



**Health
Information
and Quality
Authority**

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:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0043525

About the designated centre

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

The designated centre provides 24- hour nursing care to 36 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite).

The centre is a two storey building. Communal facilities and residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift was available between the ground and upper floors where six residents resided. The centre is well laid out around centrally located communal facilities that include a range of day and dining rooms, and a spacious oratory for prayer, reflection and repose. Enclosed outdoor courtyards are accessible from parts of the centre.

The philosophy of care is to provide a good quality service where residents are happy, content, comfortable and safe, and for residents to be treated as unique individuals to experience inner peace.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 August 2024	08:35hrs to 16:50hrs	Aislinn Kenny	Lead
Wednesday 7 August 2024	08:35hrs to 16:50hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This inspection took place in Woodlands House Nursing Home, in Navan Co. Meath. Inspectors spoke with residents living in the centre and spent time observing resident and staff interactions. The overall feedback from residents was that they received good care within the centre. Residents informed inspectors that staff responded to their call bells promptly, they felt safe within the centre, enjoyed the food and were happy with the cleanliness of their bedrooms. Kind interactions were observed between residents and staff and there was a calm atmosphere throughout the centre on the day of the inspection.

The centre is laid out over an original two storey building with a ground floor modern extension at the back of the building. Residents had access to communal spaces such as two lounges, dining room, a quiet room, an oratory and a sun room/visitors room. Residents also had access to gardens which they could freely enter. Inspectors observed the garden in use by residents throughout the inspection as this was the designated smoking area.

The centre is registered to accommodate a maximum of 36 residents. On the day of the inspection 32 residents were living in the centre, two of those residents were accommodated in the upstairs area of the original building. Accommodation was provided in 26 single bedrooms with en-suite facilities and five twin bedrooms with en-suite facilities. A number of residents' bedrooms were viewed and some residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Inspectors walked around the building and observed that some fire safety concerns identified on the previous inspection in January 2024 had been addressed. However, areas of concern remained as discussed further in the report. There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents' meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents. There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents had been involved in a recent art project and their work was on display in the large lounge area. There were pictures of activities and residents' artwork displayed around the centre. Residents had access to advocacy services and notices were displayed around the centre identifying how to contact advocates.

Residents were observed taking part in morning exercises in the large lounge area and most residents were seen to attend these. Some residents were also observed in other areas of the centre or relaxing in their rooms. Residents and staff told the inspector they were looking forward to the summer barbecue that was due to take place. A hairdresser visited the centre once a week and provided hairdressing services in residents' rooms or the sun room. Residents had access to television, radio, newspapers and books. There was an activities schedule in place which

provided residents with opportunities to participate in a choice of recreational activities. Visitors were observed coming and going throughout the day and visitors spoken with were satisfied with the care provided to their relatives.

The dining experience was observed to be a relaxed occasion with most residents dining together in the dining room. The food served was observed to be wholesome and nutritious and feedback from residents was that they enjoyed it. Water jugs were observed in residents' rooms and snacks were available throughout the day.

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

Capacity and capability

The inspection found that the designated centre was well-managed. Improvements had been made in relation to premises and fire safety since the previous inspection in January 2024. While the registered provider had systems in place to ensure that care and services were safely provided in line with the designated centre's statement of purpose further actions were required to strengthen their response to key areas such as fire safety, infection prevention control and premises.

This was an unannounced inspection to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Inspectors also followed up on actions that the registered provider had agreed to implement in order to achieve compliance with the regulations following the last inspection carried out in January 2024.

The registered provider is Sandcreek Limited which is part of the Beechfield Care Group. The person in charge was newly appointed and is supported by the senior management team within the group, including the Group Operations and Procurement Manager. The person in charge led a team consisting of a Clinical Nurse Manager (CNM) and nurses, health care assistants, catering, housekeeping, activity and maintenance staff. There were clear lines of accountability and responsibility in line with the statement of purpose.

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents. There were clear lines of reporting in place and staff were clear about what was expected of them in their roles. Rosters reviewed by the inspectors confirmed that staffing resources were consistent and reflected the numbers of staff on duty on the day of the inspection. Staff resources had been allocated to the original building at night time to provide

support to residents in this area in the event of an evacuation. This was in line with the commitment given by the provider following the last inspection.

Staff had completed mandatory training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care. This helped to ensure that staff had the knowledge and skills they needed to care for the current resident profile. A sample of staff files reviewed showed staff were employed following receipt of appropriate Garda vetting as set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

The provider had completed an annual report on the quality and safety of care for 2023. There was a schedule of audits in place and audits in areas such as resident well-being, infections and falls were seen to be taking place at regular intervals. A weekly management report was provided by the person in charge to the senior management team providing an overview of the service. Other meetings such as staff meetings also took place frequently and residents' meetings took place on a quarterly basis.

While improvements to protect residents from the risk of fire were evident at the centre, a number of repeat findings were highlighted on this inspection. Staff at the centre were completing regular audits of fire safety, however, an external stairs which was provided as an alternative escape route from the first floor, was identified as a concern due to its construction on this inspection. Regular means of escape audits had not highlighted this issue. Fire safety is discussed further under Regulation 28: Fire Precautions.

The registered provider had a complaints procedure in place, this procedure was in line with regulations and was displayed throughout the centre, residents spoken with were aware of how to make a complaint. Details of independent advocacy services were on display in the centre and inspectors reviewed a sample of complaints and found they had been appropriately managed and investigated. However, the registered provider had not provided a report on the use of advocacy services and a review of complaints received in the annual report for 2023.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in line with the regulation. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles and were up-to date with their training. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;

- Both bedpan washers contained in the centre were out of order at the same time for a period of a week increasing the risk of cross-contamination. Inspectors acknowledge that by the end of inspection one bedpan washer had been repaired.
- The only bath in the centre was not working for a prolonged period of time, which meant that residents who wanted to have a bath could not avail of this choice and facility as registered.

Appropriate management systems were not in place with respect to premises, infection prevention control and fire safety to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. Improvement was

required in the implementation of effective management systems to monitor, evaluate, and improve the quality and safety of the service. For example:

- The residents' guide did not contain all information as specified by the regulation, this was a repeat finding since the last inspection, despite commitments given by the provider as per previous compliance plan that it would be addressed by 04/01/2024.
- Fire safety audits were not robust enough to identify some high risk items such as the suitability of the external escape stairs.
- Repeated findings in respect of fire safety as outlined in regulation 28: Fire Precautions

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider did not ensure that as part of the designated centre's annual review, a general report was provided on the level of engagement of independent advocacy services with residents and complaints received including reviews conducted.

Judgment: Substantially compliant

Quality and safety

Residents in Woodlands House Nursing Home were supported by a staff team who were dedicated to providing a high quality service to residents that lived there. Residents lived in an unrestricted manner according to their needs and capabilities.

Residents' bedrooms were equipped with lockable storage to ensure their belongings were safely kept and there was a system in place to record personal items and belongings. Residents' clothing was laundered on site and personalised arrangements were in place for some residents to ensure their clothing was laundered at a time that suited them.

Overall, the areas of the premises used by residents were generally kept clean and well maintained however, some areas such as staff changing areas and corners of corridors required further review to ensure they were kept clean. A maintenance person was employed by the centre on a part-time basis and there was an ongoing maintenance schedule in the centre and improvements had been made following the previous inspection. However, some further areas such as inappropriate storage

arrangements required attention. Regular maintenance considerations also required improvement, as inspectors noted two wall hung radiators, which were pulling away from the wall. These issues are discussed as discussed further under the regulation 17; Premises.

On the day of inspection the ancillary facilities such as sluice rooms did not support effective infection prevention and control. There were two bed pan washers in the centre and neither of these were working during the inspectors walk around of the centre. One bedpan washer, which was awaiting the correct detergent, was shown to inspectors to be working by the end of the inspection. A floor buffing machine was also being stored in one of the sluice rooms. Cleaning arrangements generally required review as some areas of the centre were not cleaned to a high standard, staff areas were only cleaned once per month and were visibly dirty. Further action was also required in relation to access to hand washing sinks as discussed further under the regulation.

A bath in the centre was observed not working by inspectors, they were informed it had not been working for a number of years by both management and residents. This did not facilitate choice for residents who wished to take a bath, a resident spoken with said they would welcome the opportunity to take a bath if it was provided.

Arrangements in place at the centre to protect residents from the risk of fire were reviewed. The centre was equipped with a category L1 fire detection and alarm system. There was a robust system of staff fire drills in place to ensure staff understanding of the steps to take to evacuate residents in the event of a fire. Staff knowledge of fire safety was good, as staff were able to identify and articulate their procedures in the event of a fire. The First floor area which included residents bedrooms, had a single means of escape through a stairway which housed the lift, and was not protected by means of fire rated doors at both ends. This meant that the first floor, the second floor and part of the ground floor were effectively within the same compartment. Measures had been put in place to ensure that the lift would not facilitate fire spread in the event of a fire, by the installation of fire curtains. The fire curtains would drop on sounding of the fire alarm and contain the lift area, however, the curtains were not completed and commissioned on the day of inspection.

Inspectors observed an evacuation route externally to the rear of the building was partially obstructed by the staff smoking area, and bin storage. The smoking area was removed and the bins re-located on the day of inspection.

It was noted by inspectors, that only persons capable of self-evacuating were situated on the first floor of the centre, and this arrangement was reflected in the statement of purpose.

These and other fire safety issues are discussed further under regulation 28; Fire Precautions.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and returned to them. Residents had adequate storage space in their bedrooms including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

Improvements were required to the premises in order to conform to the matters set out in Schedule 6 of the regulations. For example:

- Areas of the premises were not well maintained, radiators in two separate locations were unsecured against the wall; this posed a health and safety risk to residents, as the radiators were leaning out into the corridor. Storage on the second floor required review. The area was stacked with un-used mattresses, Personal Protective Equipment (PPE) such as gloves and face masks and continence wear. Many boxes were stored on top of each other in a haphazard way, which would make it difficult to effectively clean the area, or manage the stock. It was also difficult to assess all of the items in the area as it was not possible to access all of the area.
- There was a large hole in the wall near an exit door on the ground floor. This appeared to be as a result of the removal of obsolete services and piping in the area. This hole in the wall could present an access point for dust, dirt or vermin, and also a route for cold air which could cause a draft. The walls and floor in this area were also damaged and required maintenance attention.
- A large old chimney pot (not in use) fitted to the top of the chimney in the old section leaned significantly to the side. This lean could result in the chimney pot falling over and damaging the roof of the centre, or falling into

the courtyard below. This issue had been identified on a previous risk assessment of the centre but had not been actioned.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. There was adequate supervision and assistance at mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
There was a residents' guide available for residents. This did not contain all of the required information for residents and required updating with an accurate complaints procedure details and details of advocacy services. This was a repeat finding from the last inspection, the provider had committed to achieve this by 04/01/2024.
Judgment: Not compliant
Regulation 27: Infection control
<p>The provider had not fully ensured that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings published by HIQA. This was evidenced by;</p> <ul style="list-style-type: none"> • Hand hygiene facilities required review. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. This posed a cross-contamination risk. • Two bedpan washers had been out of order, with no bed-pan washer available to staff for more than one week which posed a health and safety risk that equipment was not appropriately decontaminated after use.

- Deep cleaning was required in areas particularly floors and corners where dust had gathered, this was not identified on a recent Infection Prevention and Control audit.
- Staff areas were visibly dirty and required more frequent cleaning to ensure they were kept to a high standard of cleanliness and to prevent cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure that adequate precautions were in place against the risk of fire, for example:

There was no call bell available at the resident smoking area, which meant that there could be a delay in alerting staff and getting assistance should it be required. Improvements were required to provide adequate means of escape, including emergency lighting, for example:

An external escape stairs, identified as a secondary means of escape from the first floor bedroom area, was difficult to navigate easily due to changes in the heights of the steps. There was also inadequate emergency lighting in this area which would make escape through this route difficult in the event of a fire at night. There was no record of fire drills being conducted at the centre that reflected the use of this stairway to ensure staff familiarity with the route in the event of an evacuation. Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- Storage rooms either side of the stairs at the top of the second floor, were open attic spaces. There were no containment measures visible to prevent fire smoke and fumes from travelling within these spaces in the event of a fire. The doors did not appear to be fire rated doors, and there was no containment measures in place in the floors or the walls. This presented a risk to the residents on the first floor, as there was no containment measures in place between the first and second floor. The first and second floors were also open to a section of the ground floor. This resulted in a large compartment size which spanned 3 floors, and with a single means of escape, which resulted in excessive travel distances in the event of a fire.
- Service pipes and cables were noted in the electrical cupboard on the ground floor which penetrated the compartment walls and were not fire sealed. This could provide a route for fire smoke and fumes to travel across compartment boundaries in the event of a fire.

- Inspectors could not be assured that containment measures were in place in the attic space above the bedroom corridors. Attic hatches did not appear to be fire rated, and where access to the attic space was available, for example at the second floor storage space, there was no evidence that compartment lines were continued through the attic spaces.

Improvements were required to ensure that the procedures to be followed in the event of a fire provided clear guidance to staff and visitors in line with centre's policy. Floor plans posted on the walls did not indicate the evacuation route clearly. This was a repeat finding.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The assisted bath located in the assisted bathroom was out of order for many years and thus did not provide residents with the choice to take a bath instead of a shower. Some residents who spoke with the inspectors expressed a wish to use this facility.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0043525

Date of inspection: 07/08/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management:		
<ul style="list-style-type: none">- A new bed pan washer was installed the day before the inspection. The home was waiting on appropriate chemicals to be delivered so the machine could be commissioned later that day. This was achieved by the end of the inspection. The home has engaged with a contractor to install a new bed pan washer in the second sluice room, additional plumbing works are required to for same to be compliant.-The procurement process is under way to install a new bath within the home.-The residents guide has now been updated to include all information specified by the regulation.- A new fire safety audit has been drawn up and is currently with the company's fire safety competent specialist for approval.		
Regulation 34: Complaints procedure		Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:		
<p>The nursing homes annual review for 2024, which will include the involvement of independent advocacy services with the residents. It will also include a breakdown of all complaints received within the home.</p>		

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - The two radiators have been fixed and now secured to the wall. - The storage room has now been rearranged and tidied. Unwanted items have now been discarded. -The hole near the exit door has now been sealed and repaired. - This has been documented in the risk register. The Nursing Home has engaged with a contractor to repair same. 	
Regulation 20: Information for residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> - The residents guide has been updated to include the complaints procedure and all details of available advocacy services. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - A review was carried out by the Groups Quality and Care Manager to identify suitable location for the instillation of the sinks. Three new hand washing sinks are going to be installed throughout the home - A new bed pan washer was installed the day before the inspection. The home was waiting on appropriate chemicals to be delivered so the machine could be commissioned later that day. This was achieved by the end of the inspection. The home has engaged with a contractor to install a new bed pan washer in the second sluice room, additional plumbing works are required to for same to be compliant. - A new IPC audit has been completed post inspection. All areas of concern have been identified and actions completed. - Staff areas have been included in the daily cleaning schedules of the home. These schedules are verified by management on a weekly basis. A review of the staff areas has been completed by the Senior Management Team and new flooring replacement has been identified. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - As per recent fire risk assessment a break glass unit was installed in the smoking area for the purpose of alerting assistance. - A contractor has been engaged to repair the external escape stairs. -Going forward the home will include the external stairwell in its drills. -Additional emergency lights are being installed in this area. - Fire doors and fire stopping will be installed in both storage rooms either side of the second-floor attic space. - Service pipes and cables in the electrical cupboard located in the compartment 2 are now fire sealed. - Floor plan are currently being reviewed and updated to indicate evacuation route. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The procurement process is under way to install a new bath within the home.</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 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Not Compliant	Orange	04/10/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Not Compliant	Orange	04/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	28/02/2025

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2025
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	31/12/2024

Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	04/10/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints	Substantially Compliant	Yellow	04/10/2024

	received, including reviews conducted.			
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 not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2024