



**Health  
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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:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0035984

## About the designated centre

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

Ferbane Nursing Home is a 65 bedded facility set in mature grounds in an urban area. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and seven twin rooms some of which are en suite. Residents' communal accommodation included a day room and dining area on each floor as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 10 May 2022	08:50hrs to 18:00hrs	Sean Ryan	Lead
Tuesday 10 May 2022	08:50hrs to 18:00hrs	Oliver O'Halloran	Support

## What residents told us and what inspectors observed

This inspection of Ferbane Care Centre found that residents were in receipt of a satisfactory quality of care from a team of staff who supported residents in their daily lives. In contrast to previous inspection findings, residents told inspectors that the quality of the service had improved and they expressed their satisfaction with daily activities and they were provided with choice with regard to how they liked to spend their day.

Inspectors were guided through the infection prevention and control measures in place on arrival. Following an introductory meeting with the person in charge, inspectors walked through the centre and spent time talking with residents and staff.

Inspectors observed that there was a relaxed and unhurried atmosphere on the morning of the inspection. Staff were observed providing person-centred care and spending time engaging with residents socially. Residents told inspectors that staff had time to chat with them and 'this made living here more comfortable' because 'you get to know the people who help you everyday'. Similarly, staff reported that the supervision and support they received had improved and the care provided to residents was coordinated to allow time for meaningful engagement. Residents described staff as 'busy but always there when needed'. Residents were observed to be appropriately supervised in communal areas throughout the inspection. Residents were satisfied with the time taken for their call bells to be answered and told inspectors that this had improved in recent months.

Inspectors observed that phased refurbishment works of the building had continued to enhance the facilities provided to residents. Inspectors found that the refurbishment of a section of the first floor was completed to a satisfactory standard and additional en suite bathrooms had been provided for residents. This resulted in a reduced bed capacity on the first floor. Inspectors observed that a dayroom on the first floor had been furnished with chairs and a table for residents to enjoy art and crafts and provided a suitable quiet space for residents to read and relax. The centre was observed to be generally clean in all areas occupied by residents. Some areas of the centre where floors were chipped and damaged impacted on effective cleaning.

Residents complimented the quality of the food they received and the residents dining experience was observed to be a social and enjoyable occasion. Staff were present in the dining rooms to provide assistance and support to residents.

Residents were observed to have equal access to meaningful activities facilitated by staff. Residents complimented the activities and told inspectors that there was 'something enjoyable to do everyday from morning to evening'. Inspectors found that residents were consulted about their experiences of quality of the service and some residents had completed a satisfaction survey in January.

The following sections of this report detail the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection 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).
- review the actions taken by the provider to address the non-compliance found on the last inspection in December 2021.

Overall, inspectors found a satisfactory level of compliance with the regulations reviewed. The provider had taken action to strengthen the governance and management of the centre and this had a positive impacted on the quality and safety of the care provided to residents. Improved oversight and monitoring of the staffing, training and supervision of staff, record keeping and file management systems, safeguarding and protection of residents, assessments and care plans and residents rights, were found on this inspection. Further action was required to ensure compliance with;

- Regulation 31, Notification of incidents
- Regulation 27, Infection control
- Regulation 28, Fire precautions
- Regulation 7, Managing behaviour that is challenging.

Following a series of poor inspections and subsequent engagement with the office of the Chief Inspector, the registration of the centre was renewed with an additional restrictive condition to ensure compliance with the care and welfare regulations and. The registered provider was required to comply with this condition by 30 October 2021. However, inspections carried out on 01 December 2021 and 17 December 2021 identified significant and repeated non-compliances and as a result the provider had failed to comply with a condition of registration. Following those inspection and further engagement with the office of the Chief Inspector, the findings of this inspection was that the provider had taken action to comply with the condition of registration.

Maracrest Limited is the registered provider of Ferbane Care Centre. On this inspection, inspectors found that the registered provider had taken action to improve the governance and management of the centre and improvements were found in the quality and safety of the care provided to residents. The management structure had been strengthened through additional clinical and administrative support for the person in charge. This included an assistant director of nursing who supported the person in charge in a supervisory capacity and three clinical nurse managers who provided direct nursing care to residents and supervised the quality

of care. The group quality manager provided oversight of the service and support to the management team.

There was evidence of regular governance meetings taking place between senior levels of management to provide effective governance and oversight of the service. The management team completed a range of clinical and environmental audits on a scheduled basis. The audits included reviews of infection prevention and control, clinical care documentation, wound care, restrictive practices and falls. The results of audits were found to inform the development of improvement action plans. Records evidenced that action plans were discussed at staff meetings and actions were assigned to relevant staff in their department to ensure the required improvements were implemented. The centre was sufficiently resourced with staff to meet the needs of the current residents on the day of inspection. However, staffing resources as detailed in the centre's statement of purpose were not in place. The management team confirmed that recruitment was ongoing and nursing, healthcare and domestic staff were due to commence employment in the coming months. The provider gave assurances that occupancy would remain stable at its current level until full staffing resources were in place.

Risk management systems were implemented and guided by the risk management policy. Risks were appropriately identified and recorded in the centre's risk register that detailed the controls in place to mitigate the risk of harm to residents. Inspectors were assured that incidents involving residents were recorded and investigated. Records evidenced improved oversight of resident's falls, supported by the establishment of a falls committee group that met on a monthly basis. Meetings were attended by the physiotherapist to support a multi-disciplinary approach to the analysis and trending of falls and quality improvement plans were developed.

Inspectors found that two incidents had not been notified to the Chief Inspector as required by the regulations. Inspectors reviewed both incidents and found that they had been appropriately managed in line with the centre's policies.

On the day of inspection, there were 55 residents living in the centre. Inspectors found that the staffing level was appropriate for the size and layout of the centre. A review of the rosters evidenced that there was a satisfactory skill-mix of staff nurses and healthcare assistants to meet the assessed needs of the current residents. There were sufficient numbers of housekeeping, catering and support staff on duty. Inspectors found that the current staffing resource was sufficient for the current residents.

A review of staff training records evidenced that all staff had up-to-date mandatory training to support the provision of safe care to residents. A training schedule was in place and on the day of inspection staff had attended end of life care and dementia awareness training. Staff demonstrated an appropriate knowledge with regard to fire safety, safeguarding of vulnerable people and infection prevention and control. Staff were appropriately supervised by the management team. There was evidence that staff completed an induction process, that included a fire safety induction, an

annual performance reviews were in place to support staff in their professional development.

There were effective record-keeping and file management systems in place. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. Staff personnel files contained all the information as required by the regulations.

The management of complaints had improved since the previous inspection. Complaints were maintained on an electronic record system and were managed in line with the requirements of the regulations.

### Regulation 15: Staffing

On the day on inspection, the staffing numbers and skill mix were appropriate to meet the needs of the current 55 residents. There were satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included catering, housekeeping, administration and activities staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspectors evidenced that all staff had up-to-date mandatory training. Staff had completed training relevant to infection prevention and control. Staff had been facilitated to attend training on end-of-life care and dementia awareness. Staff demonstrated a satisfactory knowledge of their training.

Arrangements were in place to ensure staff were supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Judgment: Compliant

### Regulation 21: Records

Information governance arrangements were in place to ensure secure record-keeping and file-management systems were in place.

Records in accordance with Schedule 2, 3, and 4 were available for inspection.



A sample of staff personnel files were reviewed by inspectors and these were securely stored and well maintained. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Nursing records were maintained on an electronic system that was made accessible to inspectors for review. Daily health and social care needs were documented in the electronic system for each resident.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had taken action since the previous inspection to ensure there was effective oversight of the systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents.

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents.

The annual review of the quality and safety of the service for 2021 had been completed.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable events regarding two residents had not been notified to the Chief Inspection within the time-frame specified in the regulations. For example, an allegation of abuse and a serious injury to a residents had not been notified to the office of the Chief Inspector.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place that met the requirements of the regulations. Records of complaints were maintained in the centre and the

inspectors found that all complaints had been acknowledged, investigated promptly and the complainants satisfaction recorded within the complaint record.

Judgment: Compliant

## Quality and safety

Overall, residents in Ferbane Care Centre were supported and encouraged to enjoy a satisfactory quality of life. Residents indicated that they felt safe living in the centre and knew the staff well. Improvements were found in the quality and safety of the service with regard to the provision of, and access to, meaningful group and individual activities for residents, end of life care and safeguarding of residents. Improvements were also found with regard to fire safety and infection prevention and control in the centre but further action was required to comply with those regulations.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process.

Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment.

Staff demonstrated an awareness of how to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records indicated a low incidence of bedrail usage in the centre. Where restraints were used, records generally indicated that alternatives to restraint were trialled prior to use. Inspectors found that two residents that were using bedrails did not have an appropriate assessment completed. However, inspectors found that safety checks were being completed by staff for those residents.

The centre had recently experienced an outbreak of COVID-19 that had affected a number of residents and staff. Inspectors acknowledged that measures to contain the spread of the virus had been implemented. An outbreak review had been completed that detailed the timeline of the outbreak and reflection on measures that worked well and areas for improvement. The provider had taken action to improve infection prevention and control (IPC) measures in the centre since the previous inspection. This included monthly audits with quality improvement plans, a maintenance schedule and cleaning schedules for fabric furnishings and carpets. Staff demonstrated an understanding of the cleaning procedure and personal protective equipment was observed to be appropriately worn. Inspectors

acknowledged that plans were in place to progress refurbishment and redecoration of the premises to include upgrading hand hygiene sinks. However, there were aspects of the premises that continued to impact on effective infection prevention and control measures such as cleaning.

There was satisfactory systems in place in relation to the management of risk. There was an up to date risk management policy which addressed the risks specified in the regulations.

The fire precautions in the centre had improved since the last inspection, and the provider was found to be proactive in managing the fire safety risks in the centre. Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. All records were made available for review and were up-to-date. Procedures to ensure the safe and timely evacuation of residents in the event of a fire had been reviewed following the previous inspection and improvements were noted. The provider had engaged the services of a competent person to carry out a fire safety risk assessment. The inspectors noted that provider was progressing to review the fire safety risk assessments and develop and action plan in line with the time lines detailed in the report. Inspectors found that action was required to comply with Regulation 28, Fire precautions.

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and kind. Staff were aware of residents individual needs and demonstrated an understanding with regard to their role and responsibility in protecting residents from the risk of abuse.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The management team had engaged with advocacy groups and external social support services for residents under the age of 65 living in the centre and appropriate plans of care were in place.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Inspectors spoke with a small number of visitors and all were very complimentary of the care provided to their relatives.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Visits were encouraged with appropriate precautions in place to manage the risk of introduction of COVID-19.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate the risk of harm to residents.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents.

Judgment: Compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the authority. This was evidenced by;

- The spouts and drip trays of wall mounted hand sanatisers were not clean on inspection.
- Gaps between timber floors on the ground floor impacted on effective cleaning.
- Due to broken and missing tiles in the kitchen area, effective cleaning of the floor could not be assured.
- There was inappropriate storage of items such as a picture frame between the wall and bedpan washer in a sluice room.
- There was no running water, hand hygiene sink or facilities to dispose of waste water in the housekeeping room.
- Areas such as the laundry store room and the occupational therapy room had large volumes of personal protective equipment and continence wear stored on the floor. This impacted on accessibility to effectively clean the area that were observed to be visibly unclean inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28, Fire precautions. This was evidenced by;

- A number of fire doors, when released, did not close correctly. Seals were damaged or missing on some fire doors. This compromised their ability to contain smoke in the event of a fire.
- One fire door was observed to be wedged open. This prevented the door from closing in the event of fire alarm activation.
- Accurate escape plans and the procedure to be followed in the event of a fire were not displayed in the newly refurbished wing in the centre.

A fire safety risk assessment had been completed by a competent person in April 2022. The report identified issues such as;

- A large number of fire doors that required repair or replacement to ensure they effectively carried out their function in the containment of smoke and fire, particularly in high risk areas such as the kitchen, communal areas and on corridors.
- Areas of the centre that required further review to ensure they were appropriately equipped to contain the spread of fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, impaired skin integrity and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

Care plans accurately described the interventions in place to support residents at risk of malnutrition, with impaired skin integrity and residents who experience pain.

Judgment: Compliant

### Regulation 6: Health care

A satisfactory standards of evidence based health and nursing care and support was provided for residents in this centre. Residents were supported to to access their GP and attend appointments with allied health and social care professionals.

Inspectors found that the advice of allied health and social care professionals was acted upon and integrated into the residents plan of care to ensure best outcomes for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Assessments of risk with regard to the use of bedrails had not been completed for two residents prior to implementing the use of bedrails in line with the centres policy. Records did not indicate if safe alternatives to bedrails had been trialled or if consent had been obtained.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There were opportunities for residents to consult with management and staff on how the centre was run through scheduled resident forum meetings. A resident satisfaction survey was carried out in 2022 and overall, responses indicated that residents were satisfied with the quality of the service.

There was an activity schedule in place and residents were observed to be facilitated with social engagement opportunities and appropriate activities throughout the day. Activities were tailored to residents individual needs and preferences.

Residents told inspectors that their choice was respected in many aspects of their daily life and that staff were available to provide support and assistance when needed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0035984

Date of inspection: 10/05/2022

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> <li>1. NFO3 and NF06 completed and submitted on 11/05/2022</li> <li>2. Daily review of incidents by DON/ADON/CNM to ensure notifiable events are reported to HIQA within the timeframe specified by the regulations</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. PIC eviued cleaning schedule with Domestic supervisor to include daily cleaning of spouts and drip trays of wall mounted hand sanitizers within the centre.</li> <li>2. PIC and Engineer reviewed the floors on the ground floor and a plan to repair the floors was agreed as part of the body of works, to be completed by 31st October 2022</li> <li>3. RPR met with the Engineer on 2/06/2022 and approved the reflooring of the main kitchen and provision of running water, disposal of wastewater and a hand hygiene sink for the housekeeping room to be installed.</li> <li>4. Items stored inappropriately in the sluice room were removed immediately</li> <li>5. PPE and Continance wear removed from the floor of the Laundry Storeroom and the Occupational Therapy Room to allow for cleaning.</li> </ol>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. RPR met with Engineer to review the findings of the External Fire Safety Management assessment on 2/06/2022 and develop an action plan to address the issues found.</li> <li>2. Copies of Escape Plans and Procedure to be followed to evacuate in the event of a fire will be displayed in the newly refurbished wing of the centre by the end of June 2022</li> <li>3. Replacement of damaged or missing door seals on fire doors in high-risk areas to be prioritized and for completion by the onsite maintenance officer.</li> <li>4. Following the inspection, all fire doors were audited, any wedges found were removed and staff are reminded of this at daily handover.</li> </ol>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ol style="list-style-type: none"> <li>1. Risk Assessments completed with regards the use of bedrails for two residents, as per the Centre's policy and records updated to demonstrate safe alternatives to bedrails were trialed and consent from resident/family had been obtained</li> <li>2. CNM assigned to oversee that the least restrictive strategies are applied prior to implementing the use of siderails and to ensure individual care plans reflect same</li> <li>3. ADON to audit compliance with Centre's Policy for Managing behavior that is challenging, as part of the master audit schedule and provide training update as required.</li> </ol>	

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/06/2022

Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	11/05/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	11/05/2022