



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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Nursing Home
Name of provider:	Sisters of St. Marie Madeleine Postel
Address of centre:	Abbey Street, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0034726

About the designated centre

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

Mount Carmel Nursing Home is a two-storey building which accommodates 31 residents, all in single en-suite bedrooms. There is a lift provided between floors. It is located centrally in the town of Roscrea. There is a variety of communal day spaces provided for residents including a dining room, day rooms, chapel, conference room and visitors' room. The centre provides 24-hour nursing and social care for people over the age of 65 years both male and female. Admission may be for long or short-term care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Wednesday 22 May 2024	09:30hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Residents living in Mount Carmel Nursing Home told the inspector that they enjoyed a good quality of life in the centre and that staff were responsive to their requests for assistance and treated them with respect. Over the course of the inspection, the inspector spoke with residents, staff and visitors to gain insight into what it was like to live in the centre. The inspector spent time observing residents' daily life as a means of gaining insight into the lived experience of residents. The inspector spoke in detail with five residents and two visitors. Discussions with residents and visitors and the observations of the inspector supported the finding that residents received a high standard of person-centred care from a team nursing and care staff that were proactive in meeting their needs. Residents expressed high levels of satisfaction with the service, including the provision of meaningful activities that supported them to engage positively with other residents and staff.

The inspector arrived unannounced and was met by the recently appointed director of nursing on arrival at the centre. Following an introductory meeting, the inspector walked through the centre, reviewed the premises, and introduced himself to residents and staff. Mount Carmel Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Roscrea, County Tipperary and lies on the grounds of a convent. It is registered to accommodate 31 residents and was at full capacity on the day of this inspection. It is a registered charity that operates on a not-for-profit basis and the Registered Provider are the Sisters of Saint Marie Madeleine Postel.

There are four apartments adjacent to both the ground and first floors of the centre. These are separate and distinct from the operation of the centre and staff in the centre are not involved in the management of these apartments. Each of the apartments on the ground floor have their own individual entrances. There is a fire escape leading from the centre to a covered walkway outside the ground floor apartments. There is a push handle release mechanism on the inner aspect of the fire door, so that even when the fire alarm operates or there was a power outage and fire doors are unlocked, it is not possible to enter the centre from the apartments. The people living in the apartments on the first floor have their own designated entrance leading to a landing on the first floor and do not have access to the centre. The fire door between the designated centre and these apartments has been replaced with a door that has a thumb lock mechanism to ensure that, should there be a power outage or the fire alarm is activated, residents from the apartments cannot enter the centre. This was done in response to safeguarding concerns expressed by the inspector at the last inspection.

Throughout the morning, the inspector noted that there was a calm and relaxed atmosphere. Staff were observed to be providing personal care to residents and although they were busy, they were seen to attend to residents requests for assistance promptly.

The overall décor of the centre was of a high standard. Communal space on the ground floor comprised a combined sitting and dining room. This is where most activities took place and residents were seen to enthusiastically participate in activities over the course of the day. There is a family room adjacent to the sitting room where residents can meet with visitors away from their bedroom, should they so wish. There is a large chapel and mass is held here on a daily basis. Adjacent to the chapel in an activities room and a lounge but these appear to be rarely used and were not occupied on the day of the inspection. There is access to a secure outdoor space from the main sitting room. This area has suitable garden furniture for residents to spend time here when the weather is suitable. While the inspector was in the outdoor area, some risks were identified, particularly for residents that may have dementia or some form of cognitive impairment. The gate leading from the outdoor area was unlocked on the day of the inspection. This posed, a risk as it may lead to residents leaving the centre unaccompanied. It was also noted that some windows on the first floor had their restrictors disengaged and were wide open to allow for airing of the bedrooms. This again posed a risk to residents, as the restrictors are in place to minimise the risk of injury to residents. Both of these risks were addressed immediately on the day of the inspection.

Communal space on the first floor comprised a veranda area that was close to the nurses' station. Some residents that chose to remain on the first floor spent their day here. A number of resident chose not to spend their day in communal sitting rooms. Discussions with these residents indicated that they like to remain in their bedrooms, watching television or reading. Residents' bedrooms were spacious and well laid out. They were decorated in bright colours with complementary soft furnishings. It was clear that residents were supported to personalise their bedrooms. Many residents had decorated their rooms with family photos, flowers and other ornaments. There was sufficient storage space for residents' belongings, including lockable storage in each bedroom. Residents told the inspector that they were content with their bedrooms and felt that they were comfortable and met their needs.

Overall, the centre was clean and bright. Sluice rooms and housekeeping rooms were observed to be neat and tidy. Housekeeping staff had an adequate system to ensure that all areas of the centre were cleaned on a regular basis and adequate records of cleaning were maintained.

All residents spoken with were complimentary about their lived experience in the centre. They spoke positively about how staff supported them and it was evident that staff knew their routines, interests and preferences. One resident said that "staff are very good, you couldn't ask for better", while another told the inspector that "they know me well and know what I like".

There were activities provided to residents throughout the day. Residents told the inspector that they could choose what activities they would like on a daily basis. The inspector spent time observing the interactions between residents and staff and observed that staff supported residents to enjoy the social aspect of activities. Activities were predominantly facilitated by an activity co-ordinator. There was also live music in the centre fortnightly and there were occasional outings to places of

interest in the locality. Mass was held in the chapel on a daily basis. The programme of activities included one to one sessions, predominantly in the morning time to meet the needs and preferences of those that didn't attend the larger group activities. The activity schedule also incorporated arts and crafts, memory games, baking, flower arranging, quizzes and exercises. Residents told inspectors that they could choose how they spent their days.

On walking around the centre, the inspector observed that fire doors were fitted with automatic door closures devices. This ensured that doors would close automatically to contain the spread of smoke and fire in the event of a fire emergency. Many of the cross corridor fire doors were checked by the inspector and were seen to form a good seal when closed, which would delay the spread of flame and smoke in the event of a fire. The inspector did observe that some alterations had been made since the last inspection that involved the removal of fire doors between the designated centre and the adjacent convent. These were done in consultation with a fire safety consultant. The inspector, however, requested confirmation that these alterations did not have any material impact on the granted fire safety certificate.

The dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

Residents were provided with opportunities to express their feedback about the quality of the service during daily one-to-one interactions with the management. There were also formal opportunities to provide feedback through residents' meetings and surveys. Arrangements were in place for residents to vote in the forthcoming elections. Most residents were registered to cast their ballots in the centre, while some chose to make arrangements to visit their local polling station.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the inspector found that Mount Carmel Nursing Home was a well-managed centre where residents were in receipt of a high standard of care. The provider had a history of good regulatory compliance and the inspector found that the provider had sustained a good level of compliance since the last inspection. While this inspection found a high level of compliance across most of the regulations reviewed, the inspector found that action was required in relation to the appointment of a

person in charge during the planned absence of the previous person in charge.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).

There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The registered provider for Mount Carmel Nursing Home are the Sisters of Saint Marie Madeleine Postel. There is a board of management comprising seven members that provide operational oversight of the centre. There is a well established governance and management structure in place. A member of the board works in the centre for two days each week and holds weekly meeting with management personnel in the centre. A weekly report is then sent to the chairperson of the board. The board of management meet on a quarterly basis.

Overall, the management systems were well-established and effectively monitored the quality of care provided to residents. Meeting records demonstrated that regular meetings took place between the registered provider and person in charge, as well as the nursing management team and wider staff team. Meeting agendas reflected a review of the clinical and environmental aspects of the service provided and any actions were monitored and addressed promptly.

A notification had been submitted by the provider that the person in charge was on extended leave. A new person had been appointed to the role of director of nursing. While the newly appointed person was an experienced nurse and manager, she did not have a management qualification in accordance with the requirements of the regulations. It was, however, confirmed to the inspector on the day of the inspection that a suitable course had been identified and the director of nursing was scheduled to attend her first module on the day following this inspection. This is discussed further under Regulation 14 of this report.

There was a comprehensive programme of audits that assessed compliance in areas such as infection prevention and control, health and safety, medication management, restrictive practice and the physical environment. Areas of improvement were identified and were supported by a quality improvement plan. There was an annual review of the quality and safety of care delivered to residents in 2023. The review addressed key areas of the service and included quality improvements that were planned for 2024. Surveys had been issued to residents and relatives that sought feedback on the quality of various areas, such as the care provided, staffing, food served and the physical environments. The feedback was overwhelmingly positive and any suggested improvements were analysed and addressed.

The centre was found to have adequate staffing levels, on the day of the inspection, to meet the health and social care needs of the residents. A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role. Staff had up-to-date training in mandatory areas such as fire safety and the prevention, detection and

response to abuse, the management of responsive behaviours and manual handling.

The inspector reviewed a sample of staff files and found that Garda vetting disclosures were in place for staff prior to commencing employment in the centre. Of the sample of four files reviewed, three contained all of the information as required by Schedule 2 of the regulations. This is detailed further under Regulation 21 of this report

The centre's complaints management policy and procedure had been updated to reflect the amendments to the regulations. A record of complaints was maintained, which demonstrated that complaints were managed effectively.

Regulation 14: Persons in charge

While the provider was in the process of recruitment, there was not a person in charge who met the requirements of the regulations at the time of inspection.

Judgment: Not compliant

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents and against other risks including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The process for the management of complaints was effective and in line with regulatory requirements. Records of complaints included details of the issues raised in the complaint, the investigation and outcome, any follow up actions and the complainant's satisfaction with how the complaint was managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

Regulation 21: Records

Of a sample of four staff files reviewed, one did not have a reference from the

person's most recent employer. Both references for this staff member had salutations "To Whom it Concerns" and there was no evidence that they had been verified.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents had a good quality of life in the centre with their health care and social care needs being met by the provider. Nursing and care staff were knowledgeable about residents' care needs and this was reflected in care records. one area of action was required in relation to fire safety to provide assurances that adequate measures were in place to mitigate the risks associate with fire.

The inspector reviewed a sample of residents' care records. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as mobility impairment, skin integrity and the risk of malnutrition. The outcomes of assessments informed the development care plans to identify on an individual basis the care needs of each resident. The care plans reviewed were person-centred, holistic and contained the required information to support the delivery of care. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other allied health and social care professionals, in line with their assessed need. All residents were assessed to determine if they qualified for national screening programmes, and where relevant they were supported to access these services, should they so wish. The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre.

The inspector noted many good practices in relation to fire safety. Cross corridor fire compartment doors provided a good seal to protect against the spread of smoke and flame in the event of a fire. There were magnetic devices on fire doors to allow doors to be safely held open but would release automatically in the event of the activation of the fire alarm. There was a programme of preventive maintenance for fire safety equipment such as fire alarm, emergency lighting and fire extinguishers. There were regular fire drills that simulated both horizontal and vertical evacuation. The provider was requested to continue to practice fire drills as the time recorded to simulate evacuation in some of the drills was excessive. Significant fire safety works had been completed in conjunction with a fire safety consultant. These included:

- the removal and blocking up of a fire door between the main kitchen and a kitchenette
- the replacement of a fire door between the kitchenette and the dining room in Parkmore
- the replacement of a number of fire doors in the main kitchen
- a new fire rated ceiling in the main kitchen area and in Parkmore kitchenette
- the removal and blocking up of two fire doors on the first floor leading to the convent area that is not part of the designated centre.

An area of the convent adjacent to the designated centre was unoccupied. There was a need to ensure that this area did not pose a risk to the designated centre. This is discussed further under Regulation 28 of this report.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. All bedrooms had en suite toilet and shower facilities and there were sufficient numbers of communal toilets and bathroom facilities for when residents were away from their bedrooms. Call-bells were available in all areas and answered in a timely manner.

There was a programme of activities in place for residents. A number of methods were available to residents to provide feedback in relation to the operation of the centre. Residents' meetings were held on a regular basis and records of these demonstrated that feedback was sought on areas such as the quality of food, activities, staffing and the physical environment. Surveys were distributed to residents and relatives and a sample of these indicated that they were satisfied with the service provided by the registered provider. Residents privacy was respected and staff were observed knocking on door before entering bedrooms. Residents had access to advocacy services as needed.

All staff had received training in relation to the detection and prevention of abuse. Staff that spoke with the inspector were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. The premises was generally well maintained, clean and bright. There were a variety of communal areas with additional seating provided along hallways. There was ready access to outdoor space. There were hand rails on

corridors and grab rails in bathrooms to support residents with mobility impairment.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control and hand hygiene. Regular resident and staff meetings ensured that all were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Judgment: Compliant

Regulation 28: Fire precautions

While it was confirmed that an unoccupied section of the convent adjacent to the designated centre was connected to the centre's fire alarm system, confirmation was required that this area did not pose a fire safety risk to the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired and unused medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were supported to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy. There were no residents using bed rails on the day of the inspection. Staff were found to be knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

All residents that spoke with the inspector reported that they felt safe in the centre.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Nursing Home OSV-0000734

Inspection ID: MON-0034726

Date of inspection: 22/05/2024

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • Appointed acting DON has completed all 5 modules and 2 skills demonstrations of the Harvest Training Online Level 6 Leadership Programme. • Her assignment will be submitted to Harvest by this Friday 12/7/2024. • Harvest have committed to prioritizing the grading of her assignment and we expect to have results within weeks of submission. We will advise you of the results as soon as we have them. • Harvest as the QQI Accredited Centre will then submit her work for QQI certification at the next available certification round. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • A new Mount Carmel Nursing Home Reference Template has been introduced to ensure all future references received comply with Regulation 21. • In relation to the staff members file where the two references had salutations "To whom It Concerns" the new template was sent to the two referees for completion and have been returned and verified. 	
Regulation 28: Fire precautions	Substantially Compliant

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

- Mount Carmel Nursing Home, on the advise of our fire safety consultants, completed substantial fire safety improvements during 2023 and 2024.
- These works were carried out by a fire stopping company to ensure that risk from the unoccupied section of the convent adjacent to the designated centre was minimized.
- fire safety consultants in their email, dated 22/5/2024, advice "maintaining the current fire separation" is the best option.
- We continue to work with our fire safety consultants on this matter and have also highlighted this issue to representatives of the prospective new owners, the HSE.

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	31/10/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	09/07/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	31/12/2024

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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