



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

## Issued by the Chief Inspector

Name of designated centre:	Windmill House Care Centre
Name of provider:	Windmill Nursing Home and Retirement Village Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	27 June 2024
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0040262

## About the designated centre

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

Windmill Nursing Home is located in the village of Churchtown in North Cork. It is a purpose-built single-storey centre which was established in 2004. The centre accommodates forty residents in twenty four single and eight twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. Communal rooms include a large sitting room, which is referred to as the atrium; a library room; a lounge; a small oratory; and a dining room. The centre provides 24-hour nursing care to predominantly older adults with varying levels of need. Staff are trained in all required aspects of older adult care and protection. There is a varied, individualised activity programme in place including outings to local areas of interest. The large peaceful garden is easily accessible to residents and the centre is located within the local community.

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

Number of residents on the date of inspection:	37
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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
Thursday 27 June 2024	10:00hrs to 18:00hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

There was a warm and lively atmosphere in Windmill House Care Centre which was apparent to the inspector, on arrival for the announced inspection. During the day, the inspector spoke with all residents and with eight residents in more detail. In addition, the inspector met with six family members who were visiting on the day. The inspector spent time observing residents' daily lives and interactions with staff, in order to gain insight into the lived experience of residents. Residents reported that they felt very well cared for by staff and described staff as "excellent" and "like friends". All residents were observed by the inspector to be living fulfilled lives and were seen to be nicely groomed, on the day of inspection. Family members also gave positive feedback and said they felt that their relatives had a good quality of life in the centre. As this was an announced inspection, survey forms from the Health Information and Quality Authority (HIQA), had been circulated to residents, or relatives where appropriate, prior to the inspection. The inspector reviewed 20 such forms, which contained overwhelmingly positive comments about staff, the accommodation and the activities available in the centre. By way of example, one survey form contained the following words "the overall experience is a feeling of care, which the staff provide in abundance".

The designated centre is located near the village of Churchtown, in north Cork, in a picturesque rural setting. The front gardens were landscaped and externally the centre had a very nice, modern, freshly painted appearance. There were adequate car parking spaces for staff and visitors in front of the single-storey building. On the day of inspection, there were 37 residents living there with 3 vacant beds. Following an introductory meeting with the person in charge, the clinical nurse manager and the operations manager, the inspector was accompanied on a walk around the premises and external garden areas. Bedroom accommodation consisted of 24 spacious single and eight twin rooms. All rooms had full en-suite facilities and were upgraded on an annual basis. The inspector saw that each resident had good wardrobe and personal space in their bedroom, to store their belongings and personal items. Where residents required extra storage space, additional wardrobes were being installed at the time of inspection. All bedrooms were seen to be decorated with personal items such as, flowers, photographs, items of art and other precious trinkets from home. Residents spoken with in their bedrooms expressed contentment and were happy to meet with the inspector.

Residents had access to a number of communal rooms for socialising or other activity. These included a sitting room, dining room, library and oratory. The inspector observed that the centre was decorated in a modern style with, flat screen televisions with internet access, good quality 'wood look' flooring, comfortable, colourful armchairs and fashionable interior design. All areas of the centre opened onto easily accessible, secure garden areas. Some actions, which were required in relation to the maintenance of the premises, were highlighted under Regulation 17.

The inspector observed a number of kind and respectful interactions, between staff and residents, throughout the day. Residents stated that their choices were respected and that the activities on offer to them, were enjoyable. They really enjoyed the bus outings in the Windmill group bus, particularly to local scenic areas, the convent in Charleville, the donkey sanctuary and access to the local hunt. Residents told the inspector that they felt their opinions were listened to, and that their rights were respected. Minutes of residents' meetings confirmed that actions were followed up on, and the actions taken were discussed at each subsequent meeting. Throughout the day enthusiastic, activity staff members were seen to accompany residents to the oratory, to organise singing at the live music sessions, to engage in dancing with residents in the atrium, one to one conversations and general thoughtful support. In addition, the mobile library came in the afternoon and staff were observed to accompany residents outside to choose a new selection of library books for the upcoming weeks. Residents who were present at the activities were observed to be fully engaged and interacted well with each other and with staff. Residents also spoke about the benefits of the weekly visits from the therapy dogs. They said that this was a very relaxing activity and they found it calming to interact with animals.

The inspector saw there was a well-equipped hairdressing salon in the centre, which was used regularly, or as requested by residents. However, a smoke detector was required in this room, which is detailed further under Regulation 28 relating to fire safety. A number of residents said they were supported to go on outings with their families, for shopping trips, to restaurants and to avail of overnight stays during special times, or personal events. Residents told the inspector that they were happy with the laundry service. Laundry was externally resourced. However, it was managed, on it's return, by a dedicated staff member who ensure that clothes were carefully labelled, using the new labelling machine, and returned promptly to residents. Consequently, there were no complaints about the service. Residents informed the inspector that they knew who to approach if they had a complaint and they said they "felt safe" in the centre. Photographs were on display of the celebrations held on "Safeguarding Awareness" day on June 15. Staff wore purple clothes on the day, a cake was decorated in purple icing and residents received advice and training in responding to any incident of abuse, or any unkind interactions. Residents were still discussing the excitement generated on the day, and were thankful to staff for making them aware of their rights.

Residents spoke positively with regards to the quality of food in the centre. They praised the wonderful chef, who was famed for their apple tarts. Food was observed to be carefully presented. Assistance was seen to be offered in a sensitive way, while encouraging independence. The inspector was informed that the dining experience was reviewed regularly and was audited, including seeking the views of residents in surveys and at residents' meetings, with the aim of pleasing residents. On the day of inspection the inspector observed that a trolley with colourful "mocktails", ice cream tubs and home baking, was taken around to each resident. Residents were delighted with the ice cream and fruit based drinks and said that these treats were a regular occurrence. Residents, spoken with at mealtimes, said

they appreciated the relaxed approach to dining, as they felt they could take time to enjoy the food, in one of the two sittings.

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

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent and effectively monitored and safe for residents, were clearly defined and many areas of good practice were in evidence. For example, there were comprehensive audit and supervision systems set up, ensuring that good quality care was delivered and monitored for residents. The inspector found that any issues that arose in the centre were robustly addressed. Nonetheless, some aspects of premises, and fire safety, required action, as outlined under Regulations 17 and 28 respectively.

Windmill House Care Centre is owned and operated by Thistlemill Limited who is the registered provider. It was established in 2004. The company is comprised of two directors, both of whom are involved in the operation of other designated centres in the country. One of these directors was the named person representing the provider for Windmill House, and there was evidence that they were actively engaged in the day to day operation of the centre. At the time of the inspection the overall governance structure was well established with a number of suitably qualified personnel supporting the person in charge, in areas such as health and safety, infection control, audit and governance matters. In addition, an assistant person in charge, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff were employed to provide care, and manage the day to day running of the home. Complaints, and their management, were reviewed and discussed at meetings with the aforementioned directors, in the interest of good communication and oversight, and to ensure learning was disseminated among the staff.

The annual review of the quality and safety of care for 2023 had been completed and submitted to the inspector prior to the inspection. The audit schedule covered all aspects of residents' care, including the use of suitable antibiotics, wound care, infections, and falls management. The registered provider had developed a number of written policies and procedures to guide care provision, as required under Schedule 5 of the regulations. A sample of these were viewed by the inspector, and they were seen to be based on best evidence-based practice, for example, the policy on safeguarding, the policy on fire safety and the policy on risk management.

The service was well resourced and there were sufficient staff on duty on the day of inspection. The training matrix indicated that staff received training appropriate to their various roles. External and internal trainers were employed, to deliver manual

handling training, responsive behaviour training, safeguarding, hand washing and fire safety training. This meant that residents could be assured that they were being cared for by knowledgeable, trained personnel. Staff handover meetings and staff meetings provided a forum for the exchange of pertinent information on the changing needs of residents. Information seen in the daily communication sheet and in residents' care plans, provided evidence of this. Copies of the appropriate standards and regulations for the sector, were accessible to staff.

Incidents and accidents were recorded and were notified to the Chief Inspector, as required. Complaints were well managed and were seen to be documented. A updated complaints policy had been developed, in line with the recently amended regulations on complaints management, in designated centres.

The inspector found that records required by Schedule 2, 3 and 4 of the regulations were readily available for review. A sample of staff personnel files were reviewed, and these were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment.

## Regulation 16: Training and staff development

According to records seen, mandatory and appropriate training was delivered in the centre, and attendance at the sessions was recorded on the training matrix.

Staff told the inspector that training was easily accessible. In-house, training was delivered, by senior staff members, in for example, safeguarding, infection control and dementia care training.

Staff were appropriately supervised and supported to perform their respective roles. The inspector saw that performance improvement plans (PIP) were seen to have been commenced and supervision was increased, where any person did not fulfill the required standards for safe care.

There was a comprehensive induction and appraisal programme in place, underpinned by staff policies, which supported robust recruitment and retention of staff. Copies of these documents were available for review.

Judgment: Compliant

## Regulation 21: Records



The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were made available to the inspector and they were seen to be securely stored.

The current roster was seen to reflect the staff numbers discussed with the person in charge.

Copies of any medicine errors were maintained and staff involved attended appropriate refresher training and competency tests.

Staff files were well maintained and they contained the regulatory documents.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Each role was clearly defined and areas of responsibility had been shared between the management team, such as health and safety management and infection control.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues requiring improvement were identified, a plan was in place to address this.

Quality improvement audit and action plans, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

Specified incidents, which had occurred since the previous inspection, had been notified to the Chief inspector in line with regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

## Quality and safety

Overall, residents in Windmill House Care Centre were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of respect demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt that they mattered and that staff respected them. The person in charge confirmed that all staff undertook training modules, in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected. However, some improvements were required in premises and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care for each individual.

The registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' environment and quality of life. Nonetheless, there was action required to complete some renovations, to ensure compliance with Schedule 6 of the regulations. These actions were highlighted under Regulation 17.

The laundry was outsourced and on return, residents' personal clothes were well managed in the in-house laundry building. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, in relation to hand hygiene protocol and the use of hand gel.

Generally, there was good practice observed in the area of fire safety management within the centre. Certification was available, in relation to the servicing of fire safety equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire, however clearer, larger floor plans were required on each corridor, to ensure staff could identify their position and the location of any fire. Training records evidenced that drills were completed, taking into account times

when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk. However, there were a small number of aspects of fire safety management which required action, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. Residents had access to independent advocacy groups, who had met and spoke with residents.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, gluten free diet or modified diets. The inspector saw that there was sufficient staff available at mealtimes to assist residents, where this was necessary. Dining tables were set up with condiments and fresh flowers. A menu was displayed on the table and residents said that the positive "affirmations", on the wall, gave a lovely ambiance to the dining experience. Residents with assessed risks such as, swallowing difficulties, had appropriate access to a dietitian and to speech and language therapy (SALT) specialists. These specialists were seen to have documented their advice in the care plans. Residents who required modified and fortified diets were seen to be provided, with meals and snacks prepared as recommended and suitably presented.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, through monthly surveys, at residents' meetings every three months and informally through the daily interactions with the management and staff team. This meant that residents felt "at home", "safe" and "involved", in decisions about their care. Further details, on the promotion of residents' rights, are described under Regulation 9.

In summary, residents were seen to be encouraged to maintain their autonomy, to live full lives and to embrace challenges and new experiences in their older years. When leaving the nursing home, following the inspection, the inspector asked one man about his day in the centre: He replied, "It was a perfect day".

## Regulation 10: Communication difficulties

Care plans were in place for residents who had communication difficulties. These were detailed and included strategies for staff to ensure effective communication with residents.

Sensory and movement activity sessions were available and staff were aware of how these activities stimulated communication and interaction.

Residents who had communication difficulties were seen to be included in all activities, and were spoken with a kind and respectful way by staff, who were familiar with their specific needs.

Personal assistants and groups, such as, "Headway" and the "Irish Wheelchair Association", gave invaluable assistance to specific residents, to ensure that they could access activity and communicate more effectively.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were well managed and monitored:

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Medicines were reviewed four monthly.

Medicine administration charts and controlled drugs records were maintained in line with professional guidelines.

Where residents were prescribed medicines to be crushed, this was clearly documented by the GP.

Judgment: Compliant

### Regulation 6: Health care

Health care was well managed in the centre:

A review of medical records, in residents' care plan documentation, found that recommendations from doctors were integrated into the care plans, which were reviewed four monthly. Advice from the dietitian, the physiotherapist, the tissue viability nurse (TVN) and the speech and language therapist (SALT) was documented, and actioned, also.

The physiotherapist came to the centre every Wednesday, to ensure residents maintained their maximum mobility and muscle strength.

A range of clinical assessment tools were used to underpin and inform the development of care plans. One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition.

Appropriate action was taken, where risks had been identified, such as supplementary drinks being prescribed.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were trained in managing responsive behaviour:

Residents exhibiting responsive behaviours (how residents with dementia respond to changes in their environment or express distress or pain) were well managed, and staff were observed to respond appropriately to such residents, throughout the day.

Relevant care plans reflected best practice, including the use of a clinical assessment tool, to analyse any antecedent and describe the consequence of the behaviour.

The centre had reduced the number of restraints (such as bedrails) in use, and generally where restraint was used it was risk assessed and used in line with the national policy.

Judgment: Compliant

### Regulation 8: Protection

Resident were protected from abuse:

Staff interactions with residents were seen to be kind and supportive.

All staff had received training in the prevention, detection and response to abuse, according to the records seen.

Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

Where any allegations had been made appropriate steps were taken to address this.

The provider acted as a pension agent for two residents. These were seen to have separate client accounts set up, independent of the centre's account.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Residents reported that they felt safe and at home in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. A number of staff members were known to individual residents and they had an in-depth understanding of residents' previous lives, home places and interests. Visitors and residents both confirmed that they were treated with dignity and respect, by the management staff and wider staff group.

New improved broadband and I.T. access had been installed, in response to residents' requests and the changes in communication methods. This meant that residents could access, for example, 'GAA Go', their personal laptops and mobile phones, from the security and privacy of their bedrooms. Additional cordless phones had been made available, for those who did not have mobile phone usage.

Residents had access to social outings, activity, gardening, religious services, external and internal musicians and celebrations with family.

Subtle codes were seen to be in use near any locked entrance or exit doors. This meant that residents were facilitated to go outside independently if that was their wish.

Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities, in general, were meaningful to them and they praised the accommodation, the staff and the support available in the centre.

Judgment: Compliant

## Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations:

For example:

Some areas of flooring required repair or replacement.

Some areas of skirting required painting and repair.

The maintenance manager had scheduled works to address these issues.

In addition, there was no bath in the centre. However, an extension was planned, which included plans for a new assisted bathroom with an accessible bath, affording choice to residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were a number of actions required to ensure that adequate precautions were taken against the risk of fire, as follows:

There was no smoke detector in the hairdressing salon.

A small number of fire-safe doors were awaiting adjustments, following an audit and service. This was being addressed on the day of inspection.

Larger, and extra, "fire location maps" were required in each corridor, as the current maps were small and difficult to read.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control:

Housekeeping staff had appropriate training, and staff were seen to have signed to confirm that cleaning tasks had been completed.

Training in infection control was undertaken by staff.

Management staff maintained a register of any infection and the use of antibiotics. This meant that there was oversight of the type of antibiotics in use, to ensure judicious and careful use of appropriate antibiotics.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 27: Infection control	Compliant



# Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0040262

Date of inspection: 27/06/2024

## 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:</p> <p>The maintenance plan was updated to include the damaged skirting and floors and scheduled works ongoing for completion by 31st of December 2024</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. A smoke detector installed in the hairdressing salon</li> <li>2. Fire door adjustments completed</li> <li>3. A review of the fire location maps throughout the centre completed and further maps put on each corridor.</li> </ol> <p>Actions completed by 30th of September 2024</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	30/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024