



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

Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0037026

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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 28 June 2022	09:00hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, it was evident that residents were happy living in St. Carthage's House and their rights were promoted and respected. Staff had implemented a person-centred approach to care and were observed by the inspector to be kind and caring towards residents during the inspection.

Following an opening meeting, inspector was guided on a tour of the premises by the person in charge and by a member of the board of management. On the walk around of the centre, the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre enhanced the quality of residents' lives. There was a variety of communal areas for residents to use depending on their choice and preference, including suitable outdoor space.

Resident' accommodation in St. Carthage's House is set out in three wings or "Courts". Court A accommodates sixteen residents in fourteen single rooms and one twin room. Court B accommodates eighteen residents in sixteen single rooms and a double room. Court D accommodates eight residents in single bedroom flats. Each of the flats have en suites facilities that include a shower, toilet and wash hand basin with the exception of one flat. This flat has en suite toilet and wash hand basin only. All of the flats have a separate living area. There is a process of renovation underway for the flats and to date two flats have been renovated. It's a slow process due to the cost associated with the renovations and the need to source funding through fund raising. These three courts are linked to a central court, Court C, that contains a large sitting room, dining room, kitchen visitors' room and a small oratory.

The inspector observed that residents were supported to enjoy a good quality of life. There were forty residents living in the centre on the day of the inspection. The inspector met with many residents during the inspection and spoke with four residents in more detail. Residents confirmed that this was a nice place to live and that the staff were very supportive and assisted them to maintain their independence while at the same time providing necessary support. It was evident that the staff knew the residents very well and were familiar with the residents' daily routines and preferences for care and support.

Residents' bedrooms were clean and bright, and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. The inspector observed that the residents' bedrooms were neatly presented and had sufficient personal storage space for the storage of clothing and for a comfortable chair at the bedside.

The inspector observed that the food served in the centre was wholesome and served hot in the dining room or wherever the residents chose to take their meals. Most residents had their meals in the dining room and mealtimes were seen to be social occasions. Residents were observed to chat and joke with other residents and

staff. Residents told the inspector that they enjoyed mealtimes and they had a choice that they could get an alternative to the menu, if they did not like what was offered.

Staff that spoke with the inspector were knowledgeable about residents and their individual needs. Most staff had worked in the centre for a number of years and were very familiar with residents. Residents moved around the centre freely, and the inspector observed residents walking around the centre and outside of the centre independently.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. This centre has a strong management system in place. The service promotes a rights-based approach to care where residents' independence is promoted, encouraged and facilitated. The centre has a history of good compliance and has a positive attitude to the regulatory process. Some improvements were required in relation to records management, the complaints procedure and in ensuring that the quality and safety of care is consistently monitored.

St. Carthages House is a residential care setting operated by St. Carthages House Company Ltd. Membership of the board comprises a number of volunteers. The centre is registered to accommodate 42 residents. There were 30 residents living in the centre on the day of the inspection.

The person in charge works full time and is responsible for the day to day operation of the centre in addition to providing oversight of clinical issues. The person in charge interacts with the directors on a regular basis and reports formally to the board at monthly board meetings. The person in charge is supported by nurses, healthcare assistants, catering staff, cleaning staff and an administrator.

The centre is a low-dependency supported care home and is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The dependency level of residents is monitored and when it is determined that care needs are beyond what can safely be provided in the home, residents are assisted in the process of finding more suitable accommodation, usually a nursing home.

The inspector acknowledged the challenges of the past year, and the difficulties encountered by residents and staff during the pandemic restrictions. The centre had

experienced a significant outbreak of COVID-19 infection during April and May 2022. The person in charge had conducted a review of the management of the outbreak to identify if there were any lessons to be learned.

The inspector found that there was sufficient staff rostered daily to meet the low-dependency needs of the residents. The person in charge provided nursing cover from 07:00 to 16:00 from Monday to Friday. There was a registered nurse on duty from 08:00 to 13:00 on Saturday and Sunday. There was also a nurse on duty each evening from 20:00hrs to 22:00hrs seven days a week. There are two healthcare assistants on duty in the centre each night.

All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills.

There were systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits, in addition to the monitoring of weekly key performance indicators (KPIs). While there was a comprehensive programme of audits there was a need to review the audit system to ensure that it captured any areas that required improvement. Issues identified on this inspection, such as the need to renovate the flats or the lack of access to residents' medical records were not identified in the audits even though management were aware of these deficits. An annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed. There was no associated improvement plan as the centre was deemed to be fully compliant.

Due to the low dependency level of residents, incidents and accidents were not a regular occurrence, and the person in charge maintained clear records when incidents did occur. Complaints within the centre were at a minimum level. A review of the complaints log indicated that all complaints were investigated appropriately. A review was required of the complaints procedure to ensure that residents and relatives are not directed to contact organisations that are not part of the internal complaints process.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed that there was adequate numbers and skill-mix of staff to meet the care needs of residents. While there isn't a requirement for 24-hour nursing care, there is a nurse rostered for a number of hours each day to meet the nursing care needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that most training was up-to-date. Manual and people handling training was underway on the day of the inspection and once completed, all staff would be up to date with mandatory training. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

As found on the last inspection, most residents attended their GP's surgery for review and medical records were not available in the centre with details of medical consultations. As a result, medical notes were not available in the centre as required by Schedule 3 of the regulations. This could also impact on resident care should they require out-of-hours medical attention and the on-call doctor would not have access to a comprehensive medical history.

Judgment: Not compliant

Regulation 23: Governance and management

While there was a comprehensive programme of audits in place, the results of the audits identified full compliance which would not correlate with the findings of this inspection. This also applies to the annual review of quality and safety of care.

The person in charge had notified the provider of her intention to retire, however,

on the day of the inspection arrangements were not in place for the management of the centre in the absence of the person in charge. While a notification was submitted to the office of the Chief Inspector subsequent to the inspection identifying arrangements for the management of the centre in the absence of the person in charge, deputising arrangements identified in the Statement of Purpose were not in place.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

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, and the size and layout of the premises.

Judgment: Compliant

Regulation 32: Notification of absence

The provider had submitted a notification of the proposed absence of the person in charge as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was not accessible on the day of the inspection.

The notice on the display and the contract of care made reference to organisations to be contacted should complainants not be satisfied with the outcome of a

complaint. The organisations listed would not ordinarily be involved in the complaints process for this centre

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Not all policies and procedures listed in Schedule 5 of the regulations were readily accessible on the day of the inspection.

Some policies required review. For example, the visiting policy referred to outdated visiting guidance. Additionally, the admission policy, end of life policy and temporary absence and discharge policy did not reference that the centre can only accommodate residents that are low to medium dependency and may need to be transferred to alternative accommodation when their care needs increase.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

On the day of the inspection the provider had submitted a notification of the planned absence of the person in charge, however, the notice did not detail the management arrangements of the centre during the absence. An update notification was submitted in the days following the inspection with details of the management arrangements.

Judgment: Compliant

Quality and safety

It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents' views, opinions and choices. The well-being of the residents' was at the core of the service. However, improvements were required in relation to fire safety, assessment and care planning, risk management and infection control.

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre. Two additional showers

had been installed since the last inspection as it was found on that inspection that there were inadequate sanitary facilities for the number of residents living in the centre. Alcohol hand rub was readily available throughout the centre and staff were observed to comply with good hand hygiene practices. Staff at the centre completed hand hygiene training and donning and doffing of PPE. Staff had access to personal protective equipment, however, not all clinical wash hand basins had hands free taps.

Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Many residents attended the GP practice in the community. Allied health and specialist services were also available when required. These included, dietetics, speech and language therapy, dental, chiropody and ophthalmology services. Most of these services were accessed through referral to community care.

Improvements were required in relation to fire safety. There are two large fire compartments, Court A has bedroom capacity for 16 residents and Court B has bedroom capacity for 18 residents. While fire drills were conducted regularly they did not incorporate the evacuation of an entire compartment or take account of high risk situations such as night time. There was also a need to ensure that preventive maintenance was conducted in accordance with relevant standards. Fire safety is discussed in more detail under Regulation 28 of this report.

Residents were assessed using validated tools and care plans were developed based on these assessments. Improvements were required in the use of validated assessment tools to ensure that a full suite of assessments were conducted on each resident rather than a selection of assessments. Care plans were developed for residents and these were seen to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

The centre had a risk management policy and risk register. Some improvements were required in relation to ensuring that all risks were included on the risk register and mitigating factors were put in place for each risk identified.

The privacy, dignity, choice and independence of residents was safeguarded. Residents were cared for in a respectful and supportive manner that promoted the rights and abilities of each resident.

Regulation 11: Visits

There were no restrictions on visitors. There were adequate facilities for residents to receive visitors in private away from their bedroom should they wish to do so.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had double wardrobes and bedside locker in their bedrooms, some had additional chest of drawers which they had brought in from home.

There were laundry facilities on site if residents wished to have their clothes laundered.

Judgment: Compliant

Regulation 17: Premises

Some of the flats were in need of renovation. Paintwork was worn, the toilet seat in one of the unoccupied flats was broken and there were screws protruding from the wall.

Some chairs had torn upholstery.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were seen to be social occasions. Food was attractively presented and was available in sufficient quantities. Residents were complimentary of the food and of the choices available to them.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Electronic care planning had been introduced since the last inspection. The person in charge demonstrated how a transfer document could be generated from the system to support the sharing of information with another facility. The person in charge was advised to save a copy of the transfer record on the resident's file.

Judgment: Compliant

Regulation 26: Risk management

While there was a risk management policy and risk register, the risk register was not centre specific. For example, the risk register made reference to a hairdressing salon and there is no hairdressing salon in the centre.

There is a need to ensure that all centre-specific risks are added to the risk register, such as large fire compartments, potential trip hazards such as lips on door frames, a ramp at the entrance to one of the flats and no access to residents' medical records.

Judgment: Substantially compliant

Regulation 27: Infection control

While some hand-wash sinks had been upgraded to ensure taps had hands-free mechanism in line with National Standards, this had not been done in the sluice room.

While a process of upgrading some vanity units was underway, this had not been completed and some surfaces were damaged making effective cleaning difficult.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to fire safety. For example:

- while fire drills were conducted these were usually done as part of annual training. There was a need to ensure that staff were competent in fire evacuation procedures in the absence of an external trainer
- two fire compartments contained bedroom accommodation for sixteen residents in one and eighteen residents in the other. Fire drill were not conducted in a manner to provide assurance that all residents in a compartment could be evacuated in a timely manner. There was also a need to incorporate night time scenarios into fire drills
- some fire doors required review as they did not close properly and the smoke seals on some doors was damaged
- while there was a list of residents with an outline of the mobility needs of

each residents, these were not sufficiently comprehensive and did not provide adequate information on the needs of each resident should they need to be evacuated in an emergency

- there was one floor plan located at the fire alarm panel. Evacuation plans were not located throughout the centre identifying where you are in the centre in relation to the nearest emergency exit or place of relative safety
- while emergency lighting was serviced quarterly, a certificate was not available identifying that preventive maintenance was done in accordance with relevant standards
- there was a gap in the preventive maintenance of the fire alarm that extended beyond the recommended intervals

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While residents were assessed on a regular basis using a suite of assessment tools, only a selection of these tools were used for some residents. Which tools were used was based on a subjective assessment of each resident's status rather than using the full complement of assessments for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents visited their GP in the GP's surgery. Residents had timely access to specialised medical and allied health care to support their care needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre presenting with responsive behaviour. There were no residents using bed rails in the centre.

Judgment: Compliant

Regulation 8: Protection

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

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

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated by appropriately experienced staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	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	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Carthage's House OSV-0000687

Inspection ID: MON-0037026

Date of inspection: 28/06/2022

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All GPs have been contacted to provide us with Medical Summaries, these will be available in the office in the OOH GP Folder.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Deputising Arrangements now in place.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: New complaints policy in place with details of listed organisations removed	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: On admission all residents will be assessed under the full suite of assessments. The Admission, End of Life, Temporary Absence and Discharge Policy will be amended.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Chairs replaced, Unoccupied Flats will remain empty until funds available for renovation. Toilet seat repaired, screws removed.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Hair Dressing Salon removed from Risk Register, Specific Risks added to the Register. Medical Summaries will be available in The OOH GP Folder. Works as outlined to be completed by end of September.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Taps and Vanity Units being upgraded this week ending 22/07/22</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All Fire Door Seals to be replaced by August, Weekly Fire Checks have been reinstated, Hall Alarm serviced in May, checks booked and confirmed for August and November. Fire Drill including night staff and night time scenarios to be completed by August Electrical Cert in Place. Evacuation Plans in Place by 1st August (including Additional Staff info, on call staff, Board of Management etc)</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Going Forward all residents will be assessed and reviewed utilising the full suite of assessment tools.</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 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	31/07/2022
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 and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/11/2022
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	Substantially Compliant	Yellow	31/08/2022

	effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/11/2022
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	31/08/2022
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	30/09/2022
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	Substantially Compliant	Yellow	30/09/2022

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2022
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2023
Regulation 04(2)	The registered provider shall make the written policies and procedures	Substantially Compliant	Yellow	30/11/2022

	referred to in paragraph (1) available to staff.			
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	31/12/2022