>Review taking place of fire maps and you are here maps to identify the nearest fire exit to you.</p>	
Regulation 29: Medicines and	Substantially Compliant

pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Open labels sourced and in place in drug trolley to apply open dates on bottles, creams and eye drops. Nurses debriefed in relation to applying the labels to each item once opened.</p> <p>The Nu Life company who provide the electronic system of medication administration records have been contacted. The company has advised the app is being reviewed and updated which will allow for scripts directly from the GP surgery to be uploaded to the app to view. It is envisaged it will be in place by December 2023.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Upon review, GPs will be contacted by the home to request that residents will be referred to allied health professionals in a timely manner.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Substantially Compliant	Yellow	31/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2023

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	31/12/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	01/09/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/11/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Not Compliant	Orange	01/09/2023

	lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/11/2023
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.	Not Compliant	Orange	31/08/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated	Substantially Compliant	Yellow	01/11/2023

	centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/08/2023
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	01/09/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/11/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Substantially Compliant	Yellow	31/08/2023

	available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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