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:	Droimnin Nursing Home
Name of provider:	Droimnin Nursing Home Limited
Address of centre:	Brockley Park, Stradbally, Laois
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0042166

About the designated centre

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

Droimnin Nursing Home is a designated centre for older people. The centre has two buildings that are purpose built. The centre provides accommodation for a maximum of 70 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence basis. The centre is located at the end of a short avenue in from the road and within walking distance to Stradbally, Co Laois. A variety of communal rooms are provided for residents' use including sitting, dining and recreational facilities. Each resident's dependency needs is assessed to ensure their care needs are met.The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, activity, administration, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Wednesday 1 May 2024	19:30hrs to 09:30hrs	Catherine Sweeney	Lead
Thursday 2 May 2024	10:00hrs to 16:15hrs	Catherine Sweeney	Lead
Wednesday 1 May 2024	19:30hrs to 21:30hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Residents living in Droimnin Nursing Home were complimentary of the quality of care they received from staff who they described as caring, patient, and kind. Residents told the inspector that the management and staff valued their feedback and made them feel included in the decision about how the service is run, and how the quality of the service could be improved. Residents told the inspector that staff were attentive to their needs and made them feel safe living in the centre.

Inspectors were met by a clinical nurse manager on arrival to the centre, on the evening of the first day of inspection. The person in charge, an operations manager, and a project manager also attended the centre on day one, and facilitated the inspection on day two.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. On day one of the inspection, nursing staff were observed attending to residents requests for assistance, while health care staff were supporting residents with their evening tea and refreshments. There was soft music playing in the communal areas and inspectors overheard polite and respectful conversation between staff and residents.

Residents were observed in the communal day room chatting with staff, while enjoying tea and biscuits. Some residents were watching the news while other residents were enjoying visits from their relatives. Residents told the inspectors that they enjoyed spending time in the day room before going to bed and some residents liked to stay up late to chat with other residents.

Residents who spoke with the inspectors were very complimentary in their feedback about the staff. Residents described how staff were prompt to answer their call bells. Residents never felt rushed by staff, and they reported that they were always greeted with 'friendliness'. Residents told the inspector that they enjoyed engaging with all staff, and that they spent time chatting with them throughout the day.

Residents were assisted to retire to bed, at a time of their choosing, and appeared comfortable and content in their bedrooms. Some residents were reading while others were watching their television. Staff were observed responding to residents call bells promptly.

The provider had made improvements to the premises since the last inspection. Walls had been prepped for redecoration and inspectors were informed that residents were participating in the selection of new colours for the communal areas and corridors. The centre was found to be visibly clean. Externally, the enclosed garden had been appropriately landscaped and maintained. Further improvements were identified in an enclosed outdoor space on the first floor. New ground coverings had been installed to ensure residents could safely mobilise and enjoy the

space.

On day two of the inspection the atmosphere in the centre was lively. A cake sale and a live music event was in progress and members of the local community attended to share and enjoy the occasion with the residents. Residents were observed to enjoy this event, with some residents dancing with staff and others laughing and chatting with visitors.

Capacity and capability

This was an unannounced inspection, carried out over two days, by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address issues identified on previous inspections dating back to September 2022 which had resulted in a restrictive condition stopping admissions to the designated centre since January 2024. The provider had submitted an application to remove this restrictive condition, and the detail of this application was reviewed on this inspection. This inspection was facilitated by the operations director, the person in charge and the assistant director of nursing. Requested documentation for this inspection was presented for review in a timely and organised manner.

The findings of this inspection were that significant action had been taken by the provider to return the centre to compliance in relation to the health and social care of residents. Residents feedback was positive, with residents telling inspectors that they felt safe and enjoyed living in the centre. A revised organisation structure was in place facilitating the restructuring of the management systems required to ensure that the centre was effectively monitored. The provider had commenced a programme of work in relation to the upgrade of the premises and the fire safety systems in the centre. A project plan relating to the progress made to the premises and the outstanding works to be completed was made available for review. However, a fire risk assessment report, commissioned by the provider in March 2024, was not completed and therefore, assurances in relation to the fire safety risks and the outstanding fire safety works to be completed, were not available to review.

Drominin Nursing Home Limited, a company consisting of three directors is the registered provider of Drominin nursing Home.

A review of the governance and management arrangements for this centre found that the provider had adequate resources available to ensure the effective delivery of care in accordance with the statement of purpose, and for the occupancy of the centre on the days of the inspection. While there were vacancies in the number of health care assistants, an ongoing recruitment programme was in place to ensure that staffing levels would be increased as occupancy increased. There were four health care assistants progressing through the recruitment process at the time of

this inspection.

The chief executive officer of the company had a strong presence in the centre, and was familiar to both staff and residents. The person in charge of the designated centre was supported by an external management team consisting of an operations manager, a clinical support manager, and a team of human resources, facilities and administration staff. This team attended the centre during this inspection. Within the centre, the person in charge was supported by an assistant director of nursing, a clinical nurse manager and a team of nurses, carers and support staff. Governance and staff meetings were held regularly and there were clear reporting pathways established to communicate information and issues of risk, from the centre to the external management team, and the registered provider.

Inspectors reviewed the management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. There was a robust risk management system in place that identified the clinical and environmental risks within the centre. These risk assessments had been reviewed and updated as mitigation and controls were developed. There was a schedule of auditing being developed to monitor care delivery and to identify areas of quality improvement and learning. Inspectors found that these improved management systems facilitated the management team's oversight of the service delivered, resulting in improved outcomes for residents. For example, information collected in relation to residents falls was analysed and interrogated, resulting in trends being identified and appropriate action being taken to address falls risks, and improve care delivery following a fall.

A review of the accident and incident log found that incident reports were reviewed in a timely manner and managed to ensure best outcomes for residents. Inspectors reviewed the incident records relating to a number of non-injurious falls in the centre and found that appropriate action, in line with the centre’s falls management policy, has been completed following a residents fall. This included timely observations and analysis of the possible contributing factors for the fall. All notifiable incidents had been submitted to the Chief Inspector, as required by regulations.

Inspectors found that policies and procedures, as required by Schedule 5 of the regulations, were in place and had been recently reviewed and updated. Care practices observed were underpinned by policies and procedures that were informed by best practice guidelines and regulations.

There was adequate staffing in the centre on the day of the inspection to meet the assessed needs of the residents, and for the size and layout of the centre.

Staff had access to appropriate training. There was an on-going programme of training schedule of training in place, based on the leaning needs of the staff.

Supervision of staff was observed to be appropriate and well-organised. All new staff completed an induction prior to commencing their role. There was a buddy system in place allowing new staff to work beside a more experience member of staff

during the first weeks of employment.

A review of the staff rosters found that in the interim of the procurement of a new staff rostering system, the registered provider had reverted to a paper-based system for the organisation and management of the staffing rosters. These records were clear and accurate and reflected the actual hours work by staff, addressing an issue of concern identified on a number of inspections. In general, records requested for review were presented in a timely and organised manner. A review of staff files, which were stored in an electronic format, found that they contained all the information required under Schedule 2 of the regulations. Records detailed under Schedule 3 and 4 were also available for review. Records were stored in a safe and accessible manner. A certificate of insurance was prominently displayed in the centre and ensured that residents, and their belongings, were protected within the centre.

Inspectors reviewed a sample of contracts and found that they had been updated and reviewed since the last inspection to include the details in relation to additional services and the detail relating to the bedroom to be provided to a resident.

A review of the system of complaints management found that complaints and expressions of dissatisfaction of the service were documented and managed in line with the centre's complaints policy and procedures. There was a low level of complaints in the centre. The complaints procedure was displayed prominently within the centre. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements. The complaints policy had been updated to reflect the changes made to the regulations in March 2023.

Regulation 15: Staffing

Staffing levels and skill mix were appropriate for the occupancy level of the centre, the assessed needs of residents, and for the size and layout of the building.

Following the inspection, the provider submitted a staffing plan. The strategy detailed that the admission of residents to the centre would be organised and planned to allow for recruitment of staff on a phased basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre received training appropriate to their role. Staff were supported and supervised to deliver safe care to residents.

A system of induction ensured that staff were familiar with the requirement of their roles and residents needs and preferences.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents found that all information, required by the regulations, was recorded.

Judgment: Compliant

Regulation 21: Records

A review of records detailed under Schedule 2, 3 and 4 of the regulations found that records were well-maintained. Paper records were stored appropriately and could be accessed in a timely manner. Electronic records were used to store resident care details and staff files.

Judgment: Compliant

Regulation 22: Insurance

Residents and their property was appropriately insured in the centre, in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre had sufficient resources to maintain a safe service. The organisational structures were clear and the roles and responsibilities of the management team were detailed and known to staff.

Management systems were in place to ensure that the service could be effectively monitored. Inspectors found that the management systems in the centre, such as, risk management, complaints management and the auditing system had been

strengthened since the last inspection.

Communication systems were in place to ensure effective communication from staff and nurse management to the external management team and the registered provider.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of the contracts found that each resident had a contract in place detailing fees to be pain, and the accommodation to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was available to review which reflected the organisational structure of the provider and staffing levels in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a system in place to ensure that complaints were recorded and managed in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies in place, as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care was delivered to a high standard. The provider had taken action to implement systems to ensure the effective oversight of care delivery since the last inspection. Individual assessment of residents needs and care plan development was found to be in line with the requirements of the regulation. In addition, access to appropriate medical and allied health care had been reviewed and was found to be effective. There was a programme of refurbishment of the centre in place and inspectors found that the premises and the internal garden areas were maintained to a good standard. A programme of works in relation to fire safety was also ongoing at the time of the inspection. While there was a clear and detailed project plan available to review in relation to the works relating to the premises, no such project plan was available in relation to the fire safety works. This meant that inspectors could not establish what work was outstanding, the risk level of this work and a time line for completion. The provider was awaiting a report of a fire safety risk assessment completed by a competent person.

Overall, inspectors observed that the premises was bright, warm, comfortable and well-maintained. Residents bedrooms were laid out to meet the needs of the residents accommodated. Residents had personalised their bedrooms with items of significant such as photos, ornaments and furniture. As mentioned above, a programme of works was ongoing in relation to the decoration of the centre. Flooring to specific areas of the centre had been replaced. Changes had been made to facilitate resident access to the communal areas of the centre. Work was in progress to ensure resident had access to an outdoor space on the first floor of the centre. New flooring and an access ramp had been added to the area.

Work had commenced in relation to the repair and maintenance of a number of fire doors in the centre. The smoking areas had been reassessed and a call bell, ashtrays and fire fighting equipment were in place to ensure resident safety. The storage of oxygen was reviewed and oxygen was now stored appropriately. The provider submitted a fire safety project plan following this inspection.

A review of resident care records found that residents had detailed and person-centred care plans developed, based on comprehensive health and social care assessments. Care plans were audited to ensure a consistent standard was

maintained.

The system in place to review clinical incidents and areas of high clinical risk had been reviewed since the last inspection. Incidents such as falls, wound development and potential safeguarding incidents were reviewed and trended and escalated as required to a senior clinical team, ensuring clear and appropriate action plans to address the risks. This was a significant improvement from the last inspection.

These improvements were also reflected in the systems in place to recognise potential and actual safeguarding incidents within the centre. All staff had received training in identification and responding to safeguarding incidents. A system was now in place to ensure the senior management team was informed of all allegations of abuse in the centre. The provider acted as a pension agent for four residents. The arrangements in place to safeguarding residents finances were found to be in line with best practice guidelines.

A review of the provision of food and the monitoring of nutrition for residents had also improved since the last inspection. A system was now in place to ensure that residents nutritional needs, based on a validated assessment was communicated to all staff.

A review of the premises over the two days of the inspection found the centre to be clean. Appropriate hand-washing facilities had been installed since the last inspection. There were systems in place to ensure all areas of the centre were cleaned to an appropriate standard.

Residents' rights were found to be upheld and respected in the centre. The provider had conducted a resident survey that identified feedback in relation to all aspects of the service. Feedback from residents surveys and from residents meetings was mostly positive and reflected what residents told the inspectors over the days of inspection. Where there was any areas of improvement identified, a plan of action had been developed and communicated to residents.

Visitors were observed coming and going on the days of the inspection. Visiting was observed to be unrestricted and enjoyed by residents.

Residents were facilitated to communicate with family and friends in person and through the use of technology including tablets, smart televisions, smart phones and video links. Religious services were available through video links. The centre had established links with multiple community groups.

Regulation 10: Communication difficulties

Residents were facilitated with their communication needs through appropriate care planning and access to supportive equipment. An accessible tablet computer was available to residents to facilitate family contact.

Judgment: Compliant

Regulation 11: Visits

Visiting was observed to be facilitated in a safe and unrestricted manner. Visitors were observed to come and go from the centre throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be in a good state of repair. There was appropriate and safe outdoor areas for residents to access independently.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to food and nutrition in line with their assessed needs. Action had been taken to ensure that residents requirements were communicated effectively to all staff.

Judgment: Compliant

Regulation 26: Risk management

There was a risk policy in place that contained the requirements of Regulation 26. This policy was found to be implemented effectively.

Judgment: Compliant

Regulation 27: Infection control

A review of the systems of infection prevention and control found that action had been taken to address areas of non-compliance found on previous inspections. For

example, appropriate hand washing facilities had been installed and a cleaning schedule had been reviewed. There was a system in place to supervise and monitor the cleaning in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors found that while some action had been taken to address areas of non-compliance found on the previous inspection of the centre, such as the fire door repairs and the review of the smoking areas, the action required to ensure full compliance with Regulation 28, was not completed. Furthermore, outstanding fire safety work was not risk assessed and there was no project plan in place to provide assurance that work would be completed within appropriate time lines.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample for residents care files found that all residents had a comprehensive assessment of their health and social care needs completed. These assessments informed the development of person-centred and detailed care plans to guide staff.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to medical care. Residents were seen by their general practitioner (GP), as required. There was an appropriate system of referral to allied health professionals including physiotherapy, occupational therapy, dietitian and speech and language therapy.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure the protection of residents in the

centre. All staff had training in the safeguarding of vulnerable adults and demonstrated an awareness of the action to take when responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. Residents had access to local and national newspapers, television, radio and the Internet. Residents were observed to be facilitated to maintain strong connections with the local community. Independent advocacy was facilitated, as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0042166

Date of inspection: 02/05/2024

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 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Prior to the inspection, a comprehensive risk assessment of all outstanding fire safety works was commissioned by the RPR. A summary of this report was provided to the Inspector on the second day of the inspection.

In addition, and to ensure timely completion of the necessary fire safety work, a detailed project plan was submitted to the Regulator on May 7th, 2024. This plan was further refined with updated timelines and mitigation strategies, which was submitted on May 16th, 2024.

A number of actions have been completed by the Provider to date and continue to be ongoing to include:
• Full fire risk assessment completed April 24
• Replacement of door to the Electrical Room in Tursalla Unit to FD60 on May 10th
• Phase 1 fire door repairs completed February 24
• Evacuation landing deemed too small has been extended
• Upgrades to Residents designated smoking area complete
• Update of all emergency evacuation floor plans has been completed
• Ongoing periodical testing of electrical appliances commenced in June 24
• Relocation of fuel tanks has commenced 13th June

Outstanding Remedial Works has been scheduled and completion dates include:
• Internal and External Emergency Lighting upgrades scheduled to commence June 20th.
• Repair to construction walls will be completed by Oct 31st
• Internal and external fire door sets replacements will be completed by October 31st
• Fire door sets repairs continue and scheduled for completion December 31st
• Installation of fire rated attic hatches due completion September 30th
• Additional Fire stopping to services penetrating fire rated construction including:
a. First floor ceiling
b. Compartment walls
c. Protected Corridor Walls

d. Fire rated rooms – walls and ceilings scheduled for completion October 31st
• Upgrade of fire rating of roof window enclosures scheduled for completion October 31st
• Installation of additional AOV to one stairway and Installation of fire rated construction around kitchen extracts will be completed by November 30th

We acknowledge that full compliance with Regulation 28 has not yet been achieved and mitigation steps have been implemented to ensure fire safety precautions are at our forefront during the timeframe until works are completed. These measures include:

• Additional fire safety protocols have been put in place to mitigate any risks during the interim period. Risk assessments addressing specific concerns such as the lack of emergency lighting, door closures, and directional signage have been completed. These assessments provide clear guidance to staff on steps to be taken to ensure safety.
• Staff have been trained on enhanced fire safety measures and emergency response procedures to ensure readiness in case of an incident. In addition, toolbox talk sessions relating to these risks are completed on a frequent basis by the Director of Nursing and Support Services Manager. Education and fire risk identification is therefore a frequent topic, keeping it fresh on everyone's minds.
• Regular fire drills are being conducted weekly to ensure all staff and residents (on occasion) are familiar with evacuation routes and procedures. Both vertical and horizontal simulations occur, including night-time staffing numbers and the largest compartment. Areas for improvement are identified, and learnings are shared with all staff.

• In conjunction will all the above taken steps, we will prepare regular progress reports to highlight completed tasks, upcoming work, and any issues, and these reports will be shared with the Chief Inspector to maintain transparency.

The Register Provider Representative is committed to rectifying all items raised in the risk assessment report by December 31st, 2024.

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 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.	Not Compliant	Orange	31/12/2024