



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

## Issued by the Chief Inspector

Name of designated centre:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	07 March 2023
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0039555

## About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area and the quiet room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents. The centre is supported by the Friends of Bandon Community Hospital who have raised money for the day-room refurbishment and many other aspects of the care setting.

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

Number of residents on the date of inspection:	25
--	----

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 7 March 2023	09:00hrs to 16:45hrs	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 have a good quality of life in the centre. The inspector met with many of the 25 residents living in the centre and spoke with eight residents in more detail to gain an insight into their lived experience. The inspector also met a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the care provided and a number of residents told the inspector that staff were kind and caring and that there was plenty for them to do in the centre. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

The inspector arrived unannounced to the centre. Following an opening meeting with the person in charge, she accompanied the inspector on a walk around the centre. During the walk around, it was evident to the inspector that the person in charge was knowledgeable about residents' care needs and that she was well known to residents.

Bandon Community Hospital is a modern purpose built centre on the outskirts of Bandon town. The centre is a single storey building. The inspector saw that the centre was bright and warm throughout. Residents' bedroom accommodation consists of 21 single rooms and two twin rooms. All bedrooms had ensuite shower and toilet facilities. The inspector saw that residents' rooms were bright, well maintained and personalised with residents' family photographs and memorabilia. There was plenty room for storage of residents belongings and each room had a lockable storage space.

The centre had plenty communal spaces for residents' use. There was a large dining and recreation room. The inspector saw that this room had been redecorated with beautiful wall paper and new curtains and the room had a homely feel. The person in charge told the inspector that a number of the residents had been involved in picking swatches and paint colours for the room. The hairdressing room in the centre had also been recently tastefully decorated. The centre also had two smaller communal rooms, one dining/activities room with an adjacent kitchenette. Some of the residents used this room throughout the day to make themselves hot drinks as they wished. The second was a sitting room but this was not in use on the day of inspection as work was in progress to replace the fire door in the room. There was plenty areas throughout the centre where residents could sit and relax in private with comfortable seating and tables for them to use. Storage had been removed from the reflection room since the last inspection. The inspector saw that a number of residents were mobilising independently throughout the centre during the day and residents could easily access outdoor spaces. The inspector saw that raised beds in the internal courtyard had recently planted flowers and plants in preparation for spring. Another outdoor area was accessed by residents living in the centre who smoked. The inspector saw that while there was a fire extinguisher located in close

proximity to this area, other fire precautions such as a fire blanket and call bell were not available. Furthermore, the location of the fire apron wasn't visible to encourage residents to use it.

The inspector saw that the centre was clean and two cleaning staff were on duty on the day of inspection. The inspector saw that there were plenty hand hygiene facilities throughout the centre and available to staff at point of care.

The inspector observed the dining experience at lunch time. Some residents had their main meal in the dining room, while others chose to remain in their bedroom. The lunch time meal appeared appetising and nutritious and residents had choice of main course. The appearance of textured modified diets had improved since the last inspection. There was enough staff available to provide assistance with residents who required it. The inspector saw assistance was provided to residents who required it, in a dignified and respectful way. However, the inspector saw that the presentation of tables in the dining room could be enhanced as they did not have any table cloths or condiments and the inspector observed that residents who liked salt or pepper had to request it from staff.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by both external activity staff and the centre's own staff. On the morning of the inspection, a group of residents enjoyed a quiz. A local priest attended the centre to celebrate mass as he did every Tuesday and the residents were joined by attendees from the adjacent day care centre which gave the mass a sense of community. The priest stayed on and residents had a sing song and chat with him until it was nearly lunch time. Further activities were held in the afternoon by the external activity co-ordinator such as tennis, reading of the newspapers and reminiscence. A number of residents told the inspector that they loved the chair yoga that was held in the centre twice a week. Those residents who could not communicate their needs appeared comfortable and content.

The inspector saw that residents were dressed to their own style. The inspector observed that staff provided care and support in a respectful and unhurried manner during the day of inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff. The centre also had a resident dog "Ivy" that one of the residents in particular loved.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on 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 follow up on the findings of the previous inspection. The inspector found that in general, 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 precautions, staff training, food and nutrition and care planning.

Bandon Community Hospital is operated by the Health Service Executive, who is the registered provider. On the day of inspection, clearly defined management structures were in place, to enable accountability and responsibility for the service. Support to the management team in the centre was provided by the the General Manager who was the registered provider representative (RPR), and the person in charge reported to the RPR. The management team in the centre was also supported by facilities and estates, infection prevention and control and human resources staff from the HSE. The organisational structure within the centre was clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day-to-day running of the centre consists of a person in charge and a clinical nurse manager, both of whom had been appointed in September 2022. The person in charge was appointed in September 2022 as the previous person in charge took up another role in the HSE. The provider notified the office of the Chief Inspector in line with regulatory requirements. However, the newly appointed person in charge did not have a management qualification to meet the requirements of Regulation 14. There was engagement with the provider and the office of the chief inspector and escalation ensued whereby a condition was attached to the registration; for the provider to ensure that the post of person in charge in the designated centre is held by a person who is a registered nurse with a post registration management qualification in health or a related field by 31 March 2023. Since the incoming person in charge had successfully completed a registration management qualification by the time of the inspection, the provider could now apply under Section 52 of the Health Act 2007 to remove this condition.

There were systems in place to monitor the service. Key quality indicators in aspects of resident care, such as weights, antimicrobial usage and falls were being monitored by the management team. Falls were analysed to identify any trends or areas for improvement. The provider had a schedule of audits in place and audits were completed in areas such as infection prevention and control, end of life care, medication management and food and nutrition and care planning documentation. However the inspector found that action plans required implementation to address audit findings. As audits in relation to care planning documentation undertaken by the person in charge and clinical nurse manager in June 2022 and October 2022 found low levels of compliance. These finding were still reflected in the inspector's findings on the day of inspection. This is outlined under Regulation 23; Governance and Management.

There were regular management meetings between the general manager, the

director of nursing and other directors of nursing of community centres in CHO4 to enable sharing of information and learning between the services. From a review of minutes of these meetings, it was evident that infection prevention and control specialist nurses also attended to share advice and expertise at these meetings. Regular staff meetings were also held in the centre with catering staff, nursing and care staff.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. The staffing levels and skill-mix were adequate to meet the needs of the 25 residents living in the centre. Staff in the centre could avail of training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills. This was monitored by the person in charge. A number of staff were overdue mandatory training as outlined under Regulation 16; Training and staff development.

The inspector saw incidents were well managed in the centre and accurately recorded. The management team were correctly submitting the required notifications to the Chief Inspector, within the required time frames.

An annual review of the quality and safety of care provided to residents had been prepared for 2022.

#### Regulation 14: Persons in charge

The person in charge was appointed in September 2022 and was full time in position. She had the necessary experience as required in the regulations. At the time of inspection, she had successfully completed the required management qualification to meet the requirements of the regulation. She demonstrated knowledge regarding her role and governance and management and oversight of the service.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the staffing rosters and the staffing levels on the day of the inspection found that staffing was appropriate to meet the assessed needs of the residents and for the size and layout of the building. There were two registered nurses rostered 24 hours a day, seven days a week in the centre.



Judgment: Compliant

### Regulation 16: Training and staff development

The inspector saw that there were improvements with uptake of training on managing responsive behaviour since the previous inspection, however, four staff were over due training in responsive behaviour and records indicated that five staff were overdue training on hand hygiene in line with the centre's policy.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents, however, action was required to ensure it included the requirements of paragraph 3 of Schedule 3 of the regulations such as information relating to residents who were transferred to hospital.

Judgment: Substantially compliant

### Regulation 21: Records

The inspector view a sample of four staff files and found that Garda vetting was in place for staff. One staff file viewed did not include a full employment history, this was addressed by the person in charge during the inspection and added to the staff member's file.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that some of the management systems in place required action to ensure that audit findings are implemented.

- The inspector found that documentation of care audit found low levels of compliance in June 2022 and October 2022 and these findings were yet to be addressed by the time of the inspection
- Oversight of fire precautions required action as outlined under Regulation

28;Fire precautions.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a sample of contracts of care which contained details of the service to be provided and fees to be paid.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in Bandon Community Hospital, where management and staff promoted residents' rights. There was evidence that residents needs were being met through good access to health care services and opportunities for social engagement. However, the inspector found that some improvements were required in relation to food and nutrition, care planning and fire precautions as discussed under the relevant regulations.

Residents received a good standard of health care and services were provided in line with their assessed needs. Residents had timely access to general practitioners, who visited the centre four times a week. Residents had good access to allied health professionals such as physiotherapy, dietitian, speech and language therapy and occupational therapy. Validated risk assessments were completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. Based on a sample of care plans viewed while appropriate interventions were in place for some residents' assessed needs, some care plans reviewed required improvements as outlined under Regulation 5. individual assessment and care plan.

Residents hydration and nutrition needs were assessed and regularly monitored.

There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector saw that the serving and presentation of food had improved since the previous inspection in particular the presentation of textured modified diets. However, some further improvements were required as outlined under Regulation 18.

There was a very low use of restrictive practices in the centre and a register was maintained to monitor any of these practices.

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. The centre was very clean homely and warm through out.

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. Fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels, however some improvements are required in relation to fire precautions, particularly in relation to the outdoor smoking area as outlined under Regulation 28. Fire precautions.

Residents were provided with opportunities to participate in these activities in accordance with their interests and capacities. There was a schedule of activities available seven days a week that were facilitated by external providers and the centre's own staff. The inspector saw a large group of the residents enjoying activities such as a quiz, a sing song and attend mass on the day of inspection. The inspector saw the activity staff provide one-to-one activities for residents who choose to stay in their rooms. Staff and residents assured the inspector that residents choices were respected in the centre. Residents religious preferences were supported in the centre and mass was available daily on the centre's smart TVs. Mass was celebrated every Tuesday by a local priest and the inspector saw that local residents of the community who were attending the adjacent day care centre attended mass with the centre's residents which ensured close links with the community. Residents were surveyed on their satisfaction with the food choices available and in general feedback from residents was positive. One of the residents acted as a representative for other residents and told the inspector that they informed the person in charge of any issues raised by residents who they spoke with where relevant. However regular residents meeting were not occurring in the centre to ensure that residents were involved in the running of the centre as outlined under Regulation 9; Residents' rights.

## Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw many visitors attending the centre on the day of inspection.

Judgment: Compliant

### Regulation 17: Premises

The inspector saw that the design and layout of the centre was appropriate to meet the needs of residents. The centre was well maintained and nicely decorated with ample communal and private spaces for residents use. There was easy access to well maintained outdoor secure spaces.

Judgment: Compliant

### Regulation 18: Food and nutrition

Overall, the inspector saw that a number of improvements regarding food and nutrition for residents had taken place since the previous inspection, however the following required action

- a number of residents who required assistance were served their meal from a bed table or side table placed in front of them in the dining room rather than being brought to one of the dining room's tables where they could socialise with other residents.
- desserts were served at the same time as the main meal which did not enhance the pace of the dining experience.

Judgment: Substantially compliant

### Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation.

Judgment: Compliant

### Regulation 28: Fire precautions

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

- The outdoor smoking area did not have a fire blanket or fire apron in close vicinity to protect residents who smoke from the risk of fire
- The inspector saw that there were gaps in the weekly records of fire alarm and checking of fire doors.
- The hold open device was not working on the door to the clinical nurse manager's office and required repair.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, the inspector found that residents care plans were not always updated in line with the requirements of the regulations and were not always updated when residents care needs changed.

- One care plan was not updated every four months in line with requirements as the inspector saw that while it was updated in December 2022, there was a five month gap with the previous review.
- A resident's nutritional care plan and their narrative notes did not reflect recorded weight loss.
- A resident's mobility care plan was not updated to include recommendations from an assessment by a physiotherapist.
- One care plan did not have a daily entry in line with guidelines.

These findings may impact on the provision of residents' care in line with their assessed needs.

Judgment: Substantially compliant

### Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. Local general practitioners attended the centre four days a week to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry as required. Resident's notes showed that residents had reviews by allied health professionals and community services with effective oversight of residents' condition.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector saw that regular residents meeting were not occurring in the centre to ensure that residents were involved in the running of the centre. The inspector saw that only one meeting was held in 2022 rather than every 12 weeks as outlined in the statement of purpose.

Action was required to ensure that residents' meetings were held at the intervals outlined in the statement of purpose to seek residents views on the running of the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Bandon Community Hospital OSV-0000557

Inspection ID: MON-0039555

Date of inspection: 07/03/2023

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Two staff members will train as responsive behavior trainers with St Luke's Northridge Education Centre.</p> <p>This training will take place on 17/04/2023.</p> <p>By the 31/05/2023, 100% compliance with the training identified during the inspection with.</p> <p>Two staff members will train as RESIST hand hygiene trainers in April 2023 (date awaiting) and once trained, they will facilitate training of other staff in Bandon Community Hospital.</p> <p>By the 31/05/2023, 100% of hand hygiene training will be completed.</p> <p>In addition, a staff nurse will train as IPC link practitioner, course commencing 17/09/2023. She will support ongoing hand hygiene training in Bandon Community Hospital.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The directory of residents was updated on 8/03/2023.</p> <p>It will be reviewed on a weekly based and as needed daily.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The CNM will complete additional documentation audits and share the results with the individual nurse.</p> <p>An action plan will then commence to address areas of non-compliance identified. These audits will commence in April 2023 and through May 2023 once the quarterly reviewed and update of care plans has been completed.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Tablecloths, serviette holder and table decorations have been ordered and will be in use by week end 26/03/23.</p> <p>Informal staff training will take place on a daily basis for 2 weeks to ensure all staff are competent in facilitating an excellent dining experience. Due to complete 2/04/2023.</p> <p>Planning in progress with Head Chef to recommence pre COVID dining arrangements ie the reintroduction of the dining trolley to the dining room, allowing residents to have more choice in portion control and flexibility.</p> <p>Desserts will be served separated.</p> <p>Aim to commence this service by 30/04/2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire blanket was purchased and installed on 10/03/2023.</p> <p>An individual alerta call bell system arrived on 09/03/2023 and is now in use, allowing the smoking resident to call for assistance if required.</p> <p>The fire apron has been attached to the wall adjacent to the entrance to the designated smoking area.</p> <p>The management team is committed to weekly fire drills and monthly compartment evacuations to avoid gaps in documentation.</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:  Care plans are assigned to individual nurses and will be reviewed and updated by 30/04/2023.  Once reviewed, the CNM2 will audit the care plan and identify areas for improvement.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Elderwell will facilitate a residents meeting by 30/04/2023 and have committed to quarterly meetings.  A resident has been identified as the resident's representative. This role will be formalised and a weekly meeting with the DON will be facilitated from 16/03/2023.</p>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/04/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	08/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	31/05/2023

	appropriate, consistent and effectively monitored.			
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	10/03/2023
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	10/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	30/04/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	30/04/2023

	may be consulted about and participate in the organisation of the designated centre concerned.			
--	--	--	--	--