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:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue, Buncrana, Donegal
Type of inspection:	Unannounced
Date of inspection:	30 April 2024
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0043429

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 April 2024	10:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents who spoke with the inspector were complimentary in their feedback and expressed satisfaction with the standard of care provided to them in this centre. However, the inspector found that improvements were required in the general maintenance of the centre and in the provider's fire precautions.

The inspector spoke with some residents and visitors and their comments were generally positive. Residents' comments were that, "this is a nice centre", "there are plenty of things to do here", "I can go into the garden if I want to", "the food is great and there is always a variety of food that I could choose from".

Buncrana Community Hospital is in a single-storey building located in Buncrana Town, and is close to local amenities. The centre comprises two units, namely the main ward and the recently refurbished Ash ward, and is registered for 41 beds. The main ward can occupy 30 residents, whereas the Ash ward can occupy 11 residents. However, on the day of the inspection residents were only accommodated in the Main ward, and the 11 beds in Ash ward were vacant and not in use.

Upon arrival, the inspector met with the person in charge, and following an introductory meeting, the inspector went for a walk around the centre to meet with residents and observe their living environment.

During the walk around, the inspector noted that the physical environment in the main ward was in a poor state of repair and decoration, and the overall atmosphere was dull and lacked colour and interest. The walls and ceilings of some sections of the corridors and communal rooms required repainting. The door frames of several rooms were visibly damaged. In addition, the floor lining was damaged and peeling off in several areas of this centre, which made cleaning and decontamination of these areas difficult for staff.

There were a sufficient number of communal toilets available in the centre; however, a communal toilet in the main ward did not have a door lock to ensure that the residents could use the toilet in private.

The centre had a large reception area with seating for residents and visitors. The centre's corridors connected the two units, and has grab rails on both sides to support residents' free movement around the centre. However, clinical equipment such as transport wheelchairs and zimmer frames were stored in various sections of the corridors, which blocked the residents' access to the handrails and also posed a trip hazard for residents.

The centre has a combination of pitch and flat roof, and the flat roof extends to the corridors of both the main ward and the Ash ward. The centre had issues with leaking roofs, and rainwater had leaked into a corridor of the main ward in the past. The inspector was informed that the issue with the water leak had been resolved.

However, the inspector was not assured when they observed a bucket and towel were placed in a corridor in the Ash ward and was informed by staff that the bucket was in place to collect any rainwater that may leak from the flat roof during a heavy downpour. This was a repeated finding from the previous inspection carried out in August 2023.

The centre had a relaxing ambience, and residents were seen as comfortable in the company of staff. Call bells were attended to in a timely manner, and residents who stayed in communal areas were supervised by staff. Staff interactions with residents were friendly, and staff were observed to be patient and kind while assisting them with their care needs. Care delivery was observed to be unhurried and respectful.

The centre had a full-time activities coordinator to support residents to engage in meaningful activities. The centre had a planned activity schedule, which included a range of meaningful activities such as prayer service, games, and a live music session. The inspector observed that the planned activities took place, and residents who spoke with the inspector commented that they enjoyed the activities in the centre.

The inspector reviewed some of the residents' bedrooms in the main ward. Residents had access to a wardrobe and a bedside storage cabinet in their bedrooms to store personal belongings. The single rooms were personalised with residents' photos and their personal belongings. However, a number of multi-occupancy rooms needed additional shelving space to store residents' personal belongings, and these rooms were not suitably laid out to meet the needs of residents with higher dependencies who needed to use moving and handling equipment, such as a full body hoist.

The inspector saw that residents were offered a choice of meals at dinner time. Menus were displayed at each table, and dining tables were nicely set out before meal times with appropriate cutlery and condiments. The inspector observed that the centre had a sufficient number of staff to support the residents during meal times.

Visitors were coming and going on the day of inspection. Some visitors said that the service provided to the residents in this centre was nice, whereas some expressed their dissatisfaction that the refurbished section of the building had not been utilised for the residents.

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

There were comprehensive governance and oversight systems in place to manage the service; however, this inspection found that the provider's systems to ensure the centre was maintained to a good standard and the oversight of fire safety required significant improvement.

This unannounced inspection was carried out to inform a registration decision on the provider's application to renew registration of this centre and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended).

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology. The person in charge works full-time in the centre, and there were deputising arrangements in place for when the person in charge was absent. There was a clearly defined management structure with a well-established management team. The management team was actively involved in the management of this centre.

Regular management meetings were held in this centre, and a representative of the provider attended the management meetings. Staff meetings were also held at regular intervals, and the meeting minutes indicated that a range of topics, such as quality improvement initiatives, fall prevention programmes, learning identified from audits, and outstanding staff training, were discussed in these meetings. The centre had a risk management policy, and accidents or incidents that occurred within the centre were reported internally and followed up by senior staff.

Whilst acknowledging the good systems that were in place for the day-to-day operation of the service and the clinical care for residents, the provider's oversight of the condition of the premises and their fire precautions were not robust and did not adequately protect residents. These findings are set out under Regulations 23 and 17.

A centre-specific complaints policy was in place, which identified the nominated complaints officer and the review officer. However, the complaint procedure on display in the centre did not provide sufficient information for residents and their families if they wished to make a complaint.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as per the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management systems were not sufficient to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- The provider's management and oversight of the fire precautions in this centre was insufficient. For example, the provider had not effectively communicated the issue with the fire compartmentation to the relevant staff in the centre to ensure the safety of residents and staff.
- The provider's management and oversight arrangements had failed to ensure that the residents had a safe and comfortable living environment and that the centre was in compliance with Regulation 17: Premises.

The inspector observed that the provider had not provided the resources to fully implement their own compliance plans submitted following the previous inspection in 2023 to bring the centre into compliance with Regulation 28. Furthermore the provider had not provided adequate resources to ensure that the premises was adequately maintained.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider’s complaint procedure that was available to residents was not sufficiently detailed and did not provide the information required by the regulations. For example:

- The time frames required to investigate and conclude the complaints, and to conduct and conclude the review of the complaints had not been included in the complaints procedure.
- The centre's complaints procedure did not include a clear process to provide the complainant with a written response informing them whether or not their complaint has been upheld, the reasons for that decision, and any

recommended improvements that had been identified following their investigation of the complaint.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided to the residents on a day-to-day basis was of a good standard. However, significant improvements were required to improve the physical environment of the centre and to ensure that residents were adequately protected in the event of a fire emergency.

The inspector reviewed a sample of care files and found that the daily progress notes summarised each resident's daily status. Residents had a comprehensive assessment completed upon admission into the centre. The residents had a care plan in place, and the care plans were developed based on the views and wishes of the residents. The inspector observed that the care provided to residents was person-centred, and staff knew each resident well. This was validated by the residents who spoke with the inspector.

The residents had access to a range of activities and were found to be well-supported in participating in meaningful activities in this centre.
Staff and managers regularly communicated with residents, and resident meetings provided a platform for their input. The centre maintained detailed records of these meetings, which demonstrated that resident suggestions and feedback were taken into account and addressed.

Television, radio and newspapers were available for all residents in communal areas.

The residents were accommodated in the main ward of the centre in a mix of single, twin, three and four-bedded rooms. Although the four bedded rooms met the minimum size requirements the inspector was not assured that the layout of these rooms supported the needs of the residents who were living in them. There were two communal toilets in the main ward. The inspector observed that one of these toilets, which was located close to the day room corridor, had a window that opened into the corridor. The window was left open throughout the day. This arrangement did not provide sufficient privacy for residents using this facility. In addition, the provider had left the newly refurbished Ash unit vacant, which was a repeated finding from the previous inspections.

The inspector observed that the provider did not display the correct floor plans showing the location of each fire compartment in the centre with fire exit points clearly marked. This was a repeat finding from the previous inspection.

Furthermore, the provider could not provide clear assurances of the fire stopping between these fire compartments to ensure staff knew where the compartment lines

were and how many residents were in each compartment if an evacuation of a compartment was needed. The failure to accurately set out compartment boundaries meant that staff were unaware of the compartmentation issue, and the fire drills carried out were based on the fire compartmentation plan they had in place whilst in effect the centre's largest fire compartment could accommodate up to 16 residents and there were 11 residents accommodated in this fire compartment on the day of inspection.

An urgent compliance plan was issued to the provider, requiring them to take the necessary actions to come into compliance with the regulation in order to keep residents safe in the event of a fire in this area of the building. The provider submitted a satisfactory compliance plan following the inspection.

Regulation 10: Communication difficulties

The inspector observed that those residents with communication needs were supported to communicate effectively. In addition, where a resident had any specialist communication needs, this information was clearly set out in the resident's care plans and was communicated to staff.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre's premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- The centre had issues with leaking roofs, and the inspector was not assured that the water leak issue on the roofs had been addressed effectively and in a timely manner. For instance:
    - Staff confirmed that the water leak near a chimney in a communal room in the Ash ward was a recurring problem.

    - In addition, a bucket and towel were placed in a corridor in the Ash ward to collect any rainwater that may leak from the roof in that area during a heavy downpour.
    - Recent correspondence between the maintenance team and managers in the centre dated April 2024 did not provide adequate assurance that another leak from the flat roof located over the Ash ward had been fully repaired and would not recur.
- The floor coverings in a storage room, a communal bathroom, a cleaners room, and some sections of a corridor in the main ward were damaged and did not support effective cleaning.
- Equipment such as transport wheelchairs were being stored in a section of the corridor adjacent to the nurses station and close to the resident's notice board. This area was well used by residents and staff. The current storage arrangements posed trip hazard for residents and posed difficulty for residents in accessing the information leaflets and notices displayed on the board.
- Two bedside lockers in the main ward were damaged and had not been repaired in a timely manner.
- Scuff marks were found on a number of bedroom door frames and doors in the main ward, which had not been repaired in a timely manner.
- Several areas in the main ward, such as corridors and store rooms, required repainting.
- Four multi-occupancy bedrooms in the main ward lacked sufficient shelving space for storing personal belongings, and the inspector noted that residents in these rooms had to place their photographs on the wall behind their beds, where they were out of their view.

Four multi-occupancy bedrooms were not suitably laid out to meet the mobility and transfer needs of residents using assistive equipment, such as hoists and specialist chairs. Furthermore, the layout did not ensure residents could carry out personal activities in private. These findings are set out under Regulation 9.

Judgment: Not compliant

Regulation 28: Fire precautions

Arrangements for the containment of fire in the event of a fire emergency in the centre required improvement by the provider. For example:

- Fire doors in three bedrooms, storage rooms and a clinical room in the main ward have intumescent strips missing, and these fire doors were not closing properly. As a result, the inspector was not assured that they could prevent the spread of smoke and fire in the event of an emergency.
- Several areas, such as store rooms, boiler rooms and treatment rooms in the main ward of the centre, were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in

a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures.

- The centre's sluice room, located between two corridors in the main ward, has a large extractor fan, and when this fan was operational, a fire door did not close properly. Additionally, this sluice room has two 30-minute fire doors; however, there were air vents installed on both of them. The inspector was not assured regarding the fire rating of these fire doors which may have been compromised by the air vents.
- The inspector also found "soft spots" on wall sections near a corridor leading to a final fire exit door and on a wall section in a treatment room in the main ward. The inspector was informed that these walls' areas were previously windows, and they were closed off. However, the inspector was not assured that the required level of fire rating was afforded to the wall constructions that had replaced the windows in these areas.
- The inspector was not assured that the compartmentation boundaries in one section of the centre provided adequate containment measures. For example, the compartmentation wall in a fire compartment that was identified as a 60-minute compartment did not travel up into the attic space to finish below the roof to ensure effective compartmentation.

The provider had not ensured that the fire compartment plans that were displayed throughout the building were accurate and provided up-to-date information to guide residents, staff and visitors in the event of a fire emergency in the centre.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency were not adequate. Although fire drills were carried out regularly, they had been designed around incorrect fire compartment drawings. As a result, the staff had not practised a simulated fire evacuation drill in the centre's largest fire compartment, which can accommodate up to 18 residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care files, which indicated that comprehensive assessments were carried out with residents on admission to the centre. The care needs of residents were assessed at regular intervals. The care plans reviewed by the inspector were person-centred, and clear plans were in place to meet the residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners and specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not fully assured that the residents in this centre could undertake personal activities in private. For example:

- A communal toilet in a corridor adjacent to the day room had a window that opened into this corridor, which was kept open throughout the day. As a result, the inspector was not assured that this arrangement would support and ensure adequate privacy and dignity for residents when using these facilities, as smells and noises could not be adequately contained.
- Another communal bathroom in the centre's main ward did not have a door lock to ensure residents' privacy.
- The layout of four multi-occupancy rooms did not provide sufficient private space around each bed to allow safe use of large items of assistive equipment, such as hoists, without encroaching on the bed space of the neighbouring resident. Moreover, the lack of space inside the privacy curtains for these beds meant that other residents sharing the bedroom had to keep the privacy curtains closed around their own bed when another resident accommodated in the room needed to be hoisted into or out of their bed or to use the commode in order to afford that resident sufficient privacy.

There was only one television for residents in the four-bedded and two-bedded rooms, which may potentially restrict the residents' preferences and choices to watch their favourite programmes in private without interrupting the other residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0043429

Date of inspection: 30/04/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A fire risk assessment has been completed and made available on the 28.06.2024. Initial compartmental works that have been completed has addressed the risk that was identified. The fire risk assessment has identified works that require completion within 12 months. The fire risk assessment has also been submitted to the Authority. All staff have been updated on the fire compartmentation and are completing fortnightly fire drills in line with the updated works. Resident numbers will be reduced in the main hospital with the relocation of 11 short stay residents to the Ash Ward by the 08.07.2024. Floor plans and the Statement of Purpose have been revised to reflect these changes and submitted to the Authority.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure has been updated to include the timeframes to investigate and conclude complaints, conduct and conclude the review of complaints and a clear process for providing the complainant with a written response informing them of the decision and	

any identified recommended improvements following investigation of the complaint.
This is visibly displayed and available to all residents.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A review programme of temporary repairs has been commenced pending major refurbishment in 2025, with a view to minimizing the disruption to residents.

These works include a full review and oversight of the flat roof in Ash ward. This has been completed on the 27.06.2024. The leak in the chimney identified has been temporarily repaired with no further issues and the roof is currently leak free.

Floor coverings identified have been assessed for temporary repair and will be completed by 15/08/24.

A new system of flat mop cleaning has been ordered and will be implemented by 31/07/24.

Repainting has been commence and will be completed by 31/07/24.

Bedside lockers have been replaced.

Bedroom doors and frames are scheduled for repair.

Wheelchairs have been relocated to a storage area, away from the resident's information area.

Storage of personal possessions and photographs has been reviewed to ensure residents can view them.

11 short stay residents will be relocated to Ash ward thus reducing the multi-occupancy in 4 of the multi-occupancy rooms in the residential area by 08/07/24.
Residents have been consulted on the rearrangement of the rooms and their preference discussed and documented.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A fire risk assessment has been completed and made available on the 28.06.2024.

Initial compartmental works that have been completed has addressed the risk of compartmental boundaries in one section of the centre that was identified.

The fire risk assessment has identified works that require completion within 12 months.

The fire risk assessment has also been submitted to the Authority.

Fire compartment plans are displayed throughout the building providing accurate and up to date information for residents, visitors and staff in the event of a fire emergency in the centre.

All staff have been updated on the fire compartmentation and plans and are completing fortnightly fire drills.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The bathroom door on the main ward has had the lock replaced and a toilet window has been closed off to ensure the privacy and dignity of the residents.

Residents requesting to watch television in private have access to IPads.
Televisions are available to residents in the 3 sitting rooms.

4 Multi-occupancy rooms have been reduced from 4 beds to 2 and 3 beds with the move of the short stay residents to the Ash Ward, thus allowing more space for residents. A review programme of the multi-occupancy bedrooms has been completed for a major refurbishment, commencing in 2025.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	15/08/2024
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.	Not Compliant	Orange	15/08/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	08/07/2024

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	08/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	02/07/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	02/07/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	02/07/2024
Regulation 34(2)(b)	The registered provider shall	Substantially Compliant	Yellow	02/07/2024

	ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	02/07/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	02/07/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with	Substantially Compliant	Yellow	02/07/2024

	paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	02/07/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	10/07/2024