



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

## Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0042667

## About the designated centre

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

Youghal & District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, the centre can provide care for low, medium, high and maximum dependency residents. The centre can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. Admissions to Youghal & District Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. To enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	51
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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 26 March 2024	09:00hrs to 17:30hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

Residents living in Youghal and District Nursing home told the inspector that they enjoyed a good quality of life and that their choices were respected. The inspector met with the majority of residents living in the centre and spoke in more detail to eight residents, to gain an insight into their daily life and experiences. The overall feedback from residents was that they were happy living in the centre and that staff were kind and dedicated. A resident told the inspector that staff were "splendid" another "outstanding." The inspector found that residents received a high standard of care from a team of staff, who were knowledgeable regarding residents' preferences.

This was an announced inspection which was carried out over one day. The inspector met with the receptionist on arrival and completed the centre's sign in procedures. Following an introductory meeting with the person in charge, the inspector walked around the centre, gaining an opportunity to meet with residents and staff as they prepared for their day. The inspector saw that as a resident had recently deceased, their photograph with candles, flowers and religious artefacts were respectfully displayed near the reception, to remember and pay respects to a well loved resident.

Youghal and District Nursing home is a two-storey centre located near Youghal in East Cork. Residents' accommodation was all single bedrooms with 42 rooms having en-suite toilet and shower and 12 rooms with en-suite toilets. There were 51 residents living in the centre on the day of inspection. Bedrooms on both floors were observed to be spacious with plenty of furniture such as large wardrobes, lockers and chests of drawers for clothing and belongings. Rooms were seen to be decorated with residents' personal possessions and photographs. Bedrooms also had comfortable seating for residents and their visitors. One resident described how as they had a big family it was great to have comfortable couches and chairs in their bedroom to facilitate family visits and chats in the evening.

The inspector saw that the reception area had been decorated with Easter themed decorations and with a number of decorations displayed on a stand. There was plenty of communal rooms upstairs and downstairs in the centre, with three sitting rooms, a lounge and dining room on the ground floor and a sitting room and balcony area on the first floor. The first floor sitting room was laid out to facilitate confessions in the centre during the morning. There was a large well maintained fish tank as a feature on each floor. The first floor also had a bright, well decorated hairdressing salon with two sinks, hair salon type dryers and supplies. One of the sitting rooms on the ground floor was designated for activities and had plentiful supply of materials for arts and crafts as well as books for residents to read. The main sitting room on the ground floor had a piano, bookshelves and plenty of comfortable seating for residents to enjoy. A new fireplace and electronic fire-screen had been installed in this room, since the previous inspection, which gave the room a homely feel. The inspector saw residents sitting beside the fire reading or

watching TV during the morning. One of the other sitting rooms had an exercise machine available for residents' use. The inspector observed that some areas of the flooring in three of the communal rooms was marked and stained and required attention.

A number of residents, who liked to walk outside together around the well maintained grounds, were well protected from the weather, with hats and coats during their walks outside. The centre also had a secure small internal garden area that residents could access.

The inspector observed the lunch time meal and saw that the two dining rooms were nicely decorated with table cloths and condiments. The activity co-ordinator had made flower displays during the morning's activities and these posies were added to brighten up the tables. The daily menu was displayed on a board in one of the dining rooms and there was a choice available for each course. Residents told the inspector that they were offered a choice of meals and were very complimentary regarding the quality of food provided. The inspector saw that staff provided assistance to residents who required it in a dignified and respectful manner. The inspector observed that residents sitting together in the dining room were chatting together and with staff. However, residents sitting together at the same tables were not always served their meals at the same time, so that they could start and finish their meals together. A number of residents on the first floor, who required assistance, were served their meals from bedtables rather than dining tables. Residents who required texture modified meals had a choice at each mealtime. The inspector saw that texture modified diets were not well presented and staff who spoke with the inspector were not sure what food type was being served. The person in charge agreed to review the dining experience.

There was a relaxed and friendly atmosphere in the centre and the inspector observed that the majority of residents were up and about and following their normal routines. Residents called staff by their names and the person in charge was well known to residents. Some residents were seen to be mobilising independently, whilst others were observed using mobility aids. Hand rails were in place along all corridors of the centre and in resident bathrooms, to enable residents to mobilise safely and independently. The lift was easily accessible to residents between both floors.

Residents spoke of having choice about when they get up in the morning, when to go to bed and where to eat their meals. They spoke highly of the attention given to them by staff and told the inspector that if they called for assistance, staff came in a timely manner. One resident outlined that while their care needs had increased, nursing and care staff attended to their needs " with kindness" and were very obliging. Residents appeared to be dressed in their own styles and preferences. The inspector saw that call bells were within reach for residents when in bed or sitting in their rooms during the day.

As part of this announced inspection process, residents and relatives were provided with questionnaires to complete, to obtain their feedback on the service. In total, two relatives and thirteen residents completed the questionnaires. Overall, residents

conveyed that they were happy living in the centre and described staff as excellent, very helpful and caring.

During the morning, many of the residents attended confession that was held in the centre for Holy week. A number of residents also attended an arts and crafts session in the morning. This was followed by a flower arranging session led by the activity co-ordinator. In the afternoon, a lively external musician played in the downstairs large sitting room and many residents, as well as their visitors, appeared to enjoy this. The activity co-ordinator led both one-to-one and group activities with residents in the centre and activities were scheduled over the seven days of the week. Mass was held once a month in the centre and a number of residents prayed the rosary together each evening. Residents told the inspector that there was always plenty for them to do in the centre.

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

## Capacity and capability

This was an announced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the provider ensured the service was resourced and effectively monitored so that residents received good quality, safe care and services. The provider, management team and staff focused on promoting residents' choices and rights. On this inspection, some improvements were required in relation to fire safety, premises and care planning. These will be detailed under the relevant regulations.

The centre is owned and managed by Gortroe Nursing Home Limited who is the registered provider. There are two company directors, who are actively involved in the day-to-day running of the centre. There is a clearly defined overarching management structure in place. The person in charge is full time in position and is supported in their role by two clinical nurse managers who work over the seven days to supervise and support the nursing and care team. There was a team of nursing, care, catering, household, activity, administration and maintenance staff employed in the centre. The management team was observed to have good communication systems and a team-based approach. There was evidence of effective multidisciplinary communication and meeting records identified that all aspects of the service were discussed and actions taken as required.

A review of the rosters found that there were an appropriate number and skill mix of staff available to meet the needs of the 51 residents living in the centre and for the size and layout of the centre. There was a minimum of two nurses on duty over 24 hours.

There was evidence that staff received training appropriate to their roles. Mandatory training for all staff was up-to-date and being monitored by management. Supervision arrangements were in place for new and existing staff and there was a comprehensive induction programme.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and the collection of key performance indicators. These were discussed at the monthly clinical governance meetings held in the centre. There were associated action plans which identified areas where improvements were required. The person in charge had recently developed a post falls assessment tool that was being implemented to ensure that residents at a high risk of falls had multidisciplinary review to reduce the risk of recurrent falls where possible. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been prepared in consultation with residents.

### Regulation 15: Staffing

The number and skill mix was appropriate to meet the assessed needs of the 51 residents living in the centre in accordance with the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role. Arrangements were in place for the ongoing supervision of staff by the management team.

Judgment: Compliant

### Regulation 23: Governance and management



The provider ensured that the centre had sufficient resources to ensure the effective delivery of care. There were clear lines of accountability and responsibility in place so that staff were aware of their role and responsibilities and to whom they were accountable. There were effective management systems in place to monitor the quality and safety of care provided to residents. An annual review for 2023 had been prepared of the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents spoken with were aware how to raise a complaint. The complaints log was reviewed and evidenced that complaints were recorded in line with the regulations. Minor amendments to the centre's procedure were updated, on the day of inspection, to reflect the changes in the regulation.

Judgment: Compliant

## Quality and safety

The findings of this inspection were that residents living in Youghal and District Nursing Home were supported to enjoy a good quality of life and were in receipt of a good standard of care. Residents' needs were being met through good access to health care services and good opportunities for social engagement. Residents received person-centred and safe care, from a team of staff who knew their individual needs and respected their choices. Some actions were required in care planning, food and nutrition, premises and fire precautions which will be detailed under the relevant regulations.

Residents' nursing and care needs were comprehensively assessed. Residents had access to medical care with the residents' general practitioners providing reviews in the centre as required. Residents were also provided with access to other health

care professionals, such as speech and language therapy, physiotherapy and dietitian, in line with their assessed need. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. However, on review of a sample of care plans, some required updating to reflect recent changes in residents' conditions and where assessments identified residents at risk, care planning did not consistently reflect these findings as detailed under regulation 5. Individual Care plan and assessment.

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Care plans reviewed demonstrated that staff consulted with residents, to gather information with regard to residents' needs and wishes, to support the provision of end of life care.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

The premises was designed and laid out to meet the individual and collective needs of residents. There was a variety of communal and private areas available for residents use on both floors of the centre. Bedroom and communal areas were clean and bright with comfortable furnishings. The inspector saw that flooring in some of the communal rooms was marked and stained and required attention as outlined under Regulation 17: Premises.

Residents' hydration and nutritional needs were being well supported. Residents' weights were being monitored appropriately. Residents were appropriately referred to speech and language therapy and dietitian as required, and their recommendations implemented. There was sufficient number of staff available at mealtimes to assist residents with their meals. The inspector saw that improvement to the dining experience was required as outlined under Regulation 18; Food and nutrition.

Management and staff promoted and respected the rights and choices of resident's living in the centre. Resident meetings were held regularly and well attended and issues identified were addressed. Dedicated activity staff implemented a varied and interesting schedule of activities over seven days per week. Residents had access to independent advocacy services.

The inspector reviewed the fire safety management folder. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. As found on previous inspections, residents were offered the opportunity to participate in fire training held in the centre. Personal emergency evacuation plans were in place for residents. There was an improvement in the frequency and learning from fire safety drills with simulation of evacuation of compartments with night time staffing levels in place. The provider was progressing with remedial fire works to the centre identified in the fire safety risk assessment completed by a competent person on behalf of the provider. Replacement of fire doors and ironmongery on bedroom doors was underway on a phased basis. The inspector saw that daily records of fire safety checks were not consistently recorded on weekend days. These and other

finding are detailed under regulation 28 fire precautions.

### Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively.

Judgment: Compliant

### Regulation 11: Visits

Visiting within the centre was facilitated and the inspector saw a number of residents receiving visitors in their bedrooms or in communal rooms during the day.

Judgment: Compliant

### Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions. Each resident had sufficient space for storing personal possessions including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer. There were systems in place for the return of residents' clothing following laundering, which was facilitated in the centre's laundry.

Judgment: Compliant

### Regulation 13: End of life

A sample of care plans reviewed showed that residents' end of life care wishes were recorded to ensure that care and support was in accordance with their personal wishes and preferences. There was involvement of the community palliative care team, when required, in conjunction with the general practitioner.

Judgment: Compliant

## Regulation 17: Premises

The inspector saw that areas of the flooring in three communal rooms was marked and stained and required attention.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents required action with regard to the following;

- A number of residents on the first floor who required assistance, were served their meals on a bed table place in front of them. This did not facilitate residents to have the choice of a proper dining experience, where they could sit at a dining table and socialise with other residents.
- A number of residents sitting together at dining room tables, in the dining rooms downstairs, were not served their meals at the same time, to enable them to have a sociable dining experience.
- The inspector saw that some of the main meals that required modifying, were not well presented, to ensure they were appetising for residents.
- medications rounds were conducted during the lunch time meal which did not protect mealtimes as a sociable dining experience.

Judgment: Substantially compliant

## Regulation 20: Information for residents

A resident's guide was available in the centre and contained information regarding the services and facilities in the centre, the arrangements for visits, the complaints procedure and information regarding independent advocacy services.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Transfer documentation and information that was required, if a resident was transferred to another facility for treatment, was maintained and stored in the

centre in line with regulatory requirements.

Judgment: Compliant

### Regulation 28: Fire precautions

The following issues in relation to fire safety management required action.

- The inspector noted that records of daily fire checks were not consistently recorded on weekend days, therefore the provider may not identify a risk in a timely manner.
- A resident using oxygen in their bedroom did not have appropriate signage in place to alert staff in the event of fire. This was addressed by the person in charge during the inspection
- A fire safety risk assessment had been undertaken by a competent person and fire safety issues identified was progressing with implementation of the findings of this report but required completion.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of records, the inspector found that assessments and care plans were not always updated following changes to residents' care needs. For example

- A resident's care plan had not been updated to reflect changes in their condition following a recent admission to hospital
- A validated assessment tool was incorrectly completed for a resident and did not include all relevant information to complete the assessment
- Two residents at risk of pressure ulcers did not have care plans in place to reflect this even though preventative measures were in place for the residents.

These may result in errors in care provided.

Judgment: Substantially compliant

### Regulation 6: Health care

From a review of a sample of residents' medical and care records, it was evident

that residents had good access general practitioners (GP) and to other health and social care professionals as required. Residents had access to community mental health services. Residents who required end of life support and care had timely access to community palliative care services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff were provided with up-to-date knowledge and skills to respond and manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities were provided. Residents who spoke with the inspector expressed their satisfaction with the variety of activities available. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre through residents' meetings and taking part in resident surveys. Residents expressed that they had choice in how they spent their time 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0042667

Date of inspection: 26/03/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As noted by the Inspector the feathered marmoleum flooring had some wear and tear. The main cause of this wear and tear is a result of regular cleaning of these surfaces. A bleaching agent was used in error which caused lightening of the marmoleum in areas. The flooring will be changed on a phased basis over the coming 11 months</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: All residents will be offered the choice of sitting at a table with other residents. If the resident indicates this is not their preference they will be facilitated to eat alone. The use of bedtables for dining will be limited to the resident's rooms. Some residents prefer to eat alone and we will ensure this experience is as pleasurable as possible. On the day of inspection it was noted that residents sitting at the same table were not served their meals at the same time. We have had meetings with the kitchen and this has been addressed. Residents dining together at a table receive their meals at the same time. We have invested in new kitchen equipment for the modified diets. We have also liaised with our supporting dietetics company and new ideas around presentation of meals are being rolled out. Medication rounds have ceased during the mealtimes to allow for a more sociable dining experience.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Daily fire checks on weekend days were missing some signatures. The checks were carried out but not always signed for. These checks and corresponding signatures are now being completed without any missed days. We have completed a large amount of remedial works in relation to fire. There is a large capital outlay needed for these works. We had commissioned the audit ourselves and were recently commended by the Fire Department for being so proactive in relation to fire. An achievable timeframe has been set for the completion of these works</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:  All care plans have been reviewed since the last inspection. Presently they are up to date and clearly reflect the changing needs of our resident. We have looked at a large sample of assessments and these have been completed properly.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	15/04/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	27/03/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/05/2024