



**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:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Thomond Hall, Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	17 September 2024
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0040958

About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose-built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
--	----

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 17 September 2024	09:15hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were happy and content with living in the designated centre. Residents were well supported to enjoy their best lives and their feedback was positive regarding the service they received and the support and care provided to them by staff.

Staff were observed by the inspector to be kind and attentive to each resident's needs. Residents were comfortable in the company of staff as they chatted and laughed together. The residents' social activities programme supported and facilitated them to continue to enjoy meaningful pursuits that interested them. Residents told the inspector that they felt safe in Thomond Lodge nursing home. Residents told the inspector that they were well cared for and that their meals always met their satisfaction

Many of residents told the inspector that they previously lived in the local area and were pleased that they could continue to live in an area they were familiar with and that was convenient for visits from their families and friends still living in or around Ballymahon. Residents' comments to the inspector included 'love it here', 'wouldn't want to go back to home in community again, 'life is great and I am very happy', 'staff are good fun'. One resident told the inspector although they would love to be able to live at home in the community, living in Thomond Lodge nursing home was 'a good option' for them.

The centre environment was visibly clean, bright, homely, warm and comfortable. There were a number of communal rooms available including a sitting room, a dining room and a library room. Additional seating was in the reception area close to the nurses station and in a central lobby area where the corridors to the residents' bedrooms converged. A number of the residents liked to rest and relax in these areas. A playful, and much loved cat named 'Sixpence' by the residents, played with the residents and by their chairs in the reception area. The cat also joined them in the enclosed garden for their afternoon tea and snacks in the sunshine on the day of the inspection.

The majority of the residents spent most of their day in the sitting or dining room. The inspector observed that there was a lively and varied social activity programme taking place throughout the day with a live music session in the afternoon. The residents told the inspector that a live music session happened regularly in the centre. This lively atmosphere suited most residents as they were observed to be enjoying participating in the social activities facilitated by the activities coordinator and the live music session.

The inspector observed that a small number of the residents preferred to stay in their bedrooms or in a lobby area in the centre of the premises. Staff were observed to check on residents who stayed in their bedrooms and to greet residents who sat in the lobby area each time they passed by. While, these residents preferred to

watch the 'comings and goings' in the centre, they also had opportunities to participate in one-to-one meaningful social activities that met their interests and capacities facilitated by an additional member of staff appointed since the last inspection to ensure these residents' social needs were met.

Some residents enjoyed outings with their families whilst other residents went on outings into the local community organised as part of the social activity programme in the centre. Many of the residents chose to sit out in the enclosed garden on the day of the inspection. The inspector observed that the doors to the garden were open so that residents could access the garden as they wished. There were a number of exit doors to the garden from various points of the centre. This enclosed garden was beautifully landscaped and wrapped around the centre premises. Each door into the garden gave residents a different garden landscape with various colour themed flower beds, shrubs and trees. Outdoor seating and pathways were provided to optimise residents safety and comfort.

Residents' bedroom accommodation was located on the ground floor throughout the building. All residents were accommodated in a single bedroom with full en-suite facilities. The inspector observed that residents' bedrooms were bright and had sufficient circulation space and all but one resident had adequate storage to meet their needs. A full-length mirror was fitted on the front of each resident's wardrobe for their convenience. The decor in each resident's bedroom was varied and many of the residents had personalised their bedrooms with their photographs and other personal items. Residents had shelf space to display their family photographs and other items. Residents' lockers were in close proximity to their beds to support them to easily access their possessions in their lockers when they were in bed.

The inspector observed the residents' lunchtime meal. The lunch time meal was observed to be a social and unhurried occasion for residents. Over this meal served in the dining room many of the residents enjoyed chatting together while they dined. The inspector observed that residents were provided with a varied diet and residents confirmed that they could have alternatives to the menu offered if they wished. There was sufficient numbers of staff available at mealtimes to assist residents as needed. Staff provided discreet assistance to meet residents' individual needs. Residents told the inspector that the food was 'superb', 'like being out in a restaurant every day' and 'the best food in Longford'.

Residents told the inspectors that they felt very safe and secure in the centre and that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

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

Overall, this unannounced inspection found that the designated centre was well managed for the benefit of the residents. The inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspection..

The provider had completed or progressed most of the actions they committed to in their compliance plan from the last inspection in September 2023. However, this inspection found that compliance was not sustained in some regulations. Therefore, focus and effort was now required by the centre's management team to complete the necessary actions to bring the service into and to sustain compliance with the regulations

The registered provider for Thomond Lodge nursing home is Thomond Care Services Limited. The company's chairperson represents the provider entity. There was a well-established and clearly defined management structure, which included the centre's person in charge, the financial administrator and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant members of the staff team. Overall, the audit processes were effective, however, as found on the last inspection, some audits did not identify a number of the non compliant findings found on this inspection. The inspector's findings are discussed under Regulation 23: Governance and Management.

There were adequate numbers of staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. This included staff with appropriate skills to ensure that residents with cognitive impairment or who did not attend the sitting room during the day had equal access to meaningful activities to meet their interests and capacities. Staff demonstrated accountability for their work and were knowledgeable about their roles and responsibilities when they were speaking with the inspector. Staff were responsive to residents' needs for assistance and support.

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector as required by the regulations.

Records were maintained as required by the regulations and resident and staff records were stored securely.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of the inspection to meet the care and social needs of the residents including residents with cognitive impairment and residents who chose not to attend the social activities taking place in the sitting room.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training which included annual fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' care and support needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

The Directory of residents was up to date and was made available to the inspector for review. Arrangements were in place for keeping the directory of residents up to date and it contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although, the provider had systems in place to monitor the quality and safety of the service and there was evidence that many of the areas identified as needing improvement were progressed to completion, improved oversight by the provider was necessary as evidenced by the following;

- Care plan audits did not identify that the quality of care plans was not consistent as some care plans were found not to provide adequate information to guide staff in relation to the resident's current needs.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing, social care and had timely access to healthcare in line with their assessed needs. Residents' rights were respected and the service was person-centred. The provider continued to make improvements and were committed to bringing the designated centre into compliance with the regulations.

Residents' quality of life in the centre was promoted with a meaningful and varied social activity programme and additional staffing resources were made available to

ensure the social needs of residents who did not attend the social activities facilitated in the sitting room were met.

Residents were facilitated to access the very well designed and landscaped enclosed garden as they wished. The access to safe outside space positively impacted on residents' health and wellbeing. Residents were supported to maintain contact with their families and friends and their visitors were welcomed safely into the centre.

The provider had effective measures in place to protect residents from risk of infection including staff training. Cleaning schedules were in place for all parts of the premises and overall were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices.

The layout of residents' communal and bedroom accommodation met residents' needs to a good standard. However storage in one bedroom required review to ensure the resident had sufficient storage for their belongings. The centre premises was for the most part well maintained. However, missing and damaged paint on hoists, some bedroom doors and doorframe surfaces did not support effective cleaning procedures.

Residents were provided with good standards of nursing care and supports to meet their assessed needs. Residents' records and their feedback to the inspector confirmed that their needs were comprehensively assessed and they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. However, actions were necessary to ensure the information in a small number of residents' care plans clearly directed staff on residents' care preferences and wishes and that residents' woundcare was detailed in individual wound care plans.

Measures were in place to ensure residents were protected from risk of fire. The provider had procedures in place to assure themselves regarding residents timely and safe emergency evacuation in the event of a fire in the centre. This inspection found deficits in the fire safety management equipment checking to ensure that the fire alarm system was operational at all times.

The provider had effective measures in place to protect residents from risk of abuse. Residents confirmed that they felt safe and secure living in the centre.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre and the record of the residents' committee meeting confirmed that the purpose and availability of this service was discussed at this forum.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised

by residents as areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

One resident did not have adequate space to store their personal possessions in their bedroom. As a result this resident's personal belongings were stored in stacked boxes on the floor.

Judgment: Substantially compliant

Regulation 13: End of life

Staff provided end of life care to residents with the support of the residents' general practitioner and the community palliative care service. An up-to-date policy was available to inform staff on the centre's procedures to ensure residents' end -of-life needs were met.

Residents' end-of-life wishes were assessed and documented regarding their physical, psychological and spiritual care and preferences regarding where they would like to receive care at end of their lives were established and regularly updated. This gave residents opportunity to be involved in and to make decisions regarding their end-of-life care while they were well. A pain assessment and monitoring tool was in use by staff to ensure any pain experienced by residents was managed. Pain medications were administered as required and monitored to ensure effectiveness.

Each resident was accommodated in a single bedroom and this supported their end of life care and comfort needs. Residents' relatives were supported to be with them during this time as they wished. Overnight facilities and refreshments were available to residents' family members and friends during residents' end-of-life care.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Paint was damaged and missing on the surfaces of a number of residents' bedroom doors, door frames and hoists. This finding did not ensure that these surfaces were adequately maintained and could be effectively cleaned.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A record was maintained regarding residents' temporary absence and discharge from the centre. Relevant information regarding residents' health and care needs was completed to ensure their needs were clearly communicated on transfer to hospital.

Judgment: Compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- the floor surface in one equipment storage room was not adequately cleaned. The inspector observed pieces of waste paper, grit and dust on the floor surface in this equipment storeroom. Furthermore, storage of boxes directly on the floor surface did not ensure effective cleaning procedures were completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions by the provider were necessary to be assured regarding their fire safety management procedures as follows;

- the inspector was told that the fire alarm system panel was checked on a daily basis by staff to ensure no faults were registering, however, sufficient evidence was not available to support this or to inform a review of any previous faults identified.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' assessments and care plan documentation and found that some actions were necessary to ensure residents' needs were informed by their care plan information. This was evidenced by the following findings;

- the information in some residents' care plans did not have sufficient detail to clearly direct staff on the care interventions they must complete to ensure each residents' needs were met in line with their preferences, wishes and usual routines.
- where a resident had more than one wound, their wound care plan information did not provide adequate direction for staff on the recommended treatment procedures for each wound. For example, one resident with two wounds did not a clear wound care plan in place for each wound to direct staff on the care interventions required for treatment of each of this resident's wounds.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met to required professional standards and residents had timely access to their General Practitioners (GPs). An on-call GP service was available to residents out-of-hours as needed.

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place to protect residents from risk of abuse. The provider ensured that staff were facilitated to attend safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings into their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0040958

Date of inspection: 17/09/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> Care plan audits did not identify that the quality of care plans was not consistent as some care plans were found not to provide adequate information to guide staff in relation to the resident's current needs. <p>A more comprehensive review of care plans has been adapted and commenced to identify gaps in the residents’ care plans.</p> <p>The PIC shall formally review and monitor care plans as part of the audit schedule and communicate any learning outcomes from these audits with nursing staff to ensure guidance in relation to the health, personal and social needs of the residents in line with Regulation 5 individual assessment and care plans and will be discussed at our management meetings.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We have carefully reviewed these findings and are committed to addressing them to ensure that our premises fully conform with Regulation 12 by ensuring that all residents have adequate storage facilities for their personal possessions. An inspection of resident’s room shall be carried out on a scheduled basis to review and monitor that we have adequate storage facilities for residents’ personal possessions going forward. This will now be included as part of our environmental audit.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Included in our painting schedule of the premises there is now a planned program of repairs to include painting and maintenance of damaged equipment and furnishings.</p> <p>The PIC will continue to meet with the maintenance team weekly to plan and action all necessary works and improvements. This will be further discussed at our management meetings with the provider and actioned accordingly within a time scale.</p> <p>The hoists have already been repaired and painted and work on the painting of the doors and door frames has also commenced in line with our program of repairs.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The room in question is used as a storage room for equipment used by our maintenance person in his daily tasks. The boxes which were stored in this area have now been removed. The floor has been cleaned and is now included in our cleaning schedule to ensure this room remains clean and tidy at all times.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A written record of the fire alarm panel check is now being recorded daily along with all other fire checks.</p> <p>Oversight of the fire checks is now being carried out on a weekly basis by the PIC to ensure compliance with Regulation 28 a record of these oversight checks is included in our fire register.</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>A review of all care plans has commenced to ensure that they are person specific and contain a robust, comprehensive detailed insight into the residents preferences in relation to details of daily living to ensure that staff have sufficient guidance and knowledge of the residents wishes and needs in relation to their health, personal and social needs.</p> <p>The PIC shall formally review and monitor care plans as part of the audit schedule and communicate any learning outcomes from these audits with nursing staff to ensure guidance for all staff in relation to the health, personal and social needs of the residents in line with Regulation 5 individual assessment and care plans.</p> <p>Separate wound care plans are now in place for each wound. This practice shall remain in place going forward for all residents with more than one wound and shall be reviewed and monitored by the PIC.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	08/11/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/12/2024

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	17/09/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	17/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/09/2024