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:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 November 2024
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0037684

About the designated centre

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

The Fern Dean Nursing Home is set in its own gardens close to Blackrock in Co. Dublin. It is a purpose built nursing home, which can accommodate 140 male and female residents over the age of 18 years. The centre comprises of 126 single and seven double en suite bedrooms, set across three floors. Each floor has its own dining and sitting rooms. On the ground floor there is a hair salon, an oratory and a private room that visitors can use. There is 24 hour nursing care, and residents with cognitive impairment and or dementia are welcome. The centre can also accommodate respite and convalescent residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	137

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
Tuesday 26 November 2024	08:10hrs to 17:00hrs	Aoife Byrne	Lead
Tuesday 26 November 2024	08:10hrs to 17:00hrs	Niamh Moore	Support
Tuesday 26 November 2024	08:10hrs to 17:00hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

Residents and family members spoke positively about the kindness, care and friendliness of the management and staff within The Fern Dean Nursing Home. Overall, the observations on the day of the inspection were that staff provided assistance to residents in a caring and compassionate manner.

The centre is located in Blackrock, Co. Dublin. It is a large building laid out over four floors with three floors containing the residential areas. The basement floor contained auxiliary facilities such as the kitchen, laundry and staff changing areas. The residential area floors were on the ground, first and second floors referred to as the Garden Lodge, the Fern Lodge and the Sycamore Lodge.Each floor had its own communal spaces and dining areas available for residents' use. In addition, there was also an oratory and a hairdressing room available for residents' use. Residents had access to enclosed garden areas from the ground floor, some of these doors were open allowing for easy access, however inspectors noted other doors were locked which could impede access to the garden.

During the walk around of the premises, inspectors observed the boiler room was used to store various items which included electrical equipment, and some highly flammable spray paint cans. This was an area of increased fire risk and an immediate action was issued to the provider during the inspection to clear the area. It is acknowledged that this was complete by the end of the inspection.

The centre is registered for 126 single bedrooms and seven twin bedrooms, all of which contained en-suite facilities. Residents' bedrooms were seen to be clean, nicely decorated and personalised with items of interest to the resident, such as plants, photographs and soft furnishings. Residents said they were happy with their bedrooms.

The daily menu was displayed on tables in each dining room. Residents were informed of the meal options the day prior and their requested choice was recorded. The inspectors observed the lunchtime experience and found that the meals provided appeared appetising, wholesome and nutritious. Inspectors saw that a choice of textured modified diets was available and were well-presented. Residents who required assistance with meals were served at the first serving which occurred at 12pm and these interactions were observed to be kind and respectful. Residents who had their meals independently were served at 1pm. Overall feedback received from residents in the dining rooms on their dining experience was positive, with comments such as "the food is very good" and "there is good choice available".However, two residents told the inspectors that they were "very angry" they were only receiving their breakfast at 12:00, and said this was due to a delay in being woken up that morning.

There was a cheerful and vibrant atmosphere in the centre, and the sense of well being amongst residents was evident. There were large notice boards beside the

sitting rooms, which was used to provide information to residents such as advocacy details and celebrations for the month including residents birthdays and social and recreational activities occurring on a weekly basis. The inspectors observed residents enjoyed the activities observed on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff.There were daily newspapers and magazines available and inspectors observed residents watching television and reading in different areas of the centre. Residents were supported to vote with two residents telling inspectors about their recent votes which had taken place for the elections.

While there was many positive aspects of the environment, the works to ensure there was sufficient storage in the centre, identified in the last inspection of April 2023 remained outstanding and these findings are discussed under Regulation 17: Premises.

While there were some good management practice, inspectors observed residents receiving medication outside the prescribed times, this was due to two residents "sleeping in" on the Sycamore unit, and an emergency event on the Garden Lodge unit and records showed this wasn't a regular occurrence.

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

Capacity and capability

Overall the inspection found that the registered provider aimed to provide a good standard of care and support to the residents living in the centre. However some improvements were required to the overall governance and management arrangements. Some actions from previous inspection findings remained, particularly relating to inappropriate storage and fire precautions, which is discussed later in the report. This inspection also identified that further oversight was required to ensure all mandatory training was up-to-date and that records such as the directory of residents and complaints management met regulatory requirements.

This was a one-day unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Fern Dean is a designated centre, registered to accommodate 140 residents, owned by SRCW Limited who is the registered provider. The company, SRCW Limited has three directors, one of whom was involved in the day to day management of the centre. There is a clearly defined management structure that identifies the lines of authority and accountability. This inspection was facilitated by one of the company directors and the person in charge.

The person in charge was responsible for the daily operations in the centre and was new in post since August 2024. The person in charge was an experienced nurse who was supported by two assistant directors of nursing, clinical nurse managers, nursing staff, care assistants, activity staff, housekeeping staff, catering staff, administration and maintenance personnel.

Staff were supported to attend mandatory training such as manual handling, safeguarding vulnerable adults from abuse and infection control. However, there were some gaps in other mandatory training courses. The registered provider also had training available to support staff to respond to and manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Records showed that staff were appropriately supervised in their work.

The designated centre had adequate resources to ensure the effective delivery of quality care and support to residents. The provider had completed an annual review of the quality and safety of care delivered to residents in the centre in 2023 which measured the service performance against the national standards. There was evidence of some good management systems in place through meetings, committees and tracking of key data such as infections, incidents and falls. There was a suite of auditing occurring, however inspectors found that these audits were not always driving quality improvement and will be further discussed under Regulation 23: Governance and Management.

The person in charge was aware of their responsibilities to ensure notifications are submitted to the Chief Inspector.

The complaints procedure was on display in the centre, however it was not in a prominent position. Inspectors saw that this was on display near the lifts and at some nurses' stations, however it was noted if residents or visitors used one of the stair cases or if residents had a bedroom on the other side of the building where they did not need to enter the lift, they would not have access to the complaints information. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process and timelines, in line with legislative requirements. There was a complaints log maintained, however the records of complaint outcomes were not seen to be aligned to the registered provider's policy. This will be discussed further under Regulation 34: Complaints Procedures.

Regulation 16: Training and staff development

A review of the training matrix found that there were some gaps in the mandatory training for staff. For example:

- Eighty-four percent of staff had up-to-date fire safety training, eleven percent of staff required refresher training and five percent of staff were new staff

who required first time training. Inspectors were informed by management that training was planned for the weeks following the inspection.
- Eighty-three percent of nursing staff had up-to-date medication management training, the remaining staff required refresher training in line with the provider policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained the information as set out in Schedule 3 not including the next of kin details. This information was available on the IT system but was not part of the directory of residents and was only accessible through the individual residents' profiles.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors followed up on the compliance plan from the last inspection in relation to Regulation 21 Records and found that the centre was no longer managing residents property or cash and therefore a property logbook and audits were not available to review.

Judgment: Compliant

Regulation 23: Governance and management

Analysis of information from local audits was not always leading to quality improvements. For example:

- Many audits had recorded high or full levels of compliance. For example, a care plan audit in September 2024 found 100 percent compliance, a complaints audit in August 2024 found 100 percent compliance and an environmental audit in July 2024 found 91 percent compliance. This was not in line with inspectors' findings, particularly in respect to storage of highly flammable items in a high risk area which had not been identified within auditing systems.
- An environmental hygiene audit found that staff belongings were inappropriately stored in residents' communal areas. Inspectors saw that here

was an action plan in place with a person responsible and a close out date to respond to these findings. This action date was due to be completed three weeks prior to the inspection. This inappropriate storage remained on the day of the inspection.
- Further oversight is required in respect of the high risk plant room used as storage. This requires a focused fire risk assessment to be completed by a competent person to ensure the appropriate controls are in place to ensure fire safety. Further discussed under Regulation 28; Fire Precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission to the centre, the terms on which that resident shall reside in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents was maintained in the centre. Based on a review of a sample of incidents, inspectors were satisfied that notifiable incidents had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The current complaints management within the centre did not meet the requirements of Regulation 34 in the following areas:

- The complaints procedure was not in a prominent position within the designated centre.
- Notwithstanding that there was evidence of investigations taking place where complaints were concluded as soon as possible and a response to the complainants was seen. However, in three out of three records reviewed, this response was not in line with the regulations. For example, it did not inform the complainant in writing whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process.

- There was no general report provided on the level of engagement of independent advocacy services with residents, complaints received, including reviews conducted as required as part of the annual review.
- Inspectors saw evidence of training on the management of complaints for the complaints officer. However, training for the review officer was not evidenced on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall inspectors found that the registered provider was aiming to provide a good standard of care to the residents living in The Fern Dean Nursing Home. Inspectors observed that residents enjoyed a good quality of life and had access to a large amount of activities and social engagement such as live music, dog therapy, arts and crafts and exercise classes. Staff were seen to be engaging positively with residents and appeared to have a good rapport. However, improvements were required in some areas of quality and safety of the service, including that of care planning, premises and fire precautions.

Residents had good access to a high level of medical and health care. A general practitioner (GP) attended the centre on a twice weekly basis and an out-of hours medical service was available. Inspectors reviewed a sample of resident documentation such as assessments and care plans. Care plans were generally individualised, completed as per regulatory time frames and many clearly reflected the health and social needs of the residents. For example, there were good care plans in place to guide staff on communication difficulties and how to support residents to communicate freely. However, inspectors found some examples where care plans had not been updated to reflect current care practices. This is further discussed under Regulation 5: Individual assessment and care plan.

Inspectors found that staff spoken with were knowledgeable of safe practices of medicine administration. A review of prescription records outlined how medicines should be dispensed and were signed by the GP. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked by staff nurses twice daily. Inspectors reviewed the balances of a sample of controlled drugs which were seen to be correct. However, the storage of some medicinal products required review.

Overall the premises was well maintained and laid out to meet the needs of the residents. It was decorated in a homely manner. Residents bedrooms were personalised, and had items in them from home, such as pictures, photographs, and ornaments. A well maintained secure garden that provided seating and paths for walking was available for residents to access. Similar to the previous inspection,

storage practices remained an issue and improvements were required, this is discussed further under Regulation 17: Premises.

Notwithstanding the efforts made by the provider to ensure all staff had up to date fire training and carry out regular evacuation drills, further action was required to address outstanding fire safety precautions outlined in the previous inspection compliance plan and the fire risk assessment completed in 2022. For example, fire doors remained in disrepair and did not fully seal to contain smoke and fire in compartments where residents occupied, and the unsafe storage of flammable liquids and objects.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. Staff were knowledgeable of residents who had communication difficulties. The inspectors found that each resident's communication needs were regularly assessed and a clear, concise and person-centred care plan was developed.

Judgment: Compliant

Regulation 17: Premises

While the premises were generally meeting the requirement of the regulations, actions were required to ensure the premises promoted a safe and comfortable environment for all residents, For example:

Some areas were not kept in a good state of repair, for example;

- Wear and tear to handrails and door frames on the first and second floor. This included missing architraves and skirting boards at the nurse station on both floors.
- There was a gap in the ceiling at a nurses station on the ground floor.
- There was exposed flooring in the sitting room on the first floor which did not provide a safe floor covering and posed a potential falls risk for residents.
- A number of fabric seats were observed to be stained and required more effective cleaning.

Suitable storage was not available for equipment. For example;

- A storage room was being used for the storage of nutritional supplements and continence wear. The ventilation of this room and all the medication rooms in the centre was not adequate, as the rooms were found to be too warm for safe storage of food supplements and medications.

- A large number of items were stored in the underground car park, for example; broken bedside tables, a pressure washer and hazardous cleaning products.These items were stored beside a hole in the wall in the underground car park.

This was a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. There was adequate numbers of staff available to assist residents with nutrition intake at all times.Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available and contained a summary of services and facilities, details of advocacy services, arrangements for visiting, information on the complaints process and terms and conditions.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform management of risks in the centre. An up to date risk register was available which assessed and identified risks such as abuse, aggression and violence, and unexplained absence of any resident. It outlined the measures and actions in place to mitigate and control such risks. Risk reduction records included an emergency plan.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors identified the following areas that required immediate action to ensure that adequate fire safety precautions were in place;

- The plant room contained high risk flammable products and electrical equipment such as aerosol sprays, varnish, glue and electrical equipment. This was removed on the day of inspection and is further discussed under Regulation 23; Governance and Management.

Actions from fire risk assessment carried out in 2022 and previous inspection compliance plan remain outstanding and were not evidenced in quality improvement plan for example;

- A sample of fire doors were checked and three fire doors were identified as not fully sealing when closed which in the event of a fire posed a risk to the containment of fire and smoke.
- Unsafe storage of flammable products beside an electrical box in the underground car park

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors observed good practices in how the medicine was administered to the residents. However some medication storage practices were not in line with best practices. For example;

- Some medicinal products supplied for residents were not stored safely or in line with the product advice. Inspectors reviewed the temperature records for the medication rooms, which showed room temperatures of 26 and 27 degrees Celsius for a number of days for a number of months. Labelling of the medications stated that storage was required at a temperature maximum of up to 25 degrees Celsius. This could pose risks with respect to the effectiveness of those medications.
- Some nutritional supplementary drinks were stored in a storage room and there were no temperature records available.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans required improvement to effectively guide staff in the provision of care to residents. For example;

- While there was evidence that the dates on the care plans review were updated on a four monthly basis. A residents care plan still included information from April 2023 which was outdated. This posed a risk that the residents' care plans were not accurately reflecting the resident's changing needs and therapeutic intervention, posing a risk of potential errors in residents' care.
- Inspectors observed a lack of detail in a sample of nutritional and skin integrity care plans. These contained generic information and were not person centred.
- As discussed under regulation 23 the appropriate risk assessments were not in place.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of health care. They had access to their general practitioner (GP) and to the multi-disciplinary team (MDT) as required such as occupational therapy, physiotherapy, dietician and tissue viability nurse. Daily progress notes showed that referrals were sent to the GP and MDT in a timely fashion when there was a change in a residents presentation.

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 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for The Fern Dean OSV-0000759

Inspection ID: MON-0037684

Date of inspection: 26/11/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: HR monitors training compliance weekly, and all staff have scheduled training. A mixture of online and in-person sessions is available. Fire training took place on December 6, 2024, and January 15, 2025, with additional sessions booked for February 14 and monthly thereafter. These ongoing sessions will accommodate new staff as well as those who need a refresher.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: An incorrect report was printed on the day of inspection. A full compliant layout of the resident register is available in the system. The director of nursing received additional training.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure full compliance, an audit training program is arranged and all completed audits subject to review and sign-off by the director of nursing. In addition, lockers are being updated so that staff belongings are no longer kept in communal areas. Managers will conduct a brief daily check of these spaces, while a weekly inspection of the plant room will also be carried out.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints procedure has been updated, and it is clearly displayed in prominent locations including the stairwells. The complaints training for the review officer has been completed.
A written response to complaints will include whether a complaint is upheld, the reasons behind the decision, recommended improvements, and a clear review process. The annual review complaint section will include information such as the residents' use of independent advocacy services, number and nature of complaints received, indicating whether each was upheld or resolved, and improvements.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The work on areas that required repair such as wear and tear to handrails and door frames on the first and second floor include missing architraves and skirting boards at the nurse station on both floors, a gap in the ceiling at a nurse's station on the ground floor, exposed flooring in the sitting room on the first floor has commenced and will be completed by the 31st of January. A painting program for the entire Home will commence on the 27th of January 2025 and will be completed by 30th September 2025.
A regular cleaning schedule of fabric seats is in place and will be monitored by the accommodation manager

Supplements are moved to the treatment room where the temperature of the room is monitored and maintained between 15-25 degrees Celsius.

A weekly check of the underground car park by the director of nursing and accommodations manager

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All three fire doors identified as not fully sealing have been repaired and now provide a complete seal when closed. On the day of inspection, any flammable products stored near the electrical box in the underground car park were relocated to a safer area. To maintain ongoing safety, a weekly inspection of the plant room and underground car park, ensuring items are always stored appropriately.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Daily medication room temperature checks are carried out and room temperatures are maintained between 15 to 25 degrees Celsius. Nutritional supplements are now stored in the medication room where the room temperature is monitored. Stock management of supplements through regular inventory.

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:
Care plans are being audited and reviewed; outdated information is archived so each resident's current care needs are clearly reflected. Managers will review and monitor the care plans to ensure it is person centered.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/03/2025
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	30/09/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/03/2025

	consistent and effectively monitored.			
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	31/01/2025
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	30/03/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/11/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with	Substantially Compliant	Yellow	07/12/2024

	complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/01/2025
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	30/03/2025
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual	Substantially Compliant	Yellow	30/03/2025

	review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	11/01/2025
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	31/03/2025