



**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:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Dromahane, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	26 November 2024
Centre ID:	OSV-0000257
Fieldwork ID:	MON-0045087

About the designated centre

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

The Sisters of Nazareth opened Nazareth House Mallow as a nursing home in 1929. The Sisters developed a new nursing home in 2018; it is a three storey building with resident accommodation on the ground and first floor. Bedrooms comprise 120 single en-suite bedrooms. The new development includes a new entrance, reception and lobby area, coffee dock, lounges, community hall, hair salon, conference, meeting/training rooms and social club. The range of care needs provided by the Nursing Home are designed to meet the physical, cognitive, social, occupational, psychological and spiritual needs of residents admitted to the centre. Nursing care is provided on a long term basis or short term respite/convalescence basis to residents both male and female whose level of need and dependence may be deemed low, medium, high or maximum category. The centre provides 24 hour nurse-led care service, including general, respite, dementia, convalescence and palliative end of life nursing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	105
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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
Tuesday 26 November 2024	09:30hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 27 November 2024	09:30hrs to 16:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives, Nazareth House Nursing Home was a great place to live, where residents were facilitated to avail of comfortable accommodation, and pleasant surroundings. There was a homely, welcoming atmosphere promoted, which was immediately apparent on arrival in the centre. This inspection was announced and carried out over two days. Prior to the inspection, questionnaires had been sent out, from the Health Information and Quality Authority (HIQA), to elicit the views of residents and their relatives, as to their satisfaction with various aspects of life in the centre. Twenty five of these were reviewed by the inspector, and the comments were found to be overwhelmingly positive.

Nazareth House was located near the village of Dromahane, near Mallow. On arrival at the centre it was apparent that the building was well maintained. The external painting and gardens were impressive, with the older convent building blending well with the newer extension. There was a herd of cows grazing on a small field inside the walls of the centre, and this paid homage to the past, when there was a farm attached to the nursing home. The whole building had been power washed and treated, which had brightened up the exterior and the patio areas. On entry to the centre, on both mornings, the inspector observed that a number of residents were walking around or using their wheelchairs, to access the spacious, well furnished foyer. This area was decorated with posters of upcoming activities, information for residents, photographs of the year's events, "staff member of the month" poster, signage for rooms, "thank you" cards and the menu for the day. This meant that there was an immediate impression that residents' rights were promoted, and central to the home.

During the days, the inspector spoke with the majority of the residents, and with twenty residents in more detail. The inspector spent time observing residents' experiences and the care interactions, in order to gain insight into their lives in the centre. Residents informed the inspector that, staff were "lovely" and "respectful". All residents were observed to be nicely dressed, content with their surroundings and appeared to be flourishing, in the supportive, enabling, environment.

Following an opening meeting with, the person in charge, the assistant person in charge (ADON) and the chief nursing officer for the group, the inspector was accompanied on a walk about the premises. There was a lively, engaging atmosphere apparent, with residents being accompanied, from their bedrooms to the communal community rooms, on the ground and first floor. Groups of visitors were seen to come and go, and they were welcomed by staff. Those who spoke with the inspector praised all aspects of the care, and spoke very highly of staff. Relatives were observed to use the nicely furnished alcoves, foyers, bedrooms and communal rooms for their visits, which meant that there were choices available to residents, in relation to the venue for visits. Residents said that staff, advocates and

relatives, provided welcome community news, about activities and events in the locality.

One hundred and five residents were living in the centre on the days of inspection, with 15 vacant rooms, all of which were expected to be occupied in the coming weeks. The centre provides a 24 hour, nurse-led, care service, including general, respite, dementia, convalescence and palliative care nursing. It was laid out over two floors, with four distinct units, one of which was a dementia specific unit. Each unit had a nicely decorated, and well furnished, sitting room and dining room. Throughout the two days of inspection, the inspector observed how the needs, and rights, of residents were met and addressed. All interactions seen, and heard, were thoughtful and kind, The large chapel was shared by all, including residents who were accommodated in the dementia specific unit. It was used for daily mass, which was said by a priest from the locality. Residents spoken with were very glad of this service, and said it felt like they had access to "all the amenities of a small town", such as mass, a shop, post office services, hairdressing salon, an assembly hall, bus outings, coffee docks, and a very large range of social and wellbeing events, in the spacious foyer, and assembly hall areas. These residents' comments were also evidenced by, events held on the days of inspection, viewing photograph displays and albums, reviewing the monthly activity newsletter and speaking with the activity staff, students, managers and relatives. Enclosed gardens were accessible from the ground floor, and doors to these gardens were open all day, for residents' use. There was lift access to the second floor, which a number of residents were observed to use, independently.

All bedrooms had shower and toilet en suite facilities, and there was a full bath on each unit, which staff said was enjoyed by a number of residents, who benefitted from the relaxation of a bath. A number of additional toilets were conveniently located, for residents' and visitors' use. These were observed to be within easy access of the chapel, the dining and lounge facilities. Most bedrooms were observed to be decorated with personal items from residents' homes, such as, pictures, small furniture items, personal DVD players, art and interesting books, related to hobbies and interests. Resident said they were happy with their accommodation. One resident spoken with said that their room was "spacious and homely" and they said they enjoyed the privacy of the single room. Another resident was delighted to show the inspector their "very large, en suite facilities". They said "home was never like this". They demonstrated their personal DVD player, the range of nature-inspired DVDs, and their personal bookshelf.

Residents' meetings were held at frequent intervals, and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, activities, outings, visits and staffing, were discussed. Increased staffing had been provided for the activity programme. There were three staff member allocated to the role of activity leaders daily, and staff said there was no shortage of resources for the programme, which was greatly appreciated by them. The local community, musicians, staff and relatives, had been very supportive, in raising a large sum of money for a 12-seater bus, as well as volunteering, to maintain the gardens, and to staff the internal, well-stocked, shop. A number of these people were seen by the

inspector during the two days, and they were welcomed by residents, who enjoyed the new faces and the link to the community, which they represented.

Residents spoke positively with regards to the quality of the food in the centre, which was prepared by catering staff, employed by the service. One resident said they were happy with the "variety and quality of food". Residents described the food as "top class", and said they wanted to thank the chef and catering staff, for meeting their preferences and their dietary requirements.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre, and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

The inspector found that the governance and management arrangements, required by regulation, to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined. A number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre, ensuring that good quality care was delivered to residents. Nonetheless, some action and improvements were required, in aspects of fire safety, records and infection control, as addressed under the relevant regulations.

Nazareth House Nursing Home, was established in 1929, by the Sisters of Nazareth. It was extended and renovated in 2018, into its current configuration. It is run by a company, Nazareth Care Limited, the registered provider, which consists of ten directors. At the time of the inspection, the overall day to day governance structure was well established. The chief executive officer (CEO), of the company, who was the nominated director representing the provider, liaised with management and staff regularly, and joined the feedback meeting at the end of the inspection, via video call. The care team in the centre was comprised of, the person in charge, two assistant persons in charge, clinical nurse managers (CNMs), a team of nurses and health-care staff, as well as administrative, catering, activity, finance, household and maintenance staff. Operationally, the clinical team by supported by the group's chief nursing officer, a project manager and a compliance officer.

The information for the annual review of the quality and safety of care for 2024 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care, including the judicious use of antibiotics, were audited monthly. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at management and staff meetings. The registered provider had a number of written policies and

procedures available to guide care provision, as required under Schedule 5 of the regulations.

The service was well resourced. The training matrix indicated that staff received mandatory training, and other training, appropriate to their various roles. Senior management staff were trained to deliver manual handling training, safeguarding and fire training. This meant that training was meaningful, and more easily applied to practice, as it was based on real life scenarios, and residents' specific needs. Staff handover meetings and organised staff meetings, ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet, in residents' care plans, provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded and were notified to the Chief Inspector, as required. Complaints were well managed and documented. A new complaints policy had been developed, in line with the recently amended regulations.

The records required to be maintained in each centre, under Schedule 2, 3 and 4 of the regulations, were made available to the inspector and they were seen to be securely filed and stored. The current roster was seen to reflect the staff numbers present on the day. Copies of any medicine errors were maintained, and staff involved attended appropriate refresher training, and competency testing.

A sample of staff personnel files reviewed, were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment.

Regulation 15: Staffing

Staffing levels, on the days of inspection, were sufficient to meet the needs of residents.

The skill mix on duty was appropriate, and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 21: Records

Records were well maintained.

While some aspects of the medical and nursing records were maintained on separate electronic systems, this matter was resolved immediately after the inspection, by setting up a dedicated in-house email, to automatically receive laboratory result from the GPs system.

This eliminated any risks caused by a delay, in receiving test results, or the risk of any errors with results being communicated verbally.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management of the service was robust.

- There were clear lines of accountability and responsibility in place, meaning that that staff were aware of their role and responsibilities and to whom they were accountable.
- There were effective management systems in place, to monitor the quality and safety of care provided to residents.
- The provider ensured that the centre had sufficient resources, to ensure the effective delivery of care.
- The regulatory, annual review had been prepared, outlining the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives.

This contained a statement of the designated centre's vision, mission and values.

It accurately described the facilities, and services, available to residents, the complaints process, a statement on the recognition of residents' rights and activity and visitor access.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incidents records were maintained in the centre, and a sample of these were reviewed by the inspector.

All the specified incidents, set out in regulation as requiring notification to the Chief Inspector, had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was clearly set out, in accordance with the regulations:

- Residents spoken with, were aware how to raise a complaint and who to talk with.
- Complaints received were seen to be appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals and review procedure was in place.
- Information on the complaints procedure was on display, in a prominent position within the centre.
- Methods of accessing advocacy support, and names of external support groups, were communicated to residents, at meetings and, when necessary.

Judgment: Compliant

Quality and safety

Overall, residents in Nazareth House Nursing home were found to be supported to have a good quality of life, which was respectful of their wishes and choices. There was timely access to healthcare services and appropriate social involvement, with respect, and kindness, demonstrated by staff. A human rights-based approach to care was seen to be promoted, and the person in charge confirmed that all staff undertook training, in applying a human rights-based approach to care. In general, findings on this inspection, demonstrated good compliance with the regulations inspected. Nevertheless, aspects of fire safety and infection control, required some action.

The inspector was assured that residents' health-care needs were met to a high standard. There was regular access to the general practitioner group (GPs), who were described as attentive to residents' medical, and psychological needs. Systems were in place to enable ready access to specialist services, as described under regulation 6: Healthcare.

The registered provider had invested in maintaining and upgrading the premises to a very high standard, which had a positive impact on residents' quality of life and their contentment with their life changes, and daily lived experience. The inspector spoke with the supervisor of the maintenance personnel, who said that there were three personnel in the team, working full time, to maintain all aspects of the centre, internally and externally.

Laundry was well managed and the centre was observed to be very clean. Bed linen and towels were laundered externally, while residents personal clothes were washed in the in-house laundry. Staff were seen to adhere to good infection control practices, in relation to cleaning processes, and the availability of hand gel. An aspect of infection control, requiring action, was addressed under regulation 27.

Generally, there was good practice observed in the area of fire safety management within the centre. Fire safety equipment was serviced, as required, and fire safety checks were seen to be regular and comprehensive. Fire drills were undertaken on a regular basis. Appropriate signage was displayed in the event of a fire. Nevertheless, some areas of fire safety required action however, as described under regulation 28.

A safeguarding policy provided guidance to staff, in relation to recognising and responding to any suspicion, or allegation, of abuse, as described under regulation 8.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet. Meals were nicely presented and residents spoke positively, about the quality, taste and quantity of the food available. Residents said that the chef had spent time with them on admission, to ascertain their preferences.

The inspector found that residents were free to exercise choice, on how they spent their day. It was evident that residents were consulted about the running of the centre, through evidence found in monthly surveys, minutes of residents' meetings and comments by residents on the days of inspection. This meant that residents felt "safe" and "included", in decisions on their wishes and choices.

When leaving the centre, at the end of the second day, the inspector observed that, four generations of a family were sitting around a table in the foyer, enjoying tea and cream cakes. The oldest in the group was a resident in their 80s, and the youngest was 18 months. There was chat, laughter, and meaningful connection, amongst the group. One of the relatives sitting there, said that it was "truly home from home". This summed up the experiences observed, throughout the two days of inspection.

In summary, residents were seen to be enabled and encouraged to life to the full, in their older years. Those spoken with said they were facilitated to stay connected with family, and make new friends, while also exploring new experiences.

Regulation 10: Communication difficulties

Communication strategies were in place for all residents with communication difficulties:

Care plans had been developed for such residents, particularly for those with dementia.

Staff training in communication skills was ongoing, and staff had been made aware of specific communication needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met:

- Home baked desserts and cakes were a daily feature of mealtimes, and the kitchen and kitchenettes, were clean and well equipped.
- Systems were in place, to ensure residents received a varied and nutritious menu, and dietary requirements such as, gluten free diet or modified diets, were accommodated.
- Residents were monitored for weight loss, and were provided with access to dietetic and speech and language (SALT) services, when required.
- Improved oversight was now in place, in care planning around nutrition, and in supervision at meal times, to address issues found on the previous inspection.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents, and delivered a monthly newsletter to each resident, as observed on the days of inspection:

These contained information regarding the services, and facilities, in the centre, the arrangements for visits, the complaints procedure, upcoming events, and information regarding independent advocacy services.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27: Infection control.

Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, were implemented:

A sufficient number of specifically designed clinical, hand wash sinks, for staff, had yet to be installed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some action was required, to ensure adequate precautions against, and protect residents from, the risk of fire, for example;

- A number of gaps were observed in the surrounds of fire safe doors, particularly the older, original doors in the corridors. There was no intumescent strip on one double door. This meant that the purpose of the door was compromised, as the intumescent strips would prevent the spread of fire and smoke, for a defined period, when the doors were closed. (According to the person in charge, the external, annual fire safety risk assessment had just been completed. This draft report, was made available before the end of the inspection, highlighting any actions required.)
- A small number of gaps, where the ceilings had been accessed for heating pipes, and other plumbing and wiring needs, had not been sufficiently sealed for fire stopping purposes, (that is to prevent the escape of smoke or flames into the attic void).
- The electronic closures on a small number of fire safe doors were set to a slow setting, this meant that the doors did not close fully when released. These required the appropriate adjustment, which was addressed during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained:

From a review of a sample of records, and speaking with residents and staff about care needs, it was evident that the standard of care planning was good.

- Validated risk assessments were regularly and routinely completed, in order to assess various clinical risks including, risks of malnutrition, maintaining skin integrity and falls.
- A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulations.
- Detailed care plans had been developed, for those residents who experienced the behaviour and psychological symptoms of dementia, (BPSD).
- Assessments and care plans were updated, when residents' condition changed, or every four months, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre.

- The GP was on site three days per week, and when required.
- In a sample of residents' medical records viewed, the inspector saw that recommendations from residents' doctors, and other health care professionals, were integrated into residents' care plans. This included advice from the dietitian, the tissue viability nurse (TVN), the speech and language therapist (SALT) and the physiotherapist.
- Residents medications were reviewed as part of consultation with the pharmacist and the GP. Detailed reviews, and audits, were seen to have been undertaken by the pharmacist, to inform best evidenced-based practice.
- The physiotherapist was on site on a weekly basis, usually on Fridays, to support residents with their mobility, post falls assessment and care planning, as part of the falls prevention programme.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

- Staff interactions with residents were seen to be kind and supportive.
- All staff had received training in the prevention, detection and response to abuse, according to the records seen.
- Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

- Where any allegations had been made, the inspector found that appropriate steps had been taken, to address this.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights, and choices, of residents living in the centre.

Over the two days of inspection it was apparent that a person-centred ethos was actively encouraged, and that the staff were striving to ensure that person-centredness, was central to the lived experience of residents. This meant that people's preferences, needs and values were used to guide clinical decisions, and provide care which was respectful, and responsive, to their choices and needs.

Residents reported that they felt safe in the centre and they attributed this to the kindness of staff. Most staff members were known to individual residents and they had an understanding of residents' backgrounds and interests. Staff and residents praised the person in charge, and his team, for promoting a positive, caring culture.

Visitors and residents both confirmed that they were treated with dignity, by the management staff and wider staff group.

Three, dedicated activity staff, implemented a varied and interesting schedule of social activities.

Residents had access to advocacy services, including an independent advocate, who spoke with the inspector about how they addressed issues, or signposted residents, towards additional support, if required.

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	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nazareth House OSV-0000257

Inspection ID: MON-0045087

Date of inspection: 27/11/2024

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The registered provider will make sure that a sufficient number of specifically designed clinical, hand wash sinks, for staff are installed in required areas of the centre.</p> <p>Date of completion:30/04/25</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The following recommendations made during the inspection will be corrected;</p> <ul style="list-style-type: none"> • the gaps in the surrounds of fire safe doors • lack intumescent strip on one double door • a small number of gaps, where the ceilings had been accessed for heating pipes, and other plumbing and wiring. <p>Date of completion: 15/03/25</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
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	30/04/2025
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	15/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	15/03/2025

	detecting, containing and extinguishing fires.			
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