



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

Issued by the Chief Inspector

Name of designated centre:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	16 June 2022
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0037077

About the designated centre

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

Glyntown Care Centre is located on an elevated site over the village of Glanmire. It is a 39 bedded purpose-built care facility. The bedroom accommodation consists of 18 single bedrooms and ten twin bedrooms. The center accommodates residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following a comprehensive pre admission assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age and can be either male or female. 24 hour nursing care will be provided which is supported by a team of nursing staff, healthcare assistants and other support services. Initial admission assessment and short-term care plans will be completed with 24 hours of admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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
Thursday 16 June 2022	09:45hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over the course of one day. The inspector spent time observing residents living in Glyntown Care Centre and spoke with eight residents in detail during the day. The inspector found that overall, the residents were content with the care they were receiving and observed some good staff and resident interactions during the inspection. It was evident that staff on duty were familiar with residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were observed to be warm and empathetic in their interactions with residents, and were respectful of residents' communication and personal needs.

On arrival to the centre the inspector observed that there was painting taking place to the external walls surrounding the premises. On entering the centre the inspector was met with the administrator, who ensured the necessary infection prevention and control measures, such as hand hygiene and temperature check took place. The inspector was informed that the person in charge was on leave and the Assistant Director of Nursing (ADON) was responsible for the management of the centre, on that day. After an opening meeting, the inspector was guided on a tour of the premises.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated outside Glanmire Village, on the outskirts of Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 30 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre comprises 18 single and 10 twin bedrooms. Seven of the single rooms and one twin room have en suite facilities. The remaining bedrooms have wash hand basins in the room, and residents in these rooms share access to communal bathrooms. The inspector saw that some residents recently had their bedrooms painted and were liaising with staff in relation to their preferred colour for their room. One resident the inspector met with has their room painted bottle green and told the inspector they were very happy, as it was their favorite colour and they found it relaxing.

The centre was divided into three wings, each depicting names of trees; Beech, Ash and Oak. Communal space in the centre comprised a large sitting room, a library, a small tranquility room and a dining room. Residents also had access to an enclosed garden, to the back of the premises, which the inspector observed was clean and well maintained. Residents had easy access to this outdoor space via the sitting room and dining room. The inspector saw that the provider had made numerous upgrades to the premises since the previous inspection, seven months previously. These included, for example; replacement of flooring and furniture in the dining room, painting of bedrooms and hallways and upgrades to the clinical room, which included storage and flooring. The inspector was informed that this schedule of works to the premises was in place, and was ongoing. The provider had also converted a single bedroom into additional storage and sluicing facilities, which

improved the organisation and storage of supplies and equipment.

On the morning of the inspection the inspector observed that some residents were relaxing in the sitting room, and enjoyed a quiz and some adult colouring. There were balloons visible to celebrate dementia awareness day, which had taken place that week. Throughout the day, the inspector observed that residents were actively involved in group activities in the main sitting room. The activity staff member was enthusiastic about their role and it was very evident that they were aware of each residents likes, preferences and interests in relation to activities.

Residents reported that they enjoyed the food in the centre and it was of very good quality. They explained that they were offered choice at each mealtime, and could avail of snacks and drinks throughout the day. Ten residents were seen to have their meals in the dining room, where classical music played and a menu was displayed, offering residents three choices of a main course. However, other residents had their meals in the main sitting room, seated in the same armchairs in which they spent their day. As a result, the dining experience for some residents had a functional feel, rather than a social occasion, which required review, and is actioned under regulation nine.

Residents who spoke with the inspector were content and said that they felt safe living in the centre. Residents told the inspector that they could talk with staff if they had any complaints, or were worried about anything. The inspector observed that staff interactions with the residents were empathetic and respectful at all times. The inspector spoke with a number of residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. A number of residents were unable to have a conversation but were observed to be content and comfortable in their surroundings.

The inspector observed visitors in the centre on the day of this inspection and had the opportunity to speak with four visitors. They all spoke positively about the care that their loved one received. One relative told the inspector that their family members overall health had improved since admission and they praised the kindness and commitment of staff. Residents who spoke with the inspectors confirmed that they were visited by their families and friends. However, on the day of the inspection the second communal area, the library, was in use for visiting, which had an impact on the space available to the residents. One resident told the inspector they are often asked to move in the evening, when watching television, and they found this very disruptive. This required to be reviewed, and is actioned under regulation 9.

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

This was an unannounced risk inspection conducted to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the findings of the previous inspection. The previous inspection of this centre took place seven months prior to this inspection, and findings were that there was a requirement for increased oversight and monitoring of the service and in the overall governance and management of the centre. This inspection found that improvements in relation to governance and management had been made and the provider had addressed the majority of the issues identified during the last inspection as non complaint. There was evidence of improved systems in place to monitor staff recruitment, training and staff development, fire precautions, complaints, infection prevention & control practices, and wound care. However, some further actions were required in relation to infection control, fire precautions and residents rights, which are addressed under the relevant regulations.

Glyntown care Centre is operated by Zealandia Ltd, a company comprising two directors. There is a clearly defined management structure in place, which had been strengthened since the previous inspection, by the appointment of an ADON. Both directors are engaged in the day to day operation of the centre, one being the named person in charge. From a clinical perspective, care is directed by the person in charge, who is suitably qualified for the role, as per the regulations. They are supported in their role by an assistant director of nursing, a clinical nurse manager and a team of nurses, healthcare assistants, domestic, catering and activities staff. The processes in place to oversee the quality of care being delivered to residents had improved since the previous inspection, and now these processes were leading to improvements in practices, with all identified issues being addressed promptly. The provider had demonstrated good governance in relation to fire safety, since the previous inspection, by getting the advice of a competent fire professional which in turn led to enhancing and improvements in the fire safety of the premises.

A review of the rosters found that staffing was adequate to meet the day-to-day needs of the residents in the centre, on the day of the inspection. There was a training matrix in place which detailed a comprehensive programme of training for staff. Staff were facilitated to attend mandatory training and all was up-to-date. There were systems in place to support the induction and supervision of staff, which was a noted improvement from the previous inspection. Improvements were also noted in the maintenance of staff files, and there was generally good evidence that staff were suitably recruited, however, one staff file did not have references from the most recent employer. Garda vetting disclosures were in place for all staff and a new system was implemented to verify employment references.

The inspector noted that there were robust arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. All incidents had been reported to the Chief Inspector as per regulatory requirements. There were significant improvements in the management and oversight of complaints within the centre, and the complaints were now managed in line with the centres own policy and met regulatory

requirements.

Regulation 15: Staffing

A review of staffing rosters and observations of the inspector indicated that current staffing levels and skill-mix were adequate, to meet the assessed needs of the 30 residents living in the centre, on the day of inspection. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were noted in the provision and monitoring of training within the centre. A review of the centres' training matrix identified that all staff had completed mandatory training, as required by the regulations, in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and responsive behaviours.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A review of a sample of four personnel records found that one file did not contain a reference from the employees most recent employer, as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The system of governance and management in place for the centre had improved since the previous inspection of this centre, which ensured a more effective delivery of a safe, appropriate and consistent service. An annual review had been completed for 2021.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services. The room occupied by the resident was reflected in the contracts reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2022. The contents met the regulatory requirements and reflected the number and occupancy of beds in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted to the Chief Inspector had been submitted. The inspector followed up on notifications submitted since the previous inspection and found that these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were noted in the complaints management process since the previous inspection. A review of the complaints log indicated that complaints were recorded in line with regulatory requirements. These were investigated appropriately and required improvements, if any, were put in place in response to complaints. The procedure for making a complaint was on display in the foyer. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and they would address their concerns promptly.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations, were available for review. These had all been updated within the last three years, as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the care and support the residents received in Glyntown Care Centre was of a good quality and was person-centred. Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Improvements that had been made in relation to the monitoring of wound care within the centre, fire precautions and infection prevention and control since the previous inspection of November 2021, which helped to ensure that residents were safe. However, some further areas required to be addressed to bring the centre into full compliance, and are discussed under the relevant regulations.

The inspector reviewed a selection of care records for residents, with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of residents and how they were to be delivered. These were seen to be person-centred and were updated either four monthly or more frequently, when there were any changes to the residents care or condition, as per regulatory requirements. There was good access to allied healthcare professionals including a physiotherapist, who was employed by the provider and attended the centre weekly. It was evident that residents' overall healthcare needs were met and that they had access to appropriate medical services, palliative care, community mental health and psychiatry of old age.

As mentioned earlier in this report, the provider had been proactive with regards improving fire safety within the centre, which evidenced good governance. Improvements were noted in the oversight of fire safety within the centre, since the previous inspection. Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed, in the event of a fire. Training records evidenced that staff had completed training in fire safety. The provider had a survey of all fire doors conducted in November 2021 and had addressed all areas as recommended by the fire safety consultant. The provider was also planning to upgrade the fire alarm system within the centre, as recommended. However, this inspection found that

although fire drills were taking place within the centre, further drills were required, cognisant of night time staff levels, as detailed under regulation 28.

Overall, improvements were observed in the cleanliness of the general environment and the provider had implemented enhanced cleaning systems within the centre. The centre had experienced a COVID-19 outbreak a few months prior to this inspection, which affected both residents and staff. Overall, the inspector observed that there were good infection prevention and control practices and procedures in place, however, some further areas required attention, which are detailed under regulation 27.

Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held monthly. The inspector observed residents making choices about how they spent their day, including what meals and drinks they would have. Advocacy services were available to residents if needed. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. A detailed account of each resident's life was collated that guided staff with ensuring that their quality of life in the centre was optimised.

Regulation 11: Visits

There were no restrictions for residents receiving visitors in the centre. The management team were requested to review the space allocated for residents to meet their visitors in private areas, other than their bedrooms if they wished to do so. This is actioned under regulation 9.

Judgment: Compliant

Regulation 17: Premises

As detailed earlier in the report, the provider had carried out improvements to the premises, since the previous inspection. The provider was endeavouring to improve current facilities and physical infrastructure in the centre, through ongoing maintenance and painting. However, as acknowledged by management, further work was required and a schedule of works was in place to address this.

Judgment: Substantially compliant

Regulation 27: Infection control

The following required to be addressed pertaining to infection control:

- although new cleaning processes had been put in place, there was a need for improved oversight and monitoring of cleaning by management as a sink in a sluice room was visibly not clean and required attention.
- the sinks in sluice rooms and the clinical room did not have hand soap dispensers and there was no hand soap available in close proximity, which did not promote staff compliance with handwashing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the action by the provider to review and enhance fire precautions within the centre, this inspection found the following required action:

- records indicated that fire drills were been carried out in the centre, simulating the evacuation of compartments. However, the majority of these were using day duty staffing levels. Further drills were required using night time staffing levels, to ensure all staff were familiar and competent with evacuation procedures.
- the fire alarm system required upgrading, as per the recommendation of the fire safety consultant. The inspector was informed that there was a plan in place for this to be actioned.

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, pressure related skin damage and mobility assessments. These assessments informed the care plans, developed to meet each resident's assessed needs. They were updated four monthly or when the condition of a resident changed, as per regulatory requirements. Care plans were found to be personalised and provided good guidance on the care to be delivered to each resident, on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners from a local practice, allied health professionals and specialist medical and nursing services. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff, with good outcomes for residents. There was a low incidence of pressure ulcer development in the centre and the inspector found that wounds were appropriately monitored. Residents had been appropriately reviewed, where necessary, by a tissue viability specialist.

Judgment: Compliant

Regulation 9: Residents' rights

The following pertaining to residents rights required to be addressed:

- some residents were not given the choice or opportunity to have a dining experience and were seen to have their meals in the chairs where they sat during the day.
- the use of communal space for visiting required review, to ensure that residents were not requested to move to facilitate visiting.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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 9: Residents' rights	Substantially compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0037077

Date of inspection: 16/06/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The system of monitoring personnel details of our staff has been strengthened this year, where all staff references once received are validated by the PIC.</p> <p>The issue pertaining to a staff members reference identified during the recent inspection has been appropriately sorted/dealt with.</p> <p>All records within the centre are now compliant with Regulation 21: Records</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Glyntown Care Centre is our resident’s home. We strive on a continuous daily basis to provide a secure, safe, homely residence where our residents feel safe and have a sense of ownership of their personal living space.</p> <p>As a management team, we are committed to ensuring that’s the center’s design and layout is appropriate to the privacy, dignity, and wellbeing of our residents. We achieve this through a continuous program of upgrading and improvements with external contractors as well as our own maintenance personnel to both the internal and external aspects of the center.</p> <p>A yearly schedule of improvement works is in place and reviewed by the registered provider, PIC and maintenance personnel at the monthly management meetings.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff within this centre are refreshed and updated on all aspects of Infection Prevention and Control theory and practice at regular intervals throughout the year. Our training matrix is reflective of all training undertaken within the centre. All equipment necessary to comply with infection control practices is provided.</p> <p>Issues identified during the recent inspection have been rectified.</p> <p>An external company provide the cleaning services within this centre. Daily communication with the staff is initiated by the PIC of A/DON. Checklists for terminal, deep and daily cleaning are in place and have been recently amended to include "inspected by", "findings" and "actions". Following inspection of a room the findings are recorded and communicated back to the staff and actions are initiated and rechecked when appropriate.</p> <p>The sink identified during inspection that required cleaning was cleaned before the end of the inspection as per infection prevention and control best practice.</p> <p>All sinks in the centre have hand wash dispensers and disposable paper towels and hand sanitizer units are available in every room and corridor within the centre in accordance with infection prevention and control guidelines.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire safety and its compliance is one of the most important aspects of ensuring residents are safe within our center.</p> <p>To ensure timely, regular fire training within the centre, a senior member of staff completed a Fire Safety & Fire Warden Instructor course earlier this year. This staff member facilitates fire training for new staff and refresher training for all other staff on a regular basis. He also undertakes monthly fire equipment checks.</p> <p>We conducted a nighttime simulated fire evacuation on 01/07/2022. We will continue with simulated fire evacuation drills targeting night staff in particular, to ensure that staff are confident and competent in their knowledge and actions in the event of a fire alarm activation.</p> <p>Records of fire drills and equipment checks are stored in the fire register.</p> <p>The upgrading of the fire alarm system was discussed with the inspector during the inspection. The process of engaging with fire alarm contractors will commence in the</p>	

final quarter of 2022 and it is intended to have it completed by the end of quarter 2 2023..

Fire safety is an agenda item on monthly management meetings.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The rights of the residents within our centre have always been our priority and their rights underpin all our actions.

Staff are regularly reminded of the FREDA Principles – Fairness, Respect, Equality, Dignity and Autonomy.

Our quality improvement plan for 2022 mentioned upgrading the main dining room and enhancing the dining experience for all our residents.

As the inspector noted the main dining room has been extensively upgraded this year and the resident's opinions were sought regarding the soft furnishings.

Our plan for the rest of the year is to concentrate on enhancing the dining experience of the residents who require assistance and remain in the day room. We will provide appropriately dressed dining tables where residents and the HCA can sit at the table for their meals and listen to soft background music.

Some residents express a desire to sit in the quiet library for their meals and this request is facilitated at all times.

Resident family members and friends are most welcome in our centre. We continue to follow infection prevention and control guidelines in relation to visitors. We will always respect the residents wishes to either receive or refuse visits from loved ones.

Some residents have expressed a preference to receive their visitors in their bedrooms and we facilitate this as much as possible always cognizant of infection control guidelines.

Some residents have expressed their preferences to use communal spaces to receive their visits. We are always conscious if a resident is using a communal room for rest and relaxation, T.V. watching not to disturb them. In this scenario we use alternative communal spaces such as the mediation room and the vacant dining room.

At this time of the year, when the weather is favorable, we encourage the residents to avail of the fresh air and stock up on vital Vitamin D for the winter ahead. Many residents enjoying sitting outside with their family.

We discuss visiting guidelines and options and choices available to residents at both monthly residents and management meetings.



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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2022
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	01/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	30/07/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2023
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	22/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does	Substantially Compliant	Yellow	01/09/2022

	not interfere with the rights of other residents.			
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