



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

Issued by the Chief Inspector

Name of designated centre:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Marys Crescent, Westport, Mayo
Type of inspection:	Announced
Date of inspection:	23 April 2024
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0042407

About the designated centre

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

The MacBride Community Nursing Unit is registered to accommodate 29 residents who require long term care or short term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town.

The building is single storey and residents are accommodated in nineteen single and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents.

The philosophy of the centre according to the statement of purpose is to deliver the very highest quality of care and service in an organised and well managed environment where decisions are made in conjunction with residents and their carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 April 2024	09:30hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, respectful and familiar with the residents preferred routines. It was clear that residents were facilitated to have a good quality of life and their rights to spend their days as they wished were upheld by staff. The overall feedback from residents and relatives during the day of inspection and from reviewing questionnaires submitted, was that they were happy with the care and support they received and that staff looked after them very well.

On arrival to the centre the inspector observed that the centre was bright, warm and visibly clean. Appropriate visiting procedures were in place and an adequate supply of hand sanitization at reception was readily available. The inspector observed many residents were up and about and receiving support with their morning care. Some residents were having their breakfast in the day room while others had chosen to have theirs in their bedrooms.

Following an introductory meeting with the person in charge the inspector did a walk around tour of the premises. The inspector observed that the atmosphere in the centre was calm and well managed. Call bells were responded to in a timely manner and the interactions of staff with residents was dignified and patient. Residents appeared comfortable and relaxed interacting with staff and told the inspector that they felt safe living in the designated centre. Staff did not appear rushed and there were enough staff available to provide care that was person centred and individualised to each residents level of need.

The Mac Bride Community Nursing unit provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is a purpose-built single storey building situated in Westport, County Mayo. The designated centre is registered to provide care for a maximum of 29 residents. There were 20 residents living in the centre on the day of this inspection. Residents told the inspector they were very happy with the opportunity to remain in their own local area and the convenience it afforded of having family and friends living close by that could easily visit. The inspector observed visitors coming and going throughout the day of the inspection.

The design and layout of the centre promoted a good quality of life for residents. Residents had access to a number of communal spaces, including a large day room, a dining room and an unlocked courtyard garden in the middle of the centre. The inspector observed that communal area's were clean and tidy and comfortably furnished to support residents' use. The courtyard garden was well maintained with plants and shrubbery that provided interest. The pathways were safe and unobstructed. There was garden furniture in place and residents told the inspector that they enjoyed the garden during the good weather.

Residents bedroom accommodation was provided in a mixture of single and twin bedrooms. Although the single rooms met the minimum requirements of the regulations they were small and the inspector observed that storage in these rooms for personal belongings was limited. Most bedrooms were personalised with residents own photographs, ornaments and soft furnishings such as blankets and pillows. This enhanced a homely environment in each residents bedroom. All single bedrooms have a wash hand basin for residents use. The five twin bedrooms were spacious and have en-suite facilities with walk in showers in each. Each bedroom has a ceiling hoist in place. This was particularly useful in the single bedrooms where space was limited and would not allow the safe use of large portable hoist equipment.

An activity schedule was advertised in the centre which gave residents information on the activities that were planned during the week. Residents told the inspector that they had attended an art exhibition in their local library which they enjoyed. Activities in the centre included bingo, gardening, card games of 25, music, mass and art.

Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in activities in line with their capacity to engage. The inspector observed an organised music session in the afternoon which residents enjoyed. Many residents were observed participating in this activity and were singing along or foot tapping to the music.

The inspector sat with residents in the dining room at lunchtime and observed that residents enjoyed a pleasant dining experience. Staff provided support and discreet assistance in the dining room and were observed sitting beside and interacting with residents which was in keeping with the social aspect of the meal time experience. The food looked appetising and residents were observed enjoying and finishing their food. Dining staff were aware of residents likes and dislikes and all residents were offered a choice of meals available which included shepherds pie or chicken.

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

Capacity and capability

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted. The provider had completed a comprehensive programme of repair and refurbishment to ensure the premises was compliant with Regulations 17 and 28.

An application to renew the registration of the designated centre was received by the Office of the Chief Inspector and was being processed in line with procedures.

This announced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and inform an application to renew the centres registration. The inspector also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in May 2023. Following the last inspection the provider was found to have implemented their compliance plan to ensure compliance with the regulations. A restrictive condition had been placed on their registration which required the provider to come into full compliance with Regulations 23, 17 and 28 by December 2021. This inspection found that the provider had achieved compliance with Regulations 17 and 28 and that Regulation 23 was substantially compliant.

The Health Services Executive (H.S.E) is the registered provider of the centre. On the day of inspection there were sufficient resources available for the provision of care for seventeen residents. The management team operating the day to day running of the centre consists of a person in charge (P.I.C) and a clinical nurse manager.

The inspector found that there was a well established staff team which included management, nursing, health care and auxiliary staff. However, a number of staff vacancies were still present and had not been filled. At the time of this inspection there were two registered general nursing positions and six health care assistant positions vacant. These vacancies were covered by the same regular agency staff members who were familiar with the centre and the residents. Staffing resources on the day of inspection were adequate to meet the assessed needs of the 20 residents living in the centre.

The provider has increased the clinical nurse management hours in the designated centre and the clinical nurse manager deputises for the person in charge when they are absent.

Improvements had been made since the last inspection in relation to training and development for staff employed in the centre and a review of the training programmes in place confirmed that all staff were up to date with their mandatory training in fire safety, manual handling and safeguarding. Supplementary training available to staff included infection prevention and control, medication management, wound care and responsive behaviours. The inspector observed that health care and nursing staff were appropriately supervised and the care provided to residents was communicated at regular intervals throughout the day.

A review of staff files found that they contained all the information required under Schedule 2 of the regulations and included a valid Garda vetting disclosure.

The inspector found that the management team on duty on the day of inspection had good knowledge of the systems in place to monitor the care delivered. All records requested by the inspector were made available in a timely manner and presented in a clear format. The person in charge has responsibility for monitoring

the direct provision of care and is supported in their role by an experienced clinical nurse manager. The inspector reviewed a number of audits which had been completed and found improvements in the details included to monitor the standards of care provided since the last inspection. Audits reviewed included medication management, clinical care, falls, risk management, and quality and safety. Results of audits confirmed adequate levels of compliance and where improvements were identified there were action plans in place address the issues identified. These action plans had been reviewed and followed up in a timely manner. Audit findings relating to the provision of care were communicated to the care staff.

Records reviewed on inspection confirmed that governance meetings with the provider representative provided oversight of the service and were held every four to five weeks. There were weekly in house management meetings attended by the person in charge, the clinical nurse manager and senior nursing staff. Regular staff meetings took place at quarterly intervals. The person in charge had completed an annual review report for 2023.

The statement of purpose required an amendment to accurately describe the restrictive condition attached to the designated centre's current registration.

Accidents and incidents within the designated centre were recorded and well-managed. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under regulation 31, Notification of incidents.

Although there was a complaints policy in place it did not incorporate the legislative changes to Regulation 34 which came into effect in March 2023. A review of records confirmed that there was a low level of complaints received and any complaints made had been fully investigated, responded to and resolved in a timely manner.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations. The required registration fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff

available to meet the assessed needs of 20 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had access to appropriate training in line with their roles and responsibilities. A review of the training records available on the day to the inspector found that all staff were up to date with their mandatory training which included fire safety, safeguarding and manual handling and further training was scheduled for the upcoming months ahead. Staff had completed training in relation to managing responsive behaviours in July 2023 as part of their compliance plan submitted following the last inspection.

Staff were appropriately supervised to ensure that they carried out their work to the required standards.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre had sufficient resources to ensure the delivery of care to 29 residents. There was an over reliance on agency staff to supplement two nursing and six health care attendant vacancies which the provider had failed to address and the inspector could not be assured that this staffing model was sustainable. The high number of vacancies had been identified by the PIC as a risk and had been escalated to the provider. However the provider had failed to take actions to address these known risks and had not provided sufficient staff resources.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place which had been revised in March 2024 the document required updating to accurately describe the permissive and restrictive restrictions attached to the centres registration certificate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider and this policy and procedure had been updated to incorporate amendments made to this regulation by recent statutory legislation.

The inspector reviewed the complaints log and confirmed that the provider had received some complaints since the last inspection. Of the four complaints reviewed by the inspector it was clear that each complaint had been managed in a timely manner and had recorded the outcomes of the complaint and the satisfaction of the complainant and closed off in line with their policy.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications were submitted to comply with Schedule 4 of the regulations, a review of records confirmed that not all incidents of serious injuries to residents requiring immediate and/or hospital treatment had not been submitted to the office of the Chief Inspector.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. Staff were observed to be respectful and kind towards the residents. Residents were supported to engage in social activities and to maintain contact with their families and friends in their local community.

The centre is a single story purpose built facility providing accommodation for 29 residents in single and twin bedrooms. En suite facilities are provided for in the double rooms and all single rooms contain a wash hand basin. There are additional toilets and showers located at intervals around the centre and close to bedrooms and communal rooms.

The centre was clean, well maintained and storage practices had greatly improved since the last inspection which meant that residents communal spaces were no longer inappropriately used to store equipment and supplies. Communal facilities

were spacious and comfortable for residents to enjoy. Each bedroom had a built in ceiling hoist if required by high dependency residents and there was sufficient equipment available such as comfort chairs, pressure relieving mattresses and cushions. Although many single bedrooms were small they met the minimum regulatory requirements and residents had personalised their bedrooms with photographs and personal belongings on display.

Residents who spoke with the inspector expressed great satisfaction with the food, snacks and drinks. Menu's were displayed for residents in the dining room and there was a choice available at all mealtimes. Residents were supported by staff to have their meals in a discreet, unhurried and dignified manner. The catering team knew which residents had specific dietary needs and catered for them appropriately.

A Malnutrition Universal Screening Tool (M.U.S.T) assessment was performed on admission and every four months or more regularly if required. Residents were weighed regularly to monitor their weight and referred to a dietitian if there was a need identified. Supplements were readily available to residents when recommended by medical practitioners.

The inspector found the designated centre to be clean and bright. There were sufficient cleaning staff and equipment and supplies available of personal protective equipment (P.P.E). Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. Overall the inspector noted that staff had a good working knowledge of infection, prevention and control and observed staff performing hand washing appropriately between resident care. Equipment and supplies were segregated and stored correctly to reduce the risk of cross contamination and facilitate effective cleaning. Two additional clinical hand washing sinks had been installed in the centre as part of the refurbishment works.

There were improvements found regarding the oversight of fire precautions in the centre. Measures were in place to ensure residents were protected from risk of fire and the provider had completed the actions outlined in their compliance plan following the last inspection. Records reviewed by the inspector in the fire register included signed daily and weekly fire safety checks and detailed simulated fire drills completed in the designated centre. Residents personal emergency evacuation plans (P.E.E.P's) were in place and updated when required.

A review of care records confirmed that residents were assessed prior to admission to the centre. Following admission residents were comprehensively assessed using a variety of validated assessment tools. Care plans were developed for residents who required care interventions to meet needs identified on assessment. The inspector found that care plans were clearly written and gave sufficient information on the interventions needed to provide effective care interventions. The inspector found improvement had been made in relation to the oversight of the care planning process which ensured that care plans were updated at least every four months or as and when residents needs changed.

There was regular monitoring and oversight of clinical indicators such as falls,

medicine management, nutrition and hydration and wound care. A regular auditing programme was in place to ensure that current practice met the required standards. Action plans were developed and signed off when areas of practice were identified as requiring improvement.

The inspector found that behavioural support care plans for residents who displayed responsive behaviours did contain sufficient detail to guide staff on care delivery and some responsive behaviours observed on inspection were identified in the resident's care plans. The inspector observed several occasions during the day where residents who exhibited responsive behaviours received the appropriate intervention and support from staff to reduce their distress and provide reassurance, in line with their assessed needs.

A review of safeguarding investigations and care plans found that the provider had ensured that all measures to protect residents from abuse were being implemented. The centre had a comprehensive safeguarding policy in place and all staff had garda vetting before commencing employment within the designated centre.

Residents had access to television, radio, internet wi fi and to local and national newspapers. Visiting arrangements were in line with national guidance that were in place and residents were also supported to use electronic devices to maintain contact with family and friends.

Regulation 17: Premises

The provider had addressed actions as outlined in their compliance plan following the previous inspection. Storage of health care equipment and supplies had improved and were stored appropriately in the centre. The provider had completed roof works in the designated centre and installed additional clinical hand washing sinks. Furniture was in good repair and the provider had installed new wardrobes in several bedrooms in the designated centre. The centre was well maintained throughout and there was a maintenance schedule in place.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful and patient manner.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of health care associated infection published by the Authority were implemented by staff. This was evidenced by:

- The allocation of sufficient staff resources to clean and maintain the centre.
- There was sufficient clinical hand wash sinks in place throughout the centre and wall mounted hand sanitizers.
- Staff were observed completing hand hygiene between points of care and personal protective equipment was worn appropriately.
- There was effective management of laundry facilities in place to ensure clean and soiled laundry did not come into contact.
- The centre had sufficient sluicing facilities in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. For example:

- records reviewed provided evidence that fire exits were checked daily and had been signed by the member of staff responsible each day.
- weekly checks of fire doors had been consistently carried out and signed as completed.
- the inspector observed that fire fighting equipment was located throughout the designated centre and was found to be well-maintained and serviced regularly.
- a smoke detector had been installed in a clinical records store room.
- a current fire safety certificate dated 8/3/24 was on display at the fire panel.
- fire maps outlining the compartments during an evacuation procedure were displayed at the fire panel and throughout the centre.
- all staff had completed their mandatory fire training November 2023.
- there was a record kept in the laundry room confirming that the lint tray was cleaned at regular intervals and it was consistently signed by staff responsible.
- records showed that simulated evacuations of different fire compartments within the designated centre had been completed on the 15/11/23 and the 27/11/23. They contained all relevant details to provide assurance to the inspector that residents could be evacuated from the designated centre in a timely manner in the event of a fire emergency.

- residents personal emergency evacuation plans (P.E.E.P's) were updated at regular intervals and easily available to staff. The inspector reviewed six P.E.E.P's and found that they had been reviewed and up dated in February and April 2024.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments and care planning were found to be of a good standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of five residents' care plan documentation and found the following;

- All residents had a comprehensive assessment of their needs prior to or on admission to ensure that the centre was able to provide care that met residents assessed needs.
- Care plans were reviewed at four monthly intervals, or when a residents condition had changed.
- Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours. Behaviour support care plans were in place for residents predisposed to responsive behaviours to inform the most effective de-escalation techniques and ways to respond to their behaviours.

The centre had a low level of restrictive practices in place. There was a restrictive practice policy in place to guide staff. Records showed that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were observed to be trialled in the first instance with restrictions only introduced when required to maintain resident safety. There was a restrictive practice register in place which was

reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

The inspector was assured with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Staff told the inspector about their responsibilities to report concerns and were familiar with the safeguarding policy. A review of Schedule 2 records confirmed that staff had a guard vetting disclosure in place prior to commencing work in the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to local and national newspapers, television and radios throughout the centre. There was internet wi fi in the centre and a new modem had been fitted to improve and strengthen the quality of the signal in some area's of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 20: Information for residents	Compliant

Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0042407

Date of inspection: 23/04/2024

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:

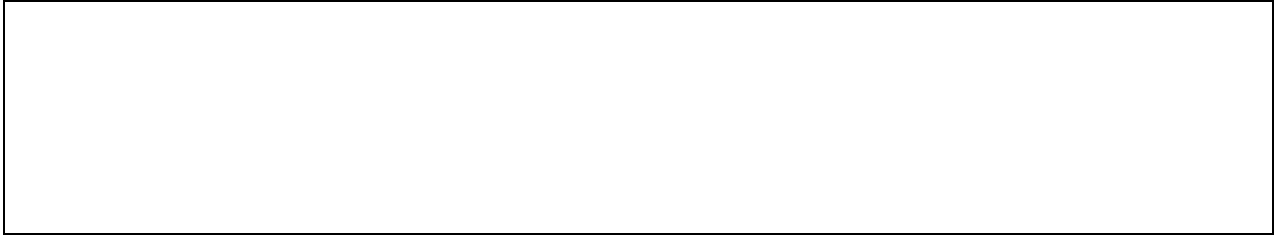
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All vacant posts have been advertised through the recruitment department. We are awaiting relevant approvals to fill.</p> <p>The annual review was completed in January for the previous year. The 2 areas for improvement were identified plus improvement plans and summary completed.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose is amended by adding the revised information on the complaints process.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifications will be submitted to the office of the Chief Inspector.</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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/06/2024
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	21/06/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	21/06/2024

	(a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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