



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

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	16 November 2022
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0037010

About the designated centre

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

Youghal & District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, therefore we can provide care for low, medium, high and maximum dependency residents. We can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. Admissions to Youghal & District Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. To enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary. Youghal & District Nursing Home is committed to provide the most comprehensive nursing care in a relaxed but stimulating home from home environment where all of our guests feel valued and cared for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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 16 November 2022	09:00hrs to 17:55hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standard of care from staff who were kind and caring. The inspector met with many of the 53 residents living in the centre on the day of inspection and spoke with seven residents in more detail. The inspector also met with a number of relatives who were visiting the centre on the day of inspection. The feedback from residents and families was positive. Residents told the inspector that they felt safe and that they were very content living there. One resident told the inspector that "they couldn't be happier" living there and another described staff as "unbelievable."

On arrival, a staff member guided the inspector through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The centre was warm and very clean throughout and there was a relaxed and friendly atmosphere. During the walkaround, the inspector saw that a number of residents were being assisted with their personal care, while many residents were up and sitting in many of the communal areas, or in the dining room having breakfast. It was evident to the inspector that the person in charge knew the residents and their care needs well during the walk around.

Youghal and District Nursing home is a two-storey centre located near Youghal in East Cork. Residents' accommodation was all single bedrooms with 42 rooms having en-suite toilet and shower and 12 rooms with en-suite toilets. There were 53 residents living in the centre on the day of inspection. Bedrooms on both floors were observed to be spacious with plenty of furniture such as large wardrobes, lockers and chests of drawers for clothing and belongings. Rooms were seen to be decorated with residents' personal possessions and photographs. Bedrooms also had comfortable seating for residents and their visitors. During the walkaround, the inspector saw that some of the home had been recently painted and work was due to start to install a new laundry in an outside building adjacent to the centre. Walls in two residents' bedrooms were marked and required repainting. The inspector also saw that two fire doors did not close correctly when checked, the person in charge addressed this immediately during the inspection.

There was plenty of communal spaces upstairs and downstairs in the centre, with three sitting rooms, a lounge and dining room on the ground floor and a sitting room and balcony area on the first floor. The first floor also had a bright, well decorated hairdressing salon with two sinks, hair salon type dryers and supplies. The hair dresser was available to residents every Friday in the centre. One of the sitting rooms on the ground floor was designated for activities and had plentiful supply of materials for arts and crafts as well as books for residents to read. The main sitting room on the ground floor had a piano, bookshelves and plenty of comfortable seating for residents to enjoy. One of the other sitting rooms had an

exercise machine available for residents' use.

The centre had plenty seating throughout the centre near windows looking out on to the grounds where residents could sit and chat or just rest during the day. There was a large well maintained fish tank as a feature on each floor. The centre also had an internal secure garden area with raised beds, a bird feeder, a covered gazebo section with book shelves and outdoor seating. During the day, the inspector saw a number of residents going for walks around the centre where pathways were well maintained.

On the day of inspection, a small COVID-19 outbreak was ongoing in the centre with some residents having completed their isolation period and one resident had transmission based precautions still in place. The inspector saw that staff had access to personal protective equipment as required and appropriate signage was in place to direct staff and visitors. Staff were observed to use PPE appropriately during the inspection. Residents told the inspector that were well cared for during this time. Visiting continued in the centre and a number of visitors were seen coming and going during the day.

Residents spoken with were complementary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector as the inspector saw that food was attractively presented, and residents requiring assistance were assisted appropriately. Tables were set with tablecloths and condiments and flower posies in the two dining rooms. The inspector saw that residents were offered snacks and drinks throughout the day. The inspector saw that meals were served from a heated trolley to residents who had their meals upstairs to ensure it was as hot as possible.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. A resident described how the prompt action of nursing staff ensured they received appropriate and timely medical care when they needed it. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

There was a varied schedule of activities on offer seven days a week. This was led by a dedicated activities co-ordinator. These included flower arranging, newspaper reading, bingo, baking and boules. External musicians also attended the centre twice a week. On the morning of inspection, a group of residents attended a reminiscent and Sonas session. The inspector saw that a number of residents had one to-one activities in their rooms as well as group sessions. The inspector saw many of the projects undertaken by the men's club in the centre such as a creation of the Youghal Clock Gate Tower, a "bug hotel" and other artistic projects. Residents living in the centre had close links with the community and were facilitated to take small group outings to events such as visits to a local cathedral, a cinema trip and

shopping trips. The centre's library was also well stocked and supported by a local library. Mass was held once a month in the centre and a number of residents prayed the rosary together each evening. Residents told the inspector that there was always plenty for them to do in the centre.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, and to inform decision making for renewal of registration of the centre. The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection some improvements were required in relation to fire safety and care planning.

The centre is owned and managed by Gortroe Nursing Home Limited who is the registered provider. There are two company directors, who are actively involved in the day-to-day running of the centre. There is a clearly defined overarching management structure in place. The person in charge was appointed to the role in August 2022 and was full time in post. He was an experienced nurse and manager and had an appropriate management qualification that met the requirements of the regulations. He was supported in his role by a two full time clinical nurse managers, a human resources manager and a team of nurses and healthcare assistants. The centre also had a dedicated activities, catering and domestic team. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge supported them in their individual roles.

A review of the rosters found that there were an appropriate number and skill mix of staff available to meet the needs of residents and for the size and layout of the centre. There was a minimum of two nurses on duty over 24 hours. The roster was organised so that there was a clinical nurse manager on duty each weekend to supervise staff.

Staff were knowledgeable and demonstrated competence in their work. There was a programme of both online and face to face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control.

There were effective management systems in place in this centre, ensuring the

delivery of high quality care to residents. The management team were proactive in responses to issues as they arose and used regular audits of practice to improve services. The person in charge monitored key clinical risks to residents such as restrictive practices, infections and antimicrobial usage, wounds, pressure ulcers and incidents such as falls or medication errors in the centre. These were reported monthly and discussed with the centre's directors. There was a schedule of audits in place in the centre and the inspector saw that practices such as medication management, call bell response times, infection prevention and control and care planning were audited by the person in charge. Action plans were developed to address any areas that required improvement. For example, the person in charge had identified that aspects of care planning required improvement and had identified that a number of residents' bed tables required replacement and was working to address these issues at the time of inspection.

There were regular management team meetings including a health and safety meeting to discuss key operational issues impacting on the management of the centre and quality of care at the centre. Staff were seen to be knowledgeable about residents and regular staff meetings took place.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre.

The inspector saw that while there was a low level of complaints in the centre, from a review of the complaints log and from speaking with residents complaints were investigated and well managed in line with the centre's own policy and procedures.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed in August 2022 and was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated knowledge regarding their role and governance and management and

oversight of the service.
Judgment: Compliant
Regulation 15: Staffing
The number and skill mix was appropriate to meet the assessed needs of the 53 residents living in the centre in accordance with the size and layout of the centre. There was a minimum of two registered nurses rostered 24 hours a day, seven days a week.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge ensured that staff had access to both online and face to face training appropriate to their role. There was a training schedule in place where mandatory training such as fire safety, manual handling, safeguarding vulnerable adults at risk of abuse and managing responsive behaviours was scheduled. The training matrix was examined and there was evidence that mandatory training was completed by staff. Housekeeping staff were supported to attend specific training on cleaning and decontamination. The inspector saw that staff were appropriately supervised.
Judgment: Compliant
Regulation 19: Directory of residents
Information required under Schedule 3 of the regulations to be maintained in the directory of residents was stored partly in electronic and partly in paper format. The provider agreed to review this system to ensure the information was stored in the same format.
Judgment: Compliant
Regulation 21: Records
Records as required by the regulations were well maintained, securely stored and

made available for inspection.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had an up-to-date contract of insurance in place, as required by the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The inspector found that the provider ensured the centre was well resourced to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were effective management systems in place to monitor the services provided to residents. A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been completed and was available in the centre.
Judgment: Compliant
Regulation 24: Contract for the provision of services
The inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had prepared a statement of purpose relating to the centre which required some minor additions to ensure it contained all the information required, as per the regulations. This was completed on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector saw that there was a low level of complaints in the centre and saw that they were being managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

The inspector found that residents living in this centre were supported to have a good quality of life with good access to healthcare services to meet their needs. Residents and their relatives who met with the inspector spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in their home. This inspection found that some areas of fire precautions and care planning required to be addressed as discussed under the relevant regulations.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need such as speech and language therapy and dietetic services. A physiotherapist was onsite once a week to assess and review residents as required. Nurses had access to expertise in tissue viability when required.

Care planning documentation was available for each resident in the centre. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk, specific to residents.

This included the risk of impaired skin integrity, falls and malnutrition. However, this inspection found that care plan documentation was not always updated when needs of residents changed, which is further detailed under regulation 5.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The provider supported six residents to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. The centre was very clean and there was good oversight of cleaning of the centre by management.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. The provider included residents in fire safety training and sixteen residents had participated in fire safety training held in the centre in May 2022. Personal emergency evacuation plans were in place for residents. Fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels, however the frequency of these drills needed to increase and this along with action required in relation to fire doors in the centre are outlined under regulation 28.

Management and staff promoted and respected the rights and choices of residents in the centre. Resident meetings were held and relevant issues such as menu and activities were discussed. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme available daily.

Regulation 11: Visits

Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspector saw and met visitors coming and going to the centre during the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was very clean and well maintained. There were some walls in two residents' rooms that required painting, however, this was in progress and scheduled in the coming weeks. The inspector saw that bedtables that required replacing had been ordered for the centre. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. There was adequate numbers of staff available to assist residents with nutrition intake at all times. There were good systems in place to ensure that resident who required specialised diets received them. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the the procedures, consistent with the standards for the prevention and control of health-care associated infections published by the Authority were implemented by staff. Up-to-date training had been provided to all staff in infection prevention and control, hand hygiene and in donning and doffing of PPE. There was good oversight of environmental and equipment cleaning in the centre. Deep cleaning schedules were in place for residents rooms. Residents who required transmission based precautions were seen to have

appropriate measures in place to reduce the risk of onward transmission within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The following issues required action in relation to fire safety in the centre.

- Two sets of fire doors were noted to have a gap that may allow the spread of smoke to protected escape routes in the event of a fire. The provider undertook to address this on the day of inspection.
- while fire drills and evacuations of the largest compartment with night time staffing levels were held in the centre, the frequency of these needed to increase to ensure that all staff were competent and confident in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records, the inspector found that assessments and care plans were not always updated in line with the requirements of the regulations and were not always updated following changes to residents' care needs. For example

- two residents' comprehensive assessment and a resident's continence assessment required updating
- a resident's care plan had not been updated to reflect changes in their nutritional risk assessment.

Judgment: Substantially compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Residents had timely access to a physiotherapist, dietitian, speech and language therapy and tissue viability nurse specialist. Residents' notes showed that residents had reviews by allied health

professionals and community services with effective oversight of residents' condition as required.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns. The provider was a pension agent for six residents. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as chiropody and hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. A schedule of diverse and interesting activities were available for residents. This schedule led by a dedicated activity co-ordinator and was delivered by activity staff over seven days. Residents were also supported with one-one activities by staff. Residents were complimentary about the social care programme and the staff providing same.

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Independent advocacy services were available to residents.

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 14: Persons in charge	Compliant
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
Quality and safety	
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	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0037010

Date of inspection: 16/11/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As outlined in the report two fire doors were noted to have a gap that may allow the spread of smoke to protected escape routes. Both of these issues were remedied on the week of our inspection as we had already scheduled remedial fire door work for that week. All of our fire doors and surrounds have been audited and any issues identified in these audits are being addressed in an organized systematic way. As outlined in the report the frequency of drills and evacuations needed to increase to ensure all staff were competent and confident in the event of fire. We have addressed this matter and increased the frequency of fire evacuation drills. These evacuation drills will be carried out ensuring all staff will have exposure to correct evacuation techniques. These evacuation drills will help supplement our fire warden training and unannounced fire drills that happen throughout the year.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: There were two resident's comprehensive assessments and one resident's continence assessment that required updating on the day of inspection. These have all been completed. Also the inspector identified that a care plan had not been updated to reflect changes noted in a nutritional risk assessment. This update has since been completed. We had undertaken a number of audits prior to inspection and had identified that care</p>	

planning needed a renewed focus. We have an opportunity to improve our care planning structure to more person centered care plans that are collaboratively created

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)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	17/11/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/01/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	28/11/2022

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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