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:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0035812

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 61 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post surgery or from home, respite care, post-operative care for those after orthopaedic surgery, and cardio-thoracic surgery. Long term care is provided to residents requiring full time care, including those with dementia and who are no longer able to look after their own physical and mental well-being. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

How we inspect

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 13 April 2022	10:05hrs to 18:40hrs	Fiona Cawley	Lead
Wednesday 13 April 2022	10:05hrs to 18:40hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. There was a friendly, warm atmosphere throughout the centre. The overall feedback from residents who spoke with the inspectors was that they were well cared for by the staff who knew them well and provided them with the help and support they needed.

This unannounced inspection took place over one day. There were 34 residents accommodated in the centre on the day of the inspection and three vacancies.

Inspectors completed a walk around of the centre on the morning of the inspection together with the person in charge who facilitated the inspection. Overall, inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The communal areas were large, bright spaces with comfortable furnishings. The dining room was also a bright, spacious area. The corridors were wide with grab rails available to assist residents to mobilise safely. The building was well lit, warm and adequately ventilated throughout. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. A garden area provided safe unrestricted access to an outdoor space for the residents. Call-bells were available in all areas and answered in a timely manner.

The centre had experienced an outbreak of COVID-19 in March 2022. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to ensure the outbreak was managed in line with the recommended guidance. The centre was free of COVID-19 on the day of the inspection.

Inspectors spoke with individual residents and also spent time in communal areas observing residents and staff interaction. The general feedback from residents was one of satisfaction with the care and the service provided. A number of residents told the inspectors that they were happy in the centre and that the staff were very good. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings**.**

Inspectors observed that visiting was facilitated in the centre throughout the inspection. Inspectors spoke with one visitor who spoke positively about the centre and the care received by their relative.

Residents were observed in the various areas of the centre throughout the day. A number of residents sat together in the day room listening to music, reading, and watching TV. Others chose to remain in their own rooms, preferring to spend time on their own. It was evident that residents were supported by the staff to spend the

day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were appropriately supported by staff.

Residents had a choice of where to have their meals. The lunchtime period was observed to be an enjoyable and social occasion for the residents. Food was freshly prepared in the centre's own kitchen and the meals served were well presented. Residents were complimentary about the food in the centre. Those residents who required help were provided with assistance in a sensitive and discreet manner while other residents were supported to eat independently. Staff and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

Residents had access to television, radio, newspapers and books. Telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre (HSPC), COVID-19 Guidance on visits to Long Term Residential Care Facilities).

The centre was clean and tidy on the day of the inspection. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The purpose of the inspection was to follow up on the action taken by the provider to address the non-compliances from the last inspection in October 2021.

Following two inspections that found significant non-compliance with the regulations, there was significant engagement between the provider and Chief Inspector. As a result, a condition was attached to the registration of the centre which limited the number of residents that could be accommodated in the centre to 37.

Flannery's Nursing Home Limited is the registered provider. There are two company directors, one of whom was the previous person in charge and now worked as a registered nurse in the centre. The management arrangements were restructured with a new person in charge in post since March 2022**.** This inspection found that

the provider had made significant improvements in relation to governance and management, staffing, training and staff development, infection prevention and control and complaints management. Notwithstanding the improvements made, further action was required to ensure that the system of oversight in relation to staff training, record keeping, and assessment and care planning was brought in line with the requirements of the regulations.

The person in charge was supported in this role by a director of nursing, a clinical nurse manager, nursing and care staff, and support staff. The person in charge demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre. Inspectors found that the roles and responsibilities of the individual members of the management team were more clearly defined since the previous inspection. The person in charge held clinical responsibility and oversight of the governance and management systems in the centre. Clinical supervision was provided seven days a week by the director of nursing and clinical nurse manager.

Governance and management oversight had improved in the centre since the previous inspection. There had been a change of person in charge who was very clear about their role and responsibility. There was a clearly defined management structure in the centre with identified lines of responsibility and accountability. The management team was observed to have strong communication channels and a team-based approach. However, inspectors were not assured that there were adequate staff supervision arrangements in place.

A review of the staffing roster found that there were improvements in the staffing levels, in particular housekeeping staff since the previous inspection. The number and skill-mix of staff on duty was appropriate to meet the needs of the current residents on the day of inspection. The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of health care assistants. The director of nursing or the clinical nurse manager were on duty each day between the hours of 8am and 4pm to provide support to the clinical team in a supervisory capacity. While there were adequate staff on duty on the day of inspection, there was only one registered nurse on duty on in the evening and night time between 4pm through to 8am every day. Inspectors were not assured that this level of nursing care was adequate for the assessed needs of the residents or the size and layout of the centre. This is discussed further under Regulation 15: Staffing.

There were systems in place to ensure appropriate communication between the management team and the staff. Regular team meeting were scheduled and documented.

A range of audits were carried out by the person in charge which reviewed practices such as care planning, incident management, wound management, medication management and infection prevention and control. Action plans were developed following audits where improvements were required and included responsible individual and time frames.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2021.

Staff had access to education and training appropriate to their role. However, a review of the staff training records found that there was gaps in staff attendance in mandatory training sessions. Staff spoke with did not demonstrate appropriate knowledge in relation to fire safety. This is discussed further under Regulation 16: Training and staff development.

A sample of two staff personnel files were reviewed by inspectors and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

Inspectors found that the provider had a system in place to manage complaints and concerns. This is a completed action since the last inspection.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The skill-mix in the centre between 4pm and 8am was inadequate to meet the assessed needs of the residents and for the size and layout of the building. There was only one registered nurse on duty during these hours. This meant that one nurse would be responsible for monitoring, documenting care, administering medications, delivering emergency or palliative care to up to 37 residents and supervising staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors were not assured that staff had access to appropriate training. This was evidenced by:

- not all staff had attended mandatory training sessions as per the local policy
- staff spoke with demonstrated poor awareness of fire safety procedures

- a number of staff demonstrated poor practice in relation to the use of personal protective equipment (PPE).

Inspectors were not assured that there were adequate staff supervision arrangements in place. For example, there was a lack of oversight of the residents clinical documentation to ensure assessments and care planning were accurate and up-to-date.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files was reviewed by the inspectors and found not to have all the required information as set out in Schedule 2 of the regulations. For example, one file did not contain the required number of references and two files did not contain an up-to-date employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance systems in place required strengthening to ensure compliance with Regulation 23. For example,

- There was no documented plan in relation to how the provider would sustain the improvements made in the centre, and no actions identified in relation to areas where further quality improvement was required.
- The system of supervision and oversight in relation to staff knowledge and clinical documentation required improvements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. A complaint register was reviewed. Inspectors found that improvement had been made in the overall management of complaints since the last inspection. Complaints were managed in line with the centre's policy and in line with the requirements under regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors found that all policies were reviewed and up-to-date. Policies were made available to staff.

Judgment: Compliant

Quality and safety

From what the inspectors observed there was evidence that the care and support provided to the residents was of a satisfactory standard. Staff were respectful and courteous with the residents. Residents in the centre were generally satisfied with the quality of the service they received. This inspection found that the quality of the service provided had improved since the last inspection. However, nursing documentation reviewed did not always reflect up-to-date information to guide care. In addition, action was also required in relation to the management of fire safety to ensure compliance with regulation 28, Fire precautions.

The design and layout of the centre was suitable for the number and needs of the

residents accommodated there. The provider had made improvements to the storage arrangements following the previous inspection.The centre was visibly clean. The provider had systems in place to ensure that the cleaning of the centre was scheduled and supervised. Cleaning staff demonstrated a good awareness of the cleaning systems in place. This was a completed action since the last inspection.

Some action had also been taken in the management of fire safety risk in the centre. Prior to this inspection, the provider had submitted a review of the fire safety management system to provide assurance that residents, staff and visitors were protested in the event of a fire. However, the fire safety risk assessment submitted did not provide the assurance that areas assessed as high risk had been appropriately addressed. This will be discussed further under Regulation 28 Fire Precautions.

Inspectors reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools which informed appropriate care planning. Each resident had a care plan in place which reflected each individual's needs. However, a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre when required. Residents were also provided with access to other health care professionals in line with their assessed need.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Inspectors looked at minutes of recent residents' meetings and a range of issues were discussed including the new management structure, activities, facilities, nutrition and communication. Residents had access to an independent advocacy service.

The inspectors found that the residents were provided with opportunities to participate in recreational activities of their choice and abilities. There were staff available to support residents in their recreation of choice and inspectors observed a lively sing-a-long in the day room on the day of the inspection.

The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

Regulation 11: Visits

Visits were facilitated in line with the centre's own visiting policy.

Judgment: Compliant

Regulation 17: Premises

General improvement was noted in the care environment for residents. The centre appeared clean and in a good state of repair. Storage of resident equipment was well managed. Inspectors observed that the centre had been de-cluttered facilitating effective cleaning.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training. Staff who spoke with the inspector were knowledgeable about the signs and symptoms of COVID-19. There were protocols in place for active monitoring of staff and residents for early signs and symptoms of COVID-19.

The centre was clean and uncluttered. Significant positive action had been taken by the provider in relation to infection control management.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the fire risk assessment completed by the provider in November 2021 found that areas of non-compliance with Regulation 28, identified on previous inspections continued to be rated as high risk. The provider gave assurance that action had been taken to address the high risk issues, however, the fire risk assessment completed by a fire safety expert failed to identify that these issues had been addressed. For example, the risk assessment identified a fire door that was damaged and required replacement. The provider told the inspector that this door had been replaced, however, it continued to be assessed as high risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents care plans found that they did not contain the necessary information to guide care delivery. For example;

• a sample of care plans reviewed by inspectors had not been reviewed at least every four months, in line with regulatory requirements.

• two residents did not have their current medical care needs integrated into their care plans. For example, a resident who was assessed as being at risk of malnutrition did not have their care plan updated to reflect this risk.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that the residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. There was a schedule of activities in place and this schedule was facilitated by social care staff.

Residents' meetings were scheduled and documented. These meetings facilitated the residents to discuss issues relating to life in the centre and to discuss areas of improvement in the service.

There was a system in place to ensure residents who were under the age of 65 were supported with all aspects of their health and social care, including referral to

advocacy services and appropriate social supports.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0035812

Date of inspection: 13/04/2022

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

Outline how you are going to come into compliance with Regulation 15: Staffing:
Objective: Increase skill-mix by providing additional staffing to meet the assessed needs of the residents and for the size and layout of the building.

Actions Plan:
1. Additional Registered Nurse on the roster from 09.00 AM to 09.00 PM to support the registered nurses who are on the floor.
Person Responsible: Registered Provider
Status: Completed.
2. Increase WTE of the nurses to 9. One nurse already appointed part time and 2 nurses recruited overseas who is expected to arrive in August. Ongoing recruitment from local and overseas.
Person Responsible: PIC
Timeframe: Ongoing & Overseas recruitment to be arrived 30/08/2022
Status: Ongoing
3. Recruit more health care assistants who are available local and overseas. Increase care hours to 3.5 per resident's average and this will continue to accommodate depending on occupancy.
Person Responsible: PIC
Timeframe: Ongoing
Status: Ongoing, and 3 new HCAs locally appointed and 6 HCA's recruited overseas and is in processing.
4. Activities coordinator is now rostered 9 Am to 5 PM Monday to Friday.
Person Responsible: PIC
Status: Completed

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Objective:

All staff will have full compliance with all required and mandatory trainings. Evaluation of gaps in knowledge of staff through recurrent visual and documentary audits.

Actions Plan:
1. Review of mandatory training matrix and Schedule 5 Policy on training and development.
Person Responsible: PIC
Status: Completed
2. Full compliance with mandatory training requirement.
Person Responsible:
Time frame: 30/07/2022
Status: Ongoing & Onsite trainings booked with training provider in the month of June and July; and expected to follow this schedule as a road map to compliance.

3. Nursing home organized training with interpreter for staff with communication difficulties.
Person Responsible: PIC
Time frame: Completed
Status: Completed.

4. Staff training audits and evaluation of trainings will be added to the audit schedule to monitor and evaluate the competency of the staff. Staff appraisals Schedule in place.
Person Responsible: PIC/ DON
Time frame: Ongoing
Status: Ongoing

5. Additional staff nurse 9.00 Am to 9.00 PM to provide increased supervision and oversight of resident's clinical documentation.
Person Responsible: Registered Provider
Status: Completed.

6. Computerized documentation KIOSK has been installed and training given to all staff re documentation.
Person Responsible: PIC
Status: Completed.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records: Objective: Ensure that all staff files are in compliance with required information and documents as set out in Schedule 2 of the regulations. Action Plan: 1. Full staff file audit to monitor compliancy with Schedule 2 of the regulations. Person Responsible: Admin/ PIC Status: Completed. 2. All actions from staff file audit to be completed. Person Responsible: Time frame: 30/07/2022 Status: In Progress	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Objective: Strengthening systems Compliance with Governance and Management. Action Plan: 1. Develop, implement, and evaluate Quality Improvement Plan as a live document. Person Responsible: PIC/ DON Status: Completed and Live Document (Ongoing) 2. Develop, review, and integrate a Clinical Governance Oversight documentation and this will be reviewed monthly by management. Person Responsible: PIC Status: Completed & Ongoing every month 3. Quality and Safety compliance committee to be set up in the nursing home as part of evaluation of the same. Person Responsible: PIC/ DON Time frame: 30/06/2022 Status: Completed.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Objective: To come into compliance with all fire precautions as outlined in Regulation 28. Action Plan: 1. Fire Safety Risk assessment completed by a competent fire professional. Person Responsible: Competent Fire Professional/ Registered Provider Status: Completed. 2. All actions from Fire Safety Risk assessment to be completed in line with recommendations from the report. Person Responsible: PIC/ Registered Provider Time frame: All Priority A actions: 30/06/2022, Priority B: 30/07/2022, Priority C: 30/12/2022 Status: In Progress	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Objective: To comply with Regulation 5, Individual assessment, and care plan Action Plan: 1. All care plans have been reviewed following the inspection and updated to holistic care plan. Person Responsible: DON/ PIC Status: Completed. 2. Care plan audit to be integrated to audit schedule to ensure all areas of care are covered in care plan dynamically. Care plan audit completed following updating all care plans. Person Responsible: DON/ PIC Timeframe: 30/06/2022 Status: In Progress	

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	30/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/07/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/06/2022
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	Substantially Compliant	Yellow	30/07/2022

	and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	17/06/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2022