



**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:	Sonas Nursing Home Ard Na Greine
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Bothar na Cé, Enniscrone, Sligo
Type of inspection:	Unannounced
Date of inspection:	22 July 2024
Centre ID:	OSV-0005421
Fieldwork ID:	MON-0042995

About the designated centre

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

Sonas Ard na Gréine is a purpose built nursing home providing 24-hour long term, convalescent and respite care for both male and female residents. The centre is situated in the town of Enniscrone, Co. Sligo. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within the care environment that promotes the health and well being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Monday 22 July 2024	09:00hrs to 16:15hrs	Michael Dunne	Lead
Monday 22 July 2024	09:00hrs to 16:15hrs	Karen McMahon	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who spoke with inspectors said " staff are brilliant", while another resident said "it's so nice here and the staff are lovely."

Following an opening meeting initially held with a clinical nurse manager and later with the person in charge, the inspectors commenced a tour of the designated centre. During the tour inspectors met residents and staff as they began their preparations for the day. The inspectors observed that many residents were up and about, several were observed relaxing in the communal areas while others chose to remain in their rooms and were observed reading the local papers and/or listening to their radios.

Sonas Ard na Gréine is a purpose built two storey nursing home providing long term and respite care for both male and female residents. The centre is located on the outskirts of Enniscrone, Co. Sligo. Residents' accommodation is provided in twin and single occupancy bedrooms all located on the ground floor. The inspectors saw that bedrooms were personalised, with items such as family pictures and soft furnishings. Residents told the inspectors that they were happy with their rooms and said they were comfortable, warm and cleaned on a regular basis. Resident's confirmed they were also happy with the laundry service and commented that their clothes was returned to them without delay.

From the inspectors' observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Residents who had communication needs were supported by staff in a positive manner. Resident's were given time and space to make their views known. These interactions confirmed that staff were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

The inspectors visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose. However, there was insufficient storage facilities in the designated centre which impacted on the provider's ability to store resident mobility equipment. Observations, confirmed that the provider was using the residents oratory to store hoist equipment. This meant that residents could not use this facility for their spiritual needs. The provider agreed to re-establish this facility to its original purpose and submitted photographic evidence post inspection to confirm that this had been done and that this facility was available for resident use.

There were a variety of additional communal areas for residents to use which included two sitting rooms, and a conservatory. Inspectors observed that the sitting rooms were bright, spacious and were well used by residents throughout the day of the inspection. Corridors in the centre were wide and provided adequate space for walking. Inspectors observed that walls were decorated with brightly coloured artwork. Handrails were in place on both sides of all corridors to enable residents to mobilise in a safe manner.

There are two secure enclosed garden areas available for residents to use and were found to be well-maintained and contained shrubs, flowers and sufficient seating to support residents' comfort. Inspectors observed that these areas were accessible to residents throughout the day. Three resident rooms had windows overlooking an inner courtyard area. Inspectors found that there was a risk that the privacy and dignity of residents residing in these rooms could be compromised by visitors to the courtyard area.

On the day of the inspection, various activities were planned including quizzes, rosary and a visit from a therapy dog. Many residents told the inspectors, during the walk around in the morning, that they were waiting for the dog to visit, as she does each Monday. It was clear that the residents enjoyed this activity and were excitedly looking forward to the visit. In the afternoon the inspectors observed a large group of residents participating in the quiz, all residents were observed to be enjoying participating and engaging in the activity. Besides, the activities observed on the day, there was a weekly schedule of activities available for residents to choose from.

The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed outside the dining room. On the day of the inspection, residents were provided with a choice of meals which consisted of bacon or baked crusted lemon dill cod, while dessert options included mixed fruit apple crumble with custard or ice-cream or jelly and ice-cream. There was a choice of a hot or cold option for the evening meal. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. The oversight and governance systems that were in place helped to ensure that care and services were provided in line with the

designated centre's statement of purpose and that residents were able to enjoy a good quality of life in which their preferences for care and support were upheld.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in October 2023. Since the last inspection the provider submitted an application to vary a restrictive condition attached to their registration, requesting to extend the time period for coming into compliance with the regulations to 30 June 2024. This application was granted by the Chief Inspector.

Inspectors found that the provider had carried out a number of actions to achieve compliance with the regulations with regard to Regulation: 15 Staffing, Regulation: 21 Records, Regulation: 24 Contracts for the provision of services and Regulation: 3 Statement of Purpose.

Notwithstanding these improvements, the inspectors found that the management and oversight of storage facilities was not robust and impacted on resident's communal facilities. In order to increase storage in the centre the provider had converted the oratory to a storage room. This was in breach of Condition 1 of the provider's conditions of registration and the provider was required to restore the oratory for residents to use.

The designated centre is operated by Sonas Asset Holdings Limited. There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of the person in charge, two clinical nurse managers (CNM) and a quality manager who attends the centre one day per week. A team of staff nurses, health care assistants, household, catering, maintenance and administration staff made up the full complement of staff.

There were good levels of oversight in this centre with regular governance meetings held on a monthly basis where clinical information and audit information was reviewed and analysed. There was also ongoing review of risk, complaints, health and safety, staffing and fire safety. There was a well-established audit schedule in place to monitor the standards of care provided. Results of audits confirmed high levels of compliance and where improvements were identified there were action plans in place address the issues identified. Although there was effective monitoring of care provision, the inspectors was not assured that information collected was driving all the changes that were needed, these issues are described in more detail under Regulation: 17 Premises and Regulation 27 Infection control.

Records confirmed that there were sufficient staffing levels with an appropriate skill mix across all departments to meet the assessed needs of the residents. There were no staff vacancies on the roster at the time of this inspection. In instances where gaps appeared on the roster they were filled by existing team members. Records confirmed the provider had allocated an additional health care assistant at night to provide extra staff to supervise a resident who had a disturbed sleep pattern and walked with purpose during the night hours and was at risk of falls.

Discussions with staff confirmed that they had attended several training courses which included attending mandatory training for Fire safety, Moving and Handling and Safeguarding. In addition, staff felt that this training assisted them in carrying out their roles effectively. Training records were well-maintained and easy to follow. Supplementary training provided covered infection control, and managing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Records reviewed on the day were well-maintained and were stored securely in line with the requirements of the regulations and the provider's own policies and procedures.

There were improvements noted in the quality of incident records maintained by the provider with an additional section included for an analysis by the person in charge. Incidents occurring in the centre were being recorded electronically and there was good oversight and monitoring of incidents by the person in charge. All incidents had been reported to the Chief Inspector as per regulatory requirements.

There was a complaints procedure in place which was made available for residents and their representatives. Details of the complaints procedure were available and accessible for residents. The procedure had been updated in line with the changes in the legislation. The provider had identified a complaints officer and a review officer. The policy included information about patient advocacy services. There were a low level of complaints received by the provider. By contrast, the provider had received several compliments from family members who were happy with the quality of care provided to their loved ones.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to, safeguarding of vulnerable people, the management of responsive behaviours, fire safety and moving and handling

practices. Staff had also completed training relevant to infection prevention and control.

Judgment: Compliant

Regulation 21: Records

There was evidence that records were well-maintained and were updated on a regular basis. All records requested were made available for inspectors to review. A focus on records relating to schedule 2 of the regulations found that staff had the required documentation in place prior to commencing employment in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider was not running the designated centre in accordance with the conditions of registration. For example,

- The registered provider was in breach of condition 1 of the registration as they had made changes to the functions of a communal room without submitting an application to vary to the Chief Inspector in line with the requirements of section 52 of the Health Care Act 2007.

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Infection prevention and control audits did not identify poor practice with regard to the oversight of cleaning practices for resident handling equipment.
- There was insufficient storage facilities available in the designated centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample number number of contracts for the provision of care and services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out

the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Details of additional fees for other services were also included in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose dated the 11 July 2024 which set out the facilities and services available in the designated centre. This document confirmed the changes the provider had made to the oratory room, this is discussed in more detail under regulation 23.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all relevant adverse incidents were notified to the Chief Inspector, in line with the time frames set out under the Regulations. Notifications submitted were informative, accurate and comprehensive.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

The inspectors found that the residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents.

The inspectors observed that the staff treated residents with respect and kindness throughout the inspection.

The registered provider was seen to have implemented their compliance plan in relation to Regulation 28: fire precautions and Regulation 8: protection arising from the inspection held in October 2023. There were however, further actions required to ensure that the premises met the requirements of Schedule 6 of the Regulations.

Although the premises were well maintained and communal facilities were spacious and comfortable for residents to enjoy, the centre lacked sufficient storage to store resident mobility equipment such as hoists. As highlighted elsewhere in this report the provider was using a resident facility to store resident mobility equipment. In addition, storage facilities on the first floor were not ideal due to their location and the amount of incontinence products stored there making it difficult to access items.

The cyclical decoration programme had not yet completed at the time of this inspection and incorporated, painting and replacement flooring in both resident and communal areas.

A selection of care plans were reviewed on the day of inspection. A pre-assessment was carried out prior to admission to the designated centre and a comprehensive assessment was carried out within 48 hours of admission to the centre. Care plans were generally individualised and many clearly reflected the health and social needs of the residents.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint use within the centre and, where it was in use, it was used in line with national policy.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. Staff had completed safeguarding training.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. There were minutes of residents meetings reviewed by the inspectors, where their voice could be heard and their opinion provided. However, the inspectors were not assured that residents were consulted fully about the loss of their oratory room.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Residents also had access to advocacy services and notices were displayed around the centre identifying how to contact the advocates.

Fire exits were clear and fire equipment serviced accordingly. Staff spoken with by the inspectors were able to detail what they would do in the event of a fire. Personal emergency evacuation plans were completed and up dated accordingly. There were measures in place to actively promote fire safety in the centre, there were good levels of oversight in place which included the provision of regular fire safety training and the carrying out of simulated fire evacuations. Inspectors found improvements had been carried out regarding the effectiveness door closures and there was evidence that weekly checks were been carried out and referred to maintenance when issues were identified.

The provider had a number of assurance processes in place in relation to standards for environmental hygiene and infection prevention and control. On the whole, inspectors found that there were resources available to maintain the cleanliness of the centre and there were hand gel and hand hygiene sinks available for use and were well-maintained. Despite these measures the cleaning of resident equipment did not ensure that all items of resident equipment were cleaned before re-use. Inspectors observed two wheelchairs in a storage room which were unclean. There were no records available to show when these items were last cleaned or if they had been cleaned in between resident use.

Pharmacy services were provided by an external contractor and there was a digital system of medication administration. Resident's who chose not to avail of this service and remain with their pharmacy of choice were facilitated to do so. There was appropriate support and services around pharmaceutical training, policies and medication audits. Fridge storage for medication had a record of daily temperature recordings.

All stock which was expired or no longer required was returned to the pharmacy to be disposed of and a record of medications being returned was kept on site at the centre. Open dates were recorded on eye drops and liquid medications, such as lactulose, to ensure they were discarded after the appropriate opened time frame. There was a robust system in place to ensure the safe administration and storage of controlled medications.

Regulation 17: Premises

Inspectors found that there were actions required to improve storage facilities in the designated centre, for example:

- The oratory was been used to store residents mobility equipment and was not laid out for residents to use for their spiritual needs.
- There was not sufficient storage space in the designated centre. This is a repeated finding from previous inspections.

Judgment: Substantially compliant

Regulation 26: Risk management
An appropriate risk management policy was in place and in accordance with Regulations.
Judgment: Compliant
Regulation 27: Infection control
The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by, <ul style="list-style-type: none"> • Two wheelchairs that were in-use were visibly dirty. • The recording system to ensure resident equipment was cleaned in between resident use was not effective.
Judgment: Substantially compliant
Regulation 28: Fire precautions
There were arrangements in place to protect residents in the event of fire which included the maintenance of fire systems and regular review of fire precautions.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
There was an appropriate pharmacy service offered to residents and resident's choice was facilitated should they choose to use a different pharmacy service. A safe system of medication administration was in place. Policies were in place for the safe disposal of expired or no longer required medications.
Judgment: Compliant

Regulation 5: Individual assessment and care plan
Care plans were individualised and reflective of the health and social care needs, of the resident. They were updated quarterly and sooner, if required.
Judgment: Compliant
Regulation 6: Health care
The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.
Judgment: Compliant
Regulation 8: Protection
There was a safeguarding policy in place. Staff had completed safeguarding training. A review of safeguarding incidents that had occurred in the centre were seen to have been appropriately investigated.
Judgment: Compliant
Regulation 9: Residents' rights
Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted

the residents through survey and regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil and political rights.

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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Ard Na Greine OSV-0005421

Inspection ID: MON-0042995

Date of inspection: 22/07/2024

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The communal room was returned to his original purpose on the day of the inspection and a review of the storage facilities in the home has been completed and there is now sufficient storage available for the centre. Staff have completed refresher training in IPC. The IPC practices for cleaning resident equipment have been reviewed and a new secure storage press for the cleaning product and a cleaning record has been added to the equipment storage areas. The PIC and IPC Nurse ensure through their daily walkarounds that this practice is implemented. All of the Schedule 5 policies were reviewed and updated in 2024 and as a result a new suite of audits will be implemented in 2025 in order to reflect the updated policies.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The communal room was returned to his original purpose on the day of the inspection and a review of the storage facilities in the home has been completed and there is now sufficient storage available for the centre.</p> <p>Following a thorough review of the storage needs at Sonas Ard Na Greine, a series of specific actions were implemented to ensure compliance with Regulation 17 and Schedule 6 of the regulations. All store rooms within the facility are designated to specific storage requirements. Store 1 – Clinical supplies, Store 2 – Wheelchairs, Store 3 – Linen, Store 4 – Hoists & wheelchairs, Store 5 – General store, Store 6 – Incontinence products store. A full review and reduction of non-essential items has been undertaken with a view to reduce stock within the building and has been removed to external on site</p>	

storage sheds. This has minimized overstocking and helps ensure that storage space is used efficiently. The management team will continue to monitor the effectiveness of the storage solutions as part of our ongoing compliance monitoring. Any issues that arise will be documented and addressed immediately. Additionally, storage needs will be reviewed as part of the centre's annual review to ensure that the solutions implemented continue to meet the evolving needs of the facility. We are confident that the actions taken have addressed the issue of storage and that the centre is now fully compliant with Regulation 17 and Schedule 6 of the regulations. Through repurposing unused areas, installing new storage solutions, and conducting regular audits, we have ensured that there is adequate storage space available to meet the needs of our residents, staff, and overall operations.

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

Staff have completed refresher training in IPC. The IPC practices for cleaning resident equipment have been reviewed and a new secure storage press for the cleaning product & a cleaning record has been added to the equipment storage areas. The PIC and daily IPC nurse-in-charge ensure through their daily walkarounds that this practice is implemented.

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.	Substantially Compliant	Yellow	17/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/09/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	17/09/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	17/09/2024