



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

Issued by the Chief Inspector

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0036947

About the designated centre

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

Willowbrook Nursing Home is situated on the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been modernized and extended over time to accommodate 56 beds which cater for male and female residents over the age of 18. The centre provides long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

Bedroom accommodation consists of 22 twin rooms and 12 single occupancy rooms, some of which are en-suite. Access to the first floor of the old building is via a stairs. There is a dining room, sitting room, two day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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 24 May 2022	10:15hrs to 18:00hrs	Helen Lindsey	Lead
Tuesday 24 May 2022	10:15hrs to 18:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Inspectors met a number of residents during the course of the inspection, all of whom reported they were happy living in the centre. Inspectors spoke with four residents in detail, who described enjoying the range of activities available, and how much they liked the staff. Visitors were seen to be attending the centre, and residents reported how happy they were to have visitors back in the centre.

Following an introductory meeting, with the person in charge and senior nurse, the inspectors completed a walk-through of the centre. Residents were seen to be spending time in their own rooms in some cases, but many were in the two lounge areas in the centre, engaging in social activities with the staff, or watching the television. Staff were seen to be engaging positively with residents, and chatting about subjects that were important to them. A quiz was taking place in the morning in the larger lounge area, and residents were enjoying a discussion about 'movie stars'.

Residents who smoked were able to access the smoking room freely. The gardens could also be accessed easily by residents and had a range of seating available, with a paved path making the area wheelchair accessible. The area was well presented with a range of planting and bird feeders for interest.

Inspectors noted that there was an ongoing program of decoration in the centre. Areas that had been decorated looked bright, clean and suitably decorated. The decoration was taking place in St Mary's unit during the inspection. The person in charge informed inspectors the area called 'Old building' would be next for redecoration. At the time of the inspection there had been no improvement in these rooms. The decor and furnishings were very worn as identified at the previous inspection. Work was also ongoing to upgrade furnishings. There were a range of new chairs in the centre, and wardrobes and sinks had been replaced or upgraded in St Ann's unit, with work ongoing on St Mary's unit.

While a number of bedrooms provided a well presented area where residents could spend time in private, inspectors noted that in two double bedrooms, when the privacy curtains were drawn there wasn't sufficient space for residents and their belongings. Also, in other double rooms where the bedroom sink was in a shared areas of the room, it was not possible for one resident to access it without entering the other residents space. Many bedrooms did not have a chair available for a resident to sit in their own bed space.

The centre was visibly clean on the day of inspection, and three cleaners were seen working in different areas of the centre to ensure areas such as bathrooms and busy communal areas were kept clean through the day. Bathrooms had been refreshed since the previous inspection, and were generally clean and well presented, however an issue persisted with a build-up in the sinks of a white residue. One example of a damaged sink was noted. Three bedrooms in the 'Old building' continued not to

have access to a shower or an assisted toilet facility without residents going through a busy communal area.

Inspectors observed that storage issues had been addressed in the centre. There was a nominated storage area for hoists and cleaning trolleys. The storage room across from the medication room had been fitted with shelving and a new fridge. The medication room had also had new shelving fitted, and the room was well organised.

In reviewing the premises against the floor plan, inspectors observed that the area of the building, in St Mary's, which previously comprised of a large fire compartment had been subdivided into two smaller compartments.

While walking through the centre, the inspectors noted many of the doors in the centre would not provide full protection from fire and smoke. For example 18 fire doors were seen that were not fitted with smoke seals to all or part of the door edges to prevent the spread of smoke. There were also large gaps noted to the bottom of some fire doors and gaps beyond the recommended size at the top and sides of a number of doors, including in the smoking room, which was allowing the smell of smoke to come in to the lounge area.

Bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open and door closers were not an impediment to their movement through the building. Once the fire alarm activates, the doors would close. There was damage to the plasterwork above the door where these devices were fitted and they required sealing up to ensure effective containment of fire and to ensure effective cleaning could be completed.

Inspectors observed escape routes and exits to be clear and free of obstruction. Staff spoken with demonstrated a good knowledge of the evacuation procedures in place.

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

Capacity and capability

This was an unannounced inspection that was carried out following receipt of representations from the registered provider, Galteemore Developments Limited, in relation to a proposed notice of decision issued by the Chief Inspector. The proposed notice included a restrictive condition to stop admissions to the centre until required improvements were made to ensure the service was safe, appropriate, consistent and effectively monitored. The following regulations were named as

requiring improvement:

- regulation 16; Training and development
- regulation 17; Premises
- regulation 23; Governance and Management
- regulation 27; Infection prevention and control
- regulation 28; Fire precautions

The provider had submitted information to the Chief Inspector, in their representation, to state they had addressed many of the non-compliances identified in the centre, and were carrying out a refurbishment plan to address the outstanding issues.

Inspectors found significant improvements had been made in relation to training, infection prevention and control arrangements, and governance and management structures. However, the provider was required to take further action to ensure compliance in the premises, covered under regulation 17, fire safety arrangements, covered under regulation 28, and resident's rights, covered under regulation 9. These three areas continue to impact on the quality of life and safety of residents in the centre and consequently, further improvement was required to the governance and management arrangements.

Bedrooms 23, 27 and 32 and 33 had been voluntarily reduced by the provider to single occupancy, as observed on the day of inspection. Rooms 31 and 34 remained as a double room, but the layout of the rooms did not afford sufficient space for a bed, chair and personal storage space. They also didn't provide sufficient space to undertake activities in private with access to their personal items. Room 28 was occupied by one person, and only had one bed, but was listed as a double room.

In relation to resources for the centre, parts of the premises had been improved through a program of refurbishment. The work was ongoing at the time of the inspection. The person in charge explained there had been delays to works due to a COVID-19 outbreak in the centre. The inspectors acknowledged the difficulties posed by the pandemic, however, for residents whose rooms had not been addressed, they were living in bedrooms that were poorly decorated, with damage to walls and door frames, and damaged furniture. Delays to improvements in the centre continued to impact on the quality of life of residents living in those areas.

The risk management system had been updated. A range of risk assessments were in place covering clinical, resident and environmental risks. A number of the issues identified by inspectors on the day were addressed in risk assessments, for example in the premises audit, issues with lack of sealant on shower, and storage. Regular management meetings discussed the risk register. However, inspectors observed some risks had not been identified or responded to appropriately in the centre. While some action had been taken to review the fire doors, the outstanding issues had not been identified and risk assessed at the time of the inspection.

The provider had made a number of improvements to governance and management in the centre since the last inspection. A tool to track staff training had been developed and implemented. The clinical nurse manager was now supernumerary

(did not provide direct care) and was involved in the oversight arrangements for clinical care and other areas of the nursing home practice. There was an audit schedule in place, and they were being carried out on relevant areas of practice. Recent audits included a full assessment of the building in relation to infection prevention and control. Each room had been assessed and any issues identified were listed in a plan, with dates by when the issues were to be addressed. Other audits completed included hand hygiene, meal time experience, medication management and privacy and dignity of residents.

There was a management structure in the centre that included the person in charge, clinical nurse manager, and nursing team. They were supported to deliver care by the health care assistants, activities co-ordinator, household staff, and maintenance person. Staffing numbers were seen to be sufficient to meet the needs of residents on the day of inspection, and the staff engaged positively with, and knew residents well. There were staff present in communal areas at all times, and they were engaged in chat and activities with those residents who chose to engage. Nurses were allocated to oversee each of the three units per shift, to ensure effective supervision of staff and residents.

Regulation 15: Staffing

There were sufficient numbers of staff to meet residents needs. This included nursing staff who were available at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training courses. All staff had completed fire safety training, with further update sessions booked for June. All staff had undertaken safeguarding vulnerable adults, manual handling and infection control training.

The provider had developed a training tool to support them to identify when staff were due to update their training, in line with the providers policies.

The clinical nurse manager provided oversight of staff and clinical practice. This included ensuring cleaning staff were clear of their roles and were covering all elements of the building.

Judgment: Compliant

Regulation 21: Records

Archived records were stored securely, and were accessible if required. All documentation was seen to be stored appropriately within the centre.

Judgment: Compliant

Regulation 23: Governance and management

While oversight arrangements in the centre had improved, further action was required by the provider. For example, the identification and management of risks in the centre had been implemented and any identified risks were seen to be reviewed on a regular basis by the management team. While there were improvements, inspectors observed risks that remained present in the centre in relation to fire safety that had not been identified or addressed in that:

- fire doors were not all fully effective (missing smoke seals, gaps to top, bottom or sides of doors)
- the fire compartments in the centre were not clear on the floor plans and this would impact evacuation plans
- oxygen and gas cylinders were stored together

Two of these findings were repeated from the previous inspection.

Resources had been used to refurbish parts of the centre, but residents in rooms that had not been refurbished continued to be impacted by poor quality of the premises.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contract of care was in place for residents. It clearly set out the cost of residing in the centre, and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated to fully reflect the premises.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place, which set out who was responsible for reviewing any comments or complaints.

A review of the complaints log showed one complaint had been made in 2022 and it had been investigated following the providers policy. The outcome and the complainants satisfaction level were clearly recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors observed that overall the policies and procedures were being followed in practice.

Judgment: Compliant

Quality and safety

While residents were supported by a staff team who knew them well, they continued to be impacted by issues relating to the quality of the premises, and the lack of privacy in some shared rooms.

Residents were seen to be moving around the centre in line with their choice about where to spend their time, using the reception, sitting and dining rooms to spend time in, as well as their own bedrooms. They also had access to well presented gardens. There were a range of activities taking place through the day including, some one to one support, group games and activities, and a singer who attended the centre to give a performance in the afternoon. Residents reported they really looked forward to live music, and were seen to be enjoying a dance and sing along.

Inspectors observed improvements in the centre in relation to premises:

- New shelving had been fitted in a number of rooms in the centre (for example medication room, and cupboard opposite)
- External storage areas had been tidied and organised
- A leak had been fixed which had resolved the issue with mould by one door leading outside.
- There was also an improved method of addressing maintenance issues, with nursing staff recording requests for items to be addressed, with records stating what action had been taken and when. Call bells were seen to be available in bedrooms, bathrooms and communal rooms
- Emergency call bells were available in all rooms (bedrooms, toilets, bathrooms, communal rooms)
- There was new furniture in the communal areas including chairs.
- Equipment observed by inspectors was seen to be clean, and in working order.
- Flooring had been replaced in parts of the centre, with work ongoing
- A new extractor fan had been fitted in the smoking room (but was not powered on when inspectors entered the room)
- All doors had handles.
- Toilets had locks

The refurbishment of the premises had included redecoration of corridors, bathrooms and bedrooms. Wardrobes had been upgraded and new sinks had been fitted in bedrooms. This work was completed on St Mary's unit, ongoing on St Ann's unit, and had not commenced in the 'Old building'. Bedrooms in the area not renovated were seen to be poorly decorated, furniture was worn, and damaged in some areas, especially around sinks. It was also noted that where rooms had reduced from double to single occupancy, the privacy curtains had not been removed to make the space more usable for the resident. There were also bedrooms that did not provide a chair for residents to sit on.

A stair lift had been removed from the stairs up to the 1st floor bedrooms making the stairs easier to navigate. However, this resulted in there being no lift to the first floor. The provider set out in their statement of purpose that these rooms could only be used by mobile residents.

Infection prevention and control arrangements in the centre had been reviewed and improvements had been made. There were increased cleaning hours in place, and at the time of the inspection there were three staff cleaning the centre who were clear on cleaning products, and procedures. The roster showed there were three cleaning staff each day. All areas reviewed by inspectors were clean, including bathrooms, communal areas and bedrooms, with the exception of one sluice room. Improved storage has also supported improved cleaning arrangements. Sluice rooms had been refurbished with stainless steel sinks, and new shelving. A small number of tasks remained outstanding, such as painting repaired plaster to ensure it could be cleaned effectively. Cleaning trolleys were seen to be clean, and were stored in large storage room off the boiler room when not in use. Issues that remained outstanding included the sluice by the hairdresser that still did not have access to a hand wash

sink other than the one in the staff toilet, which was accessed through the sluice room, lack of access to clinical hand wash sinks throughout the centre. One sluice room (by the boiler room) was seen not to be clean, with spilled substances on a shelf, and a substance on the floor by the bed ban washer. It was also noted a number of sharps bins were not closed as recommended.

Notwithstanding the works completed to address fire safety deficits identified on previous inspections, in July 2020, January 2021, October 2021 and January 2022, further assurance was required with respect to fire containment in the centre and means of escape. While walking through the centre, it was evident that a number of fire rated doors would not be effective to prevent the spread of fire and smoke in the event of a fire in the centre. Inspectors noted at least 18 fire doors did not have smoke seals as required, or there were gaps to the top, bottom or sides of the door that would allow smoke through to protected escape routes.

Another issue that remained outstanding was the extent of fire compartments in the centre which were still not clear to the inspector. For example, a fire compartment boundary was shown on a floor plan in the attic above a day room, however there was no wall at this location in the room below, therefore not creating a complete fire compartment boundary.

The gate leading from the external stairs escape route from the first floor had been fitted with a device to allow the gate to release to the open position upon activation of the fire alarm system. This had not been connected yet and the gate was locked with a key with a key in a break glass unit adjacent to the gate. This required completion to ensure an adequate means of escape.

Externally, the oxygen cylinders were securely stored within a locked cage enclosure. The inspectors noted a gas cylinder also stored within the same enclosure. This should be securely stored separately and the person in charge confirmed this would be addressed.

Regulation 11: Visits

Residents were receiving visitors in the centre, and reported how nice it was to spend time with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises did not provide all the requirements of Schedule 6 in that:

- Parts of the centre were not suitably decorated (Old Building)

- Many of the bedrooms did not provide a chair for each resident
- Bedroom 31 and 34 did not afford the residents 7.4m of floor space including the space occupied by a bed, a chair, and personal storage space
- the hand sink was cracked in toilet 3
- one sluice continued not to have a hand wash sink, with the sink in the toilet room off the sluice being used
- bedrooms 28,29 and 30 did not have access to an assisted toilet in close proximity

Judgment: Not compliant

Regulation 20: Information for residents

The residents guide had been updated to include a summary of the facilities provided, and the complaints procedure.

Judgment: Compliant

Regulation 27: Infection control

While significant improvements had been made in the centre, the following issues remained outstanding:

- not all sharps bins were closed
- insufficient hand hygiene sinks in the centre
- some sinks/ taps had build up of a white substance
- one sluice room was not clean with spilled fluids on shelves and the floor
- incontinence wear disposed of in a non-clinical bathroom bin

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions in place to contain fires, as many fire doors were missing smoke seals, or had gaps to the top, bottom or sides of the doors. This issue remained outstanding from the previous inspection.

The fire compartments were not clear when the floor plan was reviewed against the premises. The provider was requested to provide clearer information to assure the Chief Inspector the fire containment arrangements were adequate.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

All medication was stored in medication room, and the room was organised, and provided space for nurses to prepare medications if required.

A new medication fridge was in place, and temperature checks were carried out daily.

Judgment: Compliant

Regulation 9: Residents' rights

Residents privacy and dignity was significantly impacted by the premises in the following examples which remain outstanding from the previous inspection:

There was no access to an assisted toilet or shower within close proximity to three bedrooms, this remained the case from the last inspection and continued to impact on residents privacy and dignity. The residents needed to move through a busy communal room to access the nearest shower facilities. While the person in charge discussed the plan in place, no action had been taken to improve the privacy of residents living in this area of the centre.

In bedroom 31, there was only 4.08m of space available behind privacy curtains. This only afforded space for a bed and locker, which would impact on a residents ability to move freely and undertake activities in private, such as getting dressed.

Examples were seen where sinks in shared bedrooms were positioned very close to one residents bed space, which would impact residents ability to undertake activities in private, such as washing or brushing teeth.

Judgment: Not 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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0036947

Date of inspection: 24/05/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. All fire doors have been repaired and are in working order. The doors were audited by a competent person on July 20th 2022 and certification of same was forwarded to HIQA on July 26th 2022. 2. All works on compartments is complete. The compartments are easily visible on our latest floor plans. These floor plans were forwarded to HIQA on July 26th 2022. 3. The gas and oxygen cylinders are stored separately. 4. Four bedrooms remain to be refurbished. Residents will use alternative rooms while this work is carried out. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Two bedrooms in the old building are due to be renovated in the coming weeks. 2. Privacy curtains in previously double rooms have been removed. 3. All staff have been reminded to ensure sharps bins are properly closed. 4. All fire doors have been repaired , audited and certified. 5. Fire compartments are easily identified on the floor plans. 6. The gate leading from the external stairs escape has been connected to the fire alarm system and was tested by a fire safety officer when they inspected the premises on the morning of August 11th 2022. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. All staff have been reminded to close sharps bins properly. 2. All white substance (lime) has been cleaned and removed. 3. All sluice rooms are clean. 4. Staff have been reminded to dispose of incontinence wear appropriately. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. All fire doors have been repaired , audited and certified by a competent person. 2. All works on fire compartments is complete. The compartments are easily identified in our latest floor plans. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The architect has proposed a new assisted shower / toilet / hand sink using part of the smoking room. It is hoped to complete this work by mid October 2022. 2. The architect will view the bedrooms with a view to reconfiguring to ensure that there is adequate privacy space available behind privacy curtains. In the meantime it should be noted that there is only one resident using these bedrooms and this will not change for the foreseeable future. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	21/10/2022
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.	Not Compliant	Orange	21/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	21/10/2022

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	20/07/2022
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	30/07/2022
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.	Not Compliant	Orange	20/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Orange	20/07/2022

	arrangements for detecting, containing and extinguishing fires.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	21/10/2022