



**Health
Information
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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:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	30 March 2021
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0032446

About the designated centre

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

The MacBride Community Nursing Unit is registered to accommodate 29 residents who require long term care or short term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town.

The building is single storey and residents are accommodated in nineteen single and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents.

The philosophy of the centre according to the statement of purpose is to deliver the very highest quality of care and service in an organised and well managed environment where decisions are made in conjunction with residents and their carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 30 March 2021	09:00hrs to 17:00hrs	Una Fitzgerald	Lead
Tuesday 30 March 2021	09:00hrs to 17:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Feedback was positive about the care received by residents. Residents had high praise for staff and expressed deep gratitude for how staff had protected them during the COVID-19 pandemic. No resident had tested positive for COVID-19. On the day of inspection all residents had completed the vaccination programme. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes. Quotes from residents included " staff are kind, caring and interested".

Residents told inspectors that isolation and restrictions on visitors over the past year have been very difficult. Despite the challenges, the management and staff had facilitated window visits throughout the pandemic and residents were very grateful. The activities schedule had been revised and there was good evidence of social engagement, entertainment and events occurring while also adhering to the guidance. For example, music recitals in the courtyard, cooking demonstrations and flower arranging sessions.

On the day of inspection residents were using the communal sitting room. There was a positive atmosphere observed. An exercise programme was observed and the staff member facilitating the session ensured that all residents were included. Inspectors observed that all staff referred to each resident by name.

Inspectors spent time observing residents with dementia and their engagement with staff. While none of the residents met with were able to tell inspectors their views on the quality and safety of the service, inspectors did observe that the residents were relaxed. The atmosphere in the large communal day room was welcoming. Residents were content in the company of staff.

Inspectors walked the premises. All bedrooms have a wash hand basin. The single bedroom sizes are small and have limited storage space. As a result of the pandemic a clean out and de clutter exercise had occurred to facilitate cleaning. An unoccupied bedroom was being used as a temporary store for the overflow of resident clothes and personal belongings that had been removed from the rooms. Residents confirmed that this clear out had occurred with their consent. However, a reassessment of the impact of this decision was required. During conversations had with residents the only source of dissatisfaction expressed was specific to the room sizes, the availability of personal space and the availability of space to place personal belongings. For example: a resident told inspectors that having their family photos removed and stored in a plastic box instead of on the windowsill in view at all times only deepened the sense of isolation.

Residents spoken with were aware of who the management team were. Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the food served and the choices given. Residents voiced that they would not hesitate to make a complaint and felt that appropriate

action would be taken.

The following sections of the report outline the inspection findings in relation to the governance and management in the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

The Health Services Executive (HSE) is the registered provider of the centre. On the day of inspection there were sufficient resources available for the provision of care for seventeen residents. The management team operating the day to day running of the centre consists of a person in charge (PIC) and a clinical nurse manager. Inspectors found that risk identified and escalated to the senior management within the HSE was not acted upon within an acceptable time frame. Inspectors were not satisfied that the systems in place to manage risk and fire precautions ensured that an effective and safe service was continuously provided for residents. Inspectors found that the clinical provision and oversight of care was of a good standard and met regulation requirements. This was an unannounced inspection to inform the registration renewal and to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic.

A full review of the management of fire precautions in the centre is required. The fire detection system was not correctly aligned with the floor plans. In addition, a small number of smoke detectors in the centre show the incorrect location on the fire panel. This meant that in the event that the fire alarm was activated that the location of the fire may not be correctly identified. The local management had escalated this risk in 2019. However, inspectors found that appropriate action to resolve or minimise the risk had yet to be actioned.

Inspectors found that the management team on duty on the days of inspection had good knowledge of the systems in place that monitor the care delivered. Records requested were made available in a timely manner and presented in an easily understood format. The person in charge has responsibility for monitoring the direct provision of care. There was an audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, medication management and infection control audits. Audit findings relating to the provision of care were communicated to the care staff.

There was a system in place to ensure that all staff were kept up to date on policies within the centre. Each month a policy was selected and all staff are required to read and sign the policy as evidence that it has been understood. The policy identified for March 2021 was the infection prevention and control policy. Inspectors observed good staff practice with hand hygiene technique and the use of PPE (personal protective equipment).

Registration Regulation 4: Application for registration or renewal of registration

The application form was submitted and the required registration fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. The centre had 17 residents. There were five residents with maximum dependency care needs, eight residents with high dependency care needs, two residents with medium dependency care needs and two residents with low dependency care needs. The person in charge reviewed the allocation of staffing and made changes when appropriate. The centre had reported COVID-19 positive cases in the staff population. Despite this challenge the management team had been able to ensure that there had been sufficient numbers of staff to care for residents throughout.

Judgment: Compliant

Regulation 16: Training and staff development

The centre management were committed to providing ongoing training to staff. The training matrix evidenced full compliance with mandatory training required by the regulations. Staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene.

The person in charge held responsibility for the ongoing supervision of staff. Interactions between staff and residents observed throughout the day were respectful and kind.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that risk management systems were not robust. The register reviewed was comprehensive and detailed. However, findings from the inspection highlight that while local management identify and escalate risk to senior management within the HSE governance structure, action is not taken. Documentation reviewed evidenced that risks highlighted in 2019 have yet to be addressed. The highlighted risk that was escalated included:

- The risk associated with the fire alarm panel. The panel does not identify the correct location and could cause a delay in responding to a fire.
- The risk associated with the possibility of flooding. This is a restated non compliance from the last inspection. The management had committed to carrying out an expert assessment in early 2020, as per the compliance plan submitted to the Office of the Chief Inspector following the last inspection. This assessment had not been completed.
- The risk associated with the poor telephone connectivity along one corridor whereby there is no signal. This meant that the registered nurse in charge could not be contacted by telephone at all times.

Inspectors followed up on the non compliance found on the last inspection. There are repeated non compliance under Regulation 23 Governance and Management, Regulation 17 Premises, Regulation 28 Fire precautions and regulation 9 Residents rights. The detail is outlined under each regulation.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review to accurately reflect:

- a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector. The notification submitted in respect of the use of restraint was inaccurate. In addition, a notification relating to a suspected case of COVID-19 had not been submitted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents spoken with told inspectors that they would not hesitate to make a complaint. Residents said they were confident their concerns would be listened to and action taken if required. Feedback from residents was welcomed by the management team. There was a comment box in the reception area. Inspectors reviewed the complaints log and found that there were three complaints logged in 2020. On the day of inspection all complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard providing a person centred service for residents. The residents spoken to complimented the kind and caring nature of the staff and informed inspectors of the daily activities which help to break up the long days. Inspectors observed a warm and friendly atmosphere in the centre.

Staff were found to be knowledgeable about residents individual care needs, likes and dislikes, past history and hobbies. Resident's healthcare needs were met and there was a choice of General Practitioners' (GP's) that supported the centre. There was evidence that resident meetings took place and ongoing communication with families during the COVID-19 pandemic. Assessment and care plan updates were undertaken and outcomes discussed with residents and their representatives.

Inspectors walked through the centre. The centre was seen to be clean. The management team had employed contract cleaners since the last inspection. Inspectors observed a colour coded cloth system in operation which followed best practice guidelines and the Person in Charge told inspectors that the cleaning supervisor attended the centre frequently to conduct audits on the quality of the service. There was a COVID-19 contingency plan in place and staff were knowledgeable about the procedures in place to manage a suspected case of COVID-19. Social distancing guidelines were followed and additional signage was in place to remind staff and residents to maintain distance where possible. No resident had tested positive for COVID-19.

Improvements had been made since the last inspection regarding the Fire Safety arrangements in the centre. Staff had recently attended site specific Fire Safety training and evidenced good knowledge of the procedure to follow in the event of fire alarm activation. Service records were maintained and up to date for emergency

lighting, fire equipment and detection systems. Inspectors observed all means of escape to be unobstructed. All residents had a up to date personal evacuation and egress plan (PEEP) and staff were aware of its location in each residents bedroom. Notwithstanding the improvements made further intervention on the management of risk and fire is required as discussed in detail under the Fire precautions regulation 28 section.

Inspectors found that there were person centred activities taking place that aligned with the activities schedule on display. Residents told inspectors they had a choice in daily activities. Residents artwork and flower arrangement centre pieces were on display. Residents that did not wish to take part in small group activities were visited in their bedrooms by staff throughout the day. Residents had access to newspapers, television and media as required. Residents were supported to access the national advocacy services if requested. Mass is streamed daily. The centre had two enclosed gardens, accessible through the dayroom, that provided ample outdoor space and was seen to be bright and colourful. Residents said that they enjoyed being outdoors when weather permitted.

Regulation 12: Personal possessions

Inspectors found that the residents storage in bedrooms was inadequate to meet the needs of current residents. On the day of inspection a vacant bedroom was being utilised to store resident personal laundry items that could not be stored in their own bedrooms. This was because the wardrobes could not accommodate same.

Residents photo's and personal effects had been stored in plastic containers based on infection, prevention and control advice and for ease of cleaning the bedroom. Inspectors were not satisfied that all residents could access their belongings in private without requesting assistance from staff.

Judgment: Substantially compliant

Regulation 17: Premises

This centre is a single story premises. A review of current storage arrangements and storage availability was required. This was evidenced by;

- On the day of inspection there were two vacant bedrooms re purposed to store PPE stock and records.
- Storage space for resident equipment was also inadequate. For example, An assisted shower room was used to store residents' specialised seating.
- Inadequate storage in resident bedrooms for personal possessions.
- A section of the dining room had been cornered off with a large temporary

enclosed structure built to store dry food's. This impacted on dining space for residents in the centre. The structure dominated the room and the space was uninviting as a result. While the structure did not impact on the residents privacy and dignity on the day of inspection, a review of this structure will be required when the number of residents in the centre increases.

Inspector's noted that areas of the building required upgrading and repair and repainting. For example, there was evidence of wear and tear along the bedroom doors and skirting board. The corridor walls had chipped paint and abrasions from equipment and sections of corridors where curtain tie back hooks had been removed had left exposed drill holes.

Inspectors found that a section of ceiling in the main dayroom had a leak that was directly above electrical sockets that were in use to charge a piece of equipment. This was brought to the attention of the management team during the inspection and appropriate action was taken.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors spent time observing staff practices regarding the use of PPE and found good practice. Staff were familiar with the five moments of hand hygiene. Training records reviewed indicated that all staff had completed infection prevention and control training.

Overall the building was found to be clean. As a result of the COVID-19 pandemic a deep clean and de clutter of the premises had occurred. Corridors were free of obstacles.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- Appropriate use of face masks was observed by staff
- On the day of inspection there were ample supplies of PPE in stock
- There was hand hygiene gel dispensers strategically placed along corridors.
- equipment used for residents was visibly clean.
- single use resident items such as mobility slings and urinals in addition to ceiling mounted hoists were available in each room.
- Staff training on PPE donning & doffing, hand hygiene had taken place.
- Colour coded cloths for a systematic approach to cleaning in the centre was

in place.

The Person in Charge had controls in place for recommencement of indoor visitation to the centre once the guidance allows. For example, an appointment booking system, temperature checks prior to entering the building and symptom monitoring were carried out to ensure all precautions were taken to maintain the safety of residents and staff while also ensuring that residents and their visitors had privacy and time alone together in a safe environment.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the management of fire precautions in the centre was required. Inspectors found that the fire evacuation floor plan's strategically placed throughout the centre were not accurate as they did not align with the floor plan's submitted to the Office of the Chief Inspector. In addition, the fire panel was not updated to display the changes made to the use for some rooms. This posed a risk to residents and staff and could cause a delay in responding to a fire.

Simulated fire drills had taken place. However, a simulated drill to reflect night time conditions had not been completed. This was received following the inspection. Inspectors were not assured by the length of time it took to safely evacuate residents. As a result the Office of the Chief Inspector engaged further with the provider to respond to the risks identified.

Documents reviewed evidence that local management had escalated the risk that smoke detectors in the centre show the incorrect location on the fire panel. In addition, an additional risk was identified in that permanent staff would potentially not be able to identify the area in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of care plan's and assessment were reviewed by inspectors and evidenced that all residents were assessed by a registered Nurse on admission to the nursing home. There was evidence that validated assessment tools were used to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity which was reflected in the residents care plan.

Residents diagnosed with responsive behaviour had a person centred care plan in place that was reviewed regularly based on ongoing assessment. Staff were aware of residents individual needs and referenced the residents care plans to guide the

care provided to residents.

Care plan were reviewed regularly in consultation with the resident and their family and documented in the residents records.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. There was evidence of access to local GP practices and reviews documented in resident records. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals with evidence of referral and follow up to services such as podiatry, Speech & Language Therapy, psychiatry of later life, and dietetics.

Residents who required enhanced specialised seating were assessed by Occupational Therapy and appropriate supportive seating provided. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Wounds were well-managed in the centre with detailed care plans in place to guide care and regular assessments of the wounds to track progression.

Judgment: Compliant

Regulation 9: Residents' rights

A programme of varied activities was seen in practice and on display in the centre. Residents with whom the inspectors spoke with confirmed that activities kept them busy and broke up the long day and were able to keep in contact with family and friends via telephone and video calls. However, one area of the building did not have adequate phone signal which meant that residents had to leave the privacy of their bedroom to locate closer to the phone base at the nurses station to take or make a phone call.

Inspectors observed that as a result of the limited floor space in resident bedrooms it was not possible to place a second chair in the room and sit and chat with the residents. The only place where a second person could sit was on the residents bed.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0032446

Date of inspection: 30/03/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>FIRE PANEL: The fire panel has been amended by the Fire Alarm Contractor to reflect the correct address of each detector and reviewed by the HSE Fire Officer for compliance.</p> <p>FLOODING: The PIC has been in contact with an engineer responsible for Westport's flood relief plan. Measures have been put in place by the council since the last flooding to reduce the risk of a flood occurring again in Westport. The Risk Assessment in Mac Bride will now therefore be closed off</p> <p>LACK OF TELEPHONE RECEPTION: A new phone line was installed in the rear corridor.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A DESCRIPTION OF THE ROOMS: A description of the rooms is in the SOP.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

incidents:

RESTRAINT: 3 residents who have capacity have requested full bedrails. 2 other bedrails are in place for safety due to neurological symptoms such as seizures. Alternative safety measures such as grab rails and half bed rails have been introduced. All beds are low low beds with crash mats. We have also set up a restraint committee & organised OT review of all restrictive practice which has taken place.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

CLOTHING AND PERSONAL PROPERTY: All personal effects have now be returned to each residents room and laid out as per residents stated wish.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

STORAGE: A meeting has been planned with the manager for older people and the maintenance manager to discuss a solution to storage in the unit including increased PPE which was temporarily stored in 2 vacant rooms

RECORDS: A review was underway of record storage and new boxes had been ordered at the time of the inspection. This has now been completed and all records are now stored in 3 locked record store rooms.

FOOD STORE: A temporary food store was erected in the residents dining room. The dining room was not in use during the outbreak and it was expected that the work would be completed before the dining room was required again. However due to difficulties in the required materials arriving from the UK the work was delayed. The contractors are currently working on the food store.

DECORATION: Quotes have been obtained to decorate the unit to commence as soon as possible.

LEAK IN DAYROOM: This was reviewed again by Maintenance on 31st March 2021, the electrician has disabled the sockets and they are not in use. Maintenance are currently in the process of arranging a survey of the roof to see if further works are required going forward.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: FLOOR PLANS AROUND THE UNIT: These plans have been updated.</p> <p>ROOM NUMBERS / NAMES: These have been updated on the fire panel.</p> <p>FIRE DRILL: A drill has taken place of the busiest compartment using night staffing. A resident has been moved out of the compartment to another compartment to better balance dependency levels to reduce evacuation times. Learning form evacuation drills has been incorporated to reduce evacuation times.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: PHONE SIGNAL: A new phone line was installed in the rear corridor.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/05/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/10/2021
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	30/05/2021

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/05/2021
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.	Not Compliant	Orange	30/05/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/05/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2021

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	30/05/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/05/2021
Regulation 9(3)(c)(iii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident telephone facilities, which may be accessed privately.	Substantially Compliant	Yellow	30/05/2021