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:	Willowbrook Lodge Nursing Home
Name of provider:	NSK Healthcare Limited
Address of centre:	Mocklershill, Fethard, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 July 2024
Centre ID:	OSV-0000302
Fieldwork ID:	MON-0043804

About the designated centre

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

Willowbrook Lodge is located just three miles from Cashel on the Fethard Road. The centre is a two storey facility with accommodation for 27 residents. There is accommodation for 12 residents on the ground floor and 15 residents on the first floor. Accommodation comprises 17 single bedrooms, two twin rooms and two, three bedded room on each floor. Some rooms have en suite facilities. The communal rooms are mainly on the ground floor and there is a large communal room on the first floor which offers vistas of the surrounding countryside. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. Willowbrook Lodge provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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
Thursday 25 July 2024	09:00hrs to 17:20hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, Willowbrook Lodge was a nice place to live. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with seven residents in detail on the day of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided, staff, the activities programme and food served. Interactions observed were seen to be respectful towards residents and all residents spoken with knew the person in charge and confirmed their accessibility to her.

Willowbrook Lodge is a two storey building located near the village of Fethard, in Co.Tipperary. Residents had access to communal spaces which included an open plan living room, a conservatory, and a separate dining room. The first floor had a sitting room which was observed not to be used by the residents on the day of inspection. The first floor was accessible by a platform lift. The inspector observed that improvements were required in respect of the premises in particular to bedroom three on the first floor, a shower room on the first floor and a cleaner's room on the ground floor which did not align with the floor plans the centre was registered against. The environment was clean and nicely decorated. Armchairs and tables were available in the living room and the conservatory. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage space was available in some of the residents bedrooms and personal storage space comprised of a bedside locker and wardrobes. The inspector observed that not all residents had access to call bells in their bedrooms on the day of inspection.

The centre had a large outdoor area to the front of the centre. This area had an outdoor pergola and canopied area with garden tables, chairs and benches. There was a separate courtyard available to the residents to the rear of the centre. There was an outdoor smoking area which was seen to be used throughout the day by a resident.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents. The inspector observed staff treating residents with dignity during interactions throughout the day.

Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the main lunch time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. On the day of inspection, a large number of residents were observed enjoying a live music session and enjoyed a visit from an ice-cream van. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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

Capacity and capability

Overall improvements were required in the management of the service to ensure safe effective systems were in place to support and facilitate the residents to have a good quality of life. On this inspection, the inspector found that actions were required by the registered provider to comply with Regulation 17: Premises and Regulation 23: Governance and Management. Areas of improvements were required to comply with Regulation 3: Statement of Purpose, Regulation 12: Personal possessions, and Regulation 27: Infection prevention and control. The inspector followed up statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The inspector followed up on an application to vary condition 1 of the centres registration received prior to the inspection. The registered provider had made

changes to a meeting area on the ground floor. Two partition walls were constructed in the meeting area to create an office and equipment room.

NSK Healthcare Limited is the registered provider of Willowbrook Lodge. The current provider had operated the centre since July 2021. The company had two directors both of whom were involved in the operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an assistant director of nursing, a clinical nurse manager, a team of registered nurses, health care assistants, catering, housekeeping, administration and maintenance staff.

There was an ongoing schedule of training in the centre and person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safeguarding procedures.

All records maintained in the centre were in paper format. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff.

Improvements were required in the management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. There were regular management meetings and audits of care provision. The person in charge compiled regular reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team. A review of the centres audit system was required this is discussed further under Regulation 23: Governance and Management.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse and one health care assistant on duty in the centre at night time for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Changes made to the premises were not in line with the statement of purpose and floor plans which NSK Healthcare Limited was registered against and had not been communicated to the office of the Chief Inspector. For example;

- Bedroom 2 on the first floor was registered as a double room measuring 15.3 m2 had been converted to two single bedrooms. On the floor plans received as part of the application to vary condition 1, these two bedrooms were labelled room 2 and room 3 and both measured 15.3m2 on the floor plans.
- The single room 3 on the first floor did not comply with the requirements of 7.4m2 of floor space. Room 3 floor space measured 6.4m2.
- The cleaning room on the ground floor was not aligned to the floor plan submitted on the 20/1/2022 as submitted by the provider.

While there was a comprehensive programme of audit, the centres audit system required review. For example:

- Audits viewed for medication management, care planning, safe guarding management and falls management were not measured to inform ongoing quality and safety improvements in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

There were some discrepancies in the measurements and description of facilities and floor plans. For example:

- The shower room on the first floor was not in use as a shower room and was used to store a house keeping trolley. The inspector spoke with a staff member who confirmed that this room was not utilised as a shower room for the residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application for vary condition 1 of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review at the time of this inspection.

Judgment: Compliant

Quality and safety

The inspector found that residents reported to be happy and that staff supported residents to receive a good standard of care. However, improvements were required in relation to residents personal possessions, the premises, and infection prevention and control.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training and were knowledgeable of what constituted abuse and what to do if the suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. The inspector viewed documentation in relation to residents' personal monies and found that there were appropriate procedures in place to safeguard residents' finances. The inspector noted that there was a Garda vetting disclosure in all the staff personnel files reviewed, however it was noted that the provider had allowed a small number of staff to commence employment in the centre while awaiting their Garda vetting process to be completed.

The inspector viewed a sample of residents' nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Care plans viewed by the inspector were person- centred and had sufficient information recorded to effectively guide and direct the care of these residents.

The centre was clean and tidy. Areas of the centre had been painted and floor coverings were replaced in some areas since the previous inspection. A schedule of maintenance works was ongoing, ensuring that the décor of the centre was consistently maintained to a high standard. Communal spaces and bedrooms were homely. Alcohol gel was available, and observed in convenient locations throughout the building. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive

cleaning schedules had been incorporated into the regular cleaning programme in the centre. There an infection prevention and control (IPC) policy which included COVID-19 and multi-drug resistant organism (MDRO) infections available to staff. Improvements were required in relation to the premises and infection prevention and control which are discussed further under Regulation 17: premises and Regulation 27: Infection control.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The provider had updated the fire alarm system to include the changes to the bedroom numbers and had up dated the fire schedule to include all room in the different zones. There were automated door closures on all compartment doors, and the doors to all bedrooms were seen to be closed on the day of inspection. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

There was a rights based approach to care in this centre. Residents had the opportunity to meet together and discuss relevant issues in the centre. Residents had access to an independent advocacy service. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Mass took place in the centre weekly which residents said they enjoyed.

Regulation 12: Personal possessions

Actions were required to reconfigure the layout of some of the multi-occupancy rooms as some residents were unable to maintain control over their clothes. For example:

- Wardrobes were located outside the residents floor space in rooms 12, 13, and 21. As wardrobes were located out side the residents floor space, residents had to exit their private floor space or enter another residents private space to access their clothing.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found that action was required to ensure the premises conformed to all of the matters set out in Schedule 6. For example: ?

- Bed room 3 on the first floor did not comply with the requirements of 7.4m2 of floor space. Bedroom 3 floor space measured 6.4m2.
- The cleaning room on the ground floor was not aligned to the floor plan submitted on the 20/1/2022 by the provider.
- Several residents were found not to have call bell access. The inspector observed multiple call bells attachments were not available in the residents bed space, meaning residents were unable to call for assistance if required.
- A review of the residents storage facilities was required as several residents did not have access to a lockable space in their bedrooms.
- Grouting on the floor and wall tiles in some bathrooms required review as their were gaps in areas between the tiles.

Judgment: Not compliant

Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection in line with National Standards for infection prevention and control in community services (2018).This was evidenced by:

- The bedpan washer was not working on the day of inspection. The inspector spoke with several staff who confirmed that the bedpan washer had not been working for a number of weeks.
- The inspector was informed that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed

and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Willowbrook Lodge and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to

participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.
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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willowbrook Lodge Nursing Home OSV-0000302

Inspection ID: MON-0043804

Date of inspection: 25/07/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Bedroom 2 on the first floor was registered as a double room measuring 15.3 m2 had been converted to two single bedrooms. On the floor plans received as part of the application to vary condition 1, these two bedrooms were labelled room 2 and room 3 and both measured 15.3m2 on the floor plans. WE ARE GOING TO MAKE ROOM 2 AND 3 AS A TWIN ROOM TO COMPLY WITH ROOM MEASUREMENTS BY REMOVING THE PARTITION WALL. ROOM 2 IS CURRENTLY OCCUPIED BY A RESIDENT WHO IS CONTRACTED FOR PRIVATE ROOM. WHEN ANOTHER PRIVATE ROOM BECOMES AVAILABLE, RESIDENT WILL BE MOVED AND THE PARTITION WILL BE REMOVED BETWEEN 2 AND 3. THEN THE ROOM WILL BECOME A TWIN ROOM. THIS WILL BE COMPLETED AS SOON AS A ROOM BECOME AVAILABLE. Will be completed on or before 10/11/2024. • The cleaning room on the ground floor was not aligned to the floor plan submitted on the 20/1/2022 as submitted by the provider. • (SOP WAS AMENDED BY ENGINEER AND SUBMITTED TO HIQA. THIS WAS COMPLETED ON 11/09/2024)	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

The statement of Purpose is now updated according to the standards by the engineer. We are awaiting a plumber to fix the plumbing in the upstairs shower room and this will solely be used as a shower room for residents.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

We are rearranging curtains and wardrobes to fit within the residents own floor space.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• Bed room 3 on the first floor did not comply with the requirements of 7.4m2 of floor space. Bedroom 3 floor space measured 6.4m2. THE PROVIDER WILL REMOVE THE PARTITION WALL ALTOGETHER MAKING IT A TWIN ROOM.

• The cleaning room on the ground floor was not aligned to the floor plan submitted on the 20/1/2022 by the provider. (SOP WAS AMENDED BY ENGINEER AND SUBMITTED TO HIQA. THIS WAS COMPLETED ON 11/09/2024)

• Several residents were found not to have call bell access. The inspector observed multiple call bells attachments were not available in the residents bed space, meaning residents were unable to call for assistance if required. (ALL CALL BELLS HAVE BEEN INSTALLED FOR ALL RESIDENTS, THIS WAS COMPLETED ON 27/07/2024)

• A review of the residents storage facilities was required as several residents did not have access to a lockable space in their bedrooms. (INSTALLED LOCKS TO THOSE RESIDENTS. THIS HAS BEEN COMPLETED ON 10/09/2024)

• Grouting on the floor and wall tiles in some bathrooms required review as their were gaps in areas between the tiles. (THIS HAS BEEN COMPLETED ON 11/09/2024)

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• THIS HAS BEEN SERVICED AND IS NOW WORKING.
• STAFF ARE NOW AWARE THAT THE BEDPAN WASHER IS NOW IN USE AND NO LONGER USING RESIDENTS TOILETS TO DISPOSE OF URINE AND WASHING URINALS.

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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	20/09/2024
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	10/11/2024
Regulation 17(2)	The registered provider shall,	Not Compliant	Orange	10/11/2024

	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.			
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	11/09/2024
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	02/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2024