



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Montenotte
Name of provider:	Carechoice Montenotte Limited
Address of centre:	Middle Glanmire Road, Montenotte, Cork
Type of inspection:	Unannounced
Date of inspection:	04 July 2024
Centre ID:	OSV-0000253
Fieldwork ID:	MON-0043969

About the designated centre

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

Carechoice Montenotte has been in operation as a designated centre since 2003 and is registered to accommodate 111 residents. There are four floors each named after a point in Cork Harbour which can be viewed from the centre - Camden, Carlisle, Currabinney and Roches Point. Each of the floors is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms and storage rooms, a treatment room and a nurse's office. The centre is serviced by stairs and a fully functioning lift between all floors. Resident accommodation is provided in 67 single en-suite bedrooms and 22 twin bedrooms. There is a large Oratory on the ground floor, a sitting room with internet access, a visitors canteen and on the third floor there is an activity room which are all available for residents and relatives use. There is a an outdoor seating area at the front of the centre and a secure garden area which enables residents to walk around an enclosed garden and enjoy safe walkways and seating. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103
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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 4 July 2024	08:45hrs to 17:35hrs	Robert Hennessy	Lead
Thursday 4 July 2024	08:45hrs to 17:35hrs	Caroline Connelly	Support
Thursday 4 July 2024	08:45hrs to 17:35hrs	Catherine O'Shea	Support

What residents told us and what inspectors observed

Overall, residents in Carechoice Montenotte were supported to have a good quality of life. All residents spoken with on the day of inspection were content and complimentary of the service provided. The inspectors spoke with both visitors and residents throughout the day of inspection and spoke with 18 residents in more detail. Residents spoke of being very happy in the centre when it came to the staff and care provided. The person in charge met with the inspectors at the beginning of the inspection, there was an opening meeting and then the inspectors went on a walk around the centre.

Carechoice Montenotte is a designated centre for older people registered to accommodate 111 residents, in Cork City. The building is on an elevated site, with beautiful views over the Cork Harbour. There were 103 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre is over four floors, and comprises of 67 single rooms and 22 twin rooms. Operationally, the centre is made up of four distinct wings named Camden, Carlisle, Currabinny and Roches Point, each wing named after a point in Cork Harbour. The inspectors saw that bedrooms were well maintained and there was ample storage facilities for residents clothing. Many of the bedrooms were personalised with residents own belongings and pictures in their rooms. Bedrooms doors were different colours and resembled a front door, which made it more clear which room belonged to each residents.

The hairdresser was in the centre on the day of the inspection and residents were seeing queuing up to visit the hairdressing saloon and they told inspectors that it was one of the highlights of the week having their hair done. Inspectors saw there was great chat and interaction between the hairdresser and residents. One of the residents told inspectors that once her hair was done she was going to lead out on the rosary in the day room which a lot of the residents joined in with.

There was a spacious patio area out the front of the building and a further garden area for residents to use which was very well maintained. There were communal areas throughout the centre, which were available for residents to use. The overall premises required some redecoration and the inspectors were informed that there was a plan in place to renovate the premises. Action required in relation to the premises is discussed further in the report.

The inspectors observed meal times throughout the day, including breakfast and lunch. Residents who attended the dining rooms generally had a very social dining experience where many were seen to chat and spend unhurried meal times. Menu's were displayed and there was an open service area where meals and drinks were provided to the residents. However, as there was not enough dining space for all residents many residents were seen to have their meals in the day room in the chairs where they spent their day. Their meal was served on a table or bed table put in front of their chair. This did not allow the residents choice or the option for

motion or a normal dining experience at a table sat with other residents. The inspectors saw that residents who required assistance were assisted by staff in a professional and person centered manner and there was good interactions seen between residents and staff. Inspectors saw that there was generally a choice for residents at meal times.

The inspectors saw that there were very few activities taking place during the morning of the inspection and there was only one staff member allocated to the role of providing social stimulation for residents over four floors for the day. Therefore, the majority of the residents were seen to spend the morning in the day room with little to occupy them but the TV and the rosary. However this was in contrast to the afternoon where a large band provided a live music session for residents which many of the residents attended. Some residents spoken with were happy with the activities available throughout the week. Activities available on the weekly schedule included bingo, reminiscing, hand massage, arts & crafts. Mass took place weekly. Residents enjoyed a weekly "pub evening" and spoke fondly of this activity.

Visitors were observed attending the centre and were encouraged to join residents for refreshments and snacks. Visitors complimented the quality of care provided to their relative by staff, who they described as approachable, attentive and respectful. Visitors were observed calling throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them.

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 over two days, to monitor the centre's compliance with the care and welfare regulations. Overall, findings of this inspection were that Carechoice Montenotte was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement such as premises and infection control which is detailed further under the regulations.

Carechoice Montenotte is a designated centre for older people operated by Carechoice Montenotte Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. This provider is also involved in operating 13 other designated centres in Ireland. The centre benefits from access to and support from centralised departments, such as human resources who are available on-site, a quality department and finance.

The centre is managed day to day by a suitably qualified person in charge. The person in charge is supported by two assistant directors of nursing and a clinical

nurse manager. Staffing levels in the centre were sufficient for most of the day but there were concerns regarding staffing levels on one floor at night and also staff assigned to manage activities for residents.

Evidence of suitable training for staff was available. Staff were facilitated to keep this training up to date, with a schedule of training maintained to enable this.

Inspectors had documentation and records made available to them upon request during the inspection. The documents and records were managed and secured in an appropriate manner. Contracts of care for residents contained the information required in the regulations. The centre's statement of purpose contained information on how the service was provided, was reviewed regularly and kept up to date.

From an examination of the log of incidents it was evident that notification of these incidents were submitted appropriately along with follow on information to inform the inspectors of how the incident was being dealt with. Complaints were mostly managed in a timely manner. Evidence of one complaint not being managed as outlined in the centre's policy is discussed under the relevant regulation.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were well known to the residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There was a lack of staff allocated to the provision of social stimulation for residents taking into account the size and layout of the building over four floors as on the day of the inspection there was only one staff providing activities for all residents. Night time staffing levels required review on the ground floor as there was only one nurse and one care staff on duty from 8.30pm for the night with the added responsibilities for answering the phone and greeting visitors.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was well monitored in the centre and staffs mandatory training was seen to be in date. Training was taking place on the day of inspection and a comprehensive plan was in place to ensure staffs training remained up to date.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance with the regulations and were made available to the inspectors on the day of inspection. A sample of staff files were examined and contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place with clear lines of accountability and responsibilities outlined. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate service. An annual review had been completed for 2023, which complied with the requirements of the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. The statement of purpose had been reviewed in the previous 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were a number of incidents as set out in Schedule 4 were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

While a log of complaints was maintained, there was evidence of one complaint that had not been investigated and concluded within the 30 days in line with the regulation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and were reviewed in a timely manner.

Judgment: Compliant

Quality and safety

In general, the inspectors found that residents had a good quality of life in the centre with their health-care and well-being needs being met by the provider. The inspectors found that some issues identified in relation to fire safety, premises and infection control required action as outlined under the relevant regulations.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required. The centre had access to GPs from local practices and the person in charge confirmed that GPs called to the centre.

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspectors were generally comprehensive and person-centred. Care plans were generally sufficiently detailed to guide staff in the provision of person-centred care. However a care plan in relation to responsive behaviour lacked sufficient detail which is outlined under regulation 7. From a review of a sample of information required on transfer of residents to and from acute services this was found to contain the correct information.

Visitors were seen arriving freely throughout the day. There was a variety of areas of the centre for visitors to access. Visitors spoken with on the day were complimentary of the service provided.

Most of the centre appeared clean but some areas such as a stairway appeared dusty and a sky light window was unclean and required action. Clinical hand wash sinks were lacking throughout the centre. Action required for infection control are discussed under regulation 27.

Aspects of fire safety were well managed in the centre with drills and training taking place regularly. However further action was required in relation to fire precautions which is listed under regulation 28.

The centre acted as a pension agent for residents and this was done in a transparent manner. Residents valuables in the centre were managed appropriately. Staff spoke with residents in a respectful manner and residents were aware of how to make a complaint when required. Action in relation to residents' choice and social activation was required which is discussed under regulation 9.

Regulation 11: Visits

Visitors were seen visiting the centre in an unrestricted manner and had many communal areas to visit their family members.

Judgment: Compliant

Regulation 17: Premises

The premises was spacious and the outdoor space was well maintained. However action was required for the following, which the provider assured that the works would begin shortly:

- areas of flooring throughout the centre were worn, torn and lifting in some areas
- paint was missing from walls, skirting boards and architraves
- storage areas were full with items stored on the ground which would impede effective cleaning
- a sky light on the top floor of the centre was seen to be unclean.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had choice and options at meal times and were supported by staff in a respectful manner when required. However action was required in relation to how some residents meals were served and this is discussed under regulation 9 residents' rights.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The centre maintained the national transfer document electronically. From a review of a sample of information required on transfer of residents to and from acute services the transfer document was found to contain the correct information. A copy of the information provided to the receiving centre was kept on file in the centre as required in the regulation.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. A health and safety statement was also available in the centre. The provider had a generator in the event of a disruption to the electricity supply for the centre.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings, published by the authority:

- there were not enough clinical hand wash basins available to facilitate staff with safe hand washing in the centre. This was also a finding on the previous inspection. Inspectors were informed that there was a plan to have these installed when the overall building works began
- one stairwell was dusty in parts and required cleaning
- some rooms for storage had items stored on the ground which would impede effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was in relation to fire precautions for the following (many of these items were listed in the centres fire risk assessment):

- a fire door had in hole in it where a lock had previously been, the fire stopping capabilities of this door could not be assured.
- a fire extinguisher was not in the area it was assigned too, which may hinder staff when trying to find fire fighting equipment in the event of a fire. Evidence of new storage cabinets being ordered to enable the extinguishers to be stored correctly, were shown to the inspectors
- a small number of fire doors throughout the centre had gaps in them which would mean the doors would be less effective for the spread of fire and smoke
- a day room fire door was seen to be wedged open, this door would be ineffective in event of a fire
- although fire drills were being undertaken regularly, the inspectors were not assured from these drill records that residents in the largest compartments could be evacuated in a timely manner, when staffing levels were at there lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and generally contained relevant information about the care and social needs of residents to facilitate the provision of care. The care plans were person centred and reviewed every four months or as required. However some action was required in relation to care plans for residents with responsive behaviours which was rectified on the of the inspection.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. The inspectors met the occupational therapist who was on-site during the inspection completing seating assessments for residents. Residents were reviewed regularly and as required by general practitioners.

Wound care was seen to be well managed in the centre with evidence of comprehensive scientific assessments and photographs to show improvement or deterioration of the wound. Wound care plans were seen to be sufficiently detailed to guide practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While restrictions were used in the least restrictive manner, a care plan viewed for a resident did not provide comprehensive guidance to staff on how to manage responsive behaviour issues in the centre and further responsive behaviour plans were required to direct person centered care, action was taken on the day of the inspection to rectify this.

Judgment: Compliant

Regulation 8: Protection

Training in the safeguarding of vulnerable adults 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. Residents reported feeling safe in the centre and told the inspectors that they would have no difficulty talking to staff should they have any concerns. The person in charge ensured that any allegation of abuse was investigated in line with the centre's policy.

The centre acted as a pension agent for a number of residents which was managed appropriately. There were robust systems in place for the management of residents monies and items handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure residents privacy and dignity needs were met as:

- there was a lack of recreation and occupation for residents on the morning of the inspection and there was only one activity assistant on duty to provide social stimulation for the 103 residents in the centre on the day of the inspection over four floors.
- residents did not always have choice as to where to have their meals as there was not enough dining space for all residents on a number of the units. Many residents were seen to have their meals in the day room in the chairs where they spent their day. Their meal was served on a table or bed table put in front of their chair. This did not allow the residents choice or the option for motion or a normal dining experience at a table sat with other residents.

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	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	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 Carechoice Montenotte OSV-0000253

Inspection ID: MON-0043969

Date of inspection: 04/07/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - The staff allocation was reviewed to assign two members of the activity team to specific floors on a daily basis. The activity staff with the assistance of HCAs will drive meaningful social engagements on all the floors. - Advanced rostering is completed to ensure continuity in staffing levels. In case of a short notice leave, the availability of staff sharing dual roles will be reviewed and staff will be redeployed to Activity Team. - Additional training will be provided to HCAs and Nurses to enhance their skills and to support activity teams in increasing the provision of social activities for residents. - Night time staffing on ground floor and reception working hours reviewed, with the intention of extending reception cover in the evening, to ensure that the clinical team isn't given any additional duties that may impact on the care delivered to the residents. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> - The PIC has received training on complaints procedure on 3rd of July 2024, additional training will be organised for ADONs on complaints procedure. - The PIC will continue to review complaints regularly to comply with the regulations and to guarantee that all complaints are investigated, reviewed and resolved within the stipulated timeframe. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A schedule for replacing flooring and repainting has been agreed with the CEO and the Property team and this will begin on August 19th, 2024. - Staff have been trained on the importance of storing items correctly and in compliance with Health & Safety and Infection Prevention Control procedures. - A schedule has been agreed for routine inspections of storage areas by the GSM and HSP Supervisor. - The cleaning of all the sky light windows has been scheduled for 23rd of August 2024. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - The plan to install additional handwashing sinks has been approved and will begin on August 19th 2024 on an incremental basis. - The stairwell has been cleaned and the housekeeping team has been educated on the gaps identified on the day of the inspection. - All staff has received training on the proper storage of items in compliance with health and safety and infection prevention procedures. - Regular spot checks will be conducted by House keeping Supervisor and General Service Manager. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - The repair/replace of the damaged fire door is in progress. - Storage cabinets were sourced for the fire extinguishers and they were placed in their designated location to enable staff to use the fire fighting equipments in the event of a fire in a timely manner. - An audit of all fire doors completed , corrective actions generated with the corrective plan in place - All staff received training on fire safety and on the risks associated with fire doors being wedged open and CMT will continue spot checks to ensure compliance. - Fire drills to include the largest compartment (with the lowest number of staff) is 	

scheduled on the 16th of August. Additional drills will be organised to ensure staff are competent to carry out a full compartment evacuation.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The staff allocation was reviewed to assign two members of the Activity Team to specific floors on a daily basis. The activity staff with the assistance of HCAs will drive meaningful social engagements on all the floors. Advanced rostering is completed to ensure continuity in staffing levels. In case of a short notice leaves, the availability of staff sharing dual roles will be reviewed and staff will be redeployed to Activity Team.
- Additional training will be provided to HCAs and Nurses to enhance their skills and to support activity teams in increasing the provision of social activities for residents.
- The PIC will continue to review the possibility for the change of Dining Process to ensure there is an adequate Dining space for all residents.
- The PIC will continue to review the possibility of reconfiguration of internal space with SMT.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/11/2024
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	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/12/2024

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2024
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	31/12/2024
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	30/09/2024

Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	09/08/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	09/08/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	09/08/2024

Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	01/11/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/11/2024