



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

Issued by the Chief Inspector

Name of designated centre:	Gowran Abbey Nursing Home
Name of provider:	Gowran Abbey Nursing Home Limited
Address of centre:	Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	07 March 2023
Centre ID:	OSV-0000232
Fieldwork ID:	MON-0039541

About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is a Limited company called Gowran Partners. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 7 March 2023	11:15hrs to 18:00hrs	John Greaney	Lead
Wednesday 8 March 2023	08:45hrs to 16:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector observed that there was a relaxed atmosphere within Gowran Abbey Nursing Home. Residents were seen moving freely around the centre throughout the day of inspection. Feedback provided to the inspector through informal chats with residents was that it was a nice place to live. One resident told the inspector that "I can't find any fault with the place", another resident said 'it's a first class nursing home'. Residents told the inspector that they always got assistance whenever they needed it from staff who were very good. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Gowran Abbey Nursing Home is a purpose-built single-storey premises comprising 51 single en suite bedrooms. All en suites contain showers, toilet and wash hand basin. The centre first opened in 2007 and is located on the outskirts of Gowran village, Co Kilkenny. It is situated in a quiet cul-de-sac among 10 houses that were originally intended for independent living. The location of the centre provides good access to local amenities such as a pharmacy, post office and shop.

The inspector arrived unannounced to the centre on the first day of the inspection and was guided through the infection prevention and control measures in place. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises.

Residents were observed reading newspapers, watching TV and participating in activities in the sitting room. The inspector spoke with a large number of residents informally and spent time chatting with five residents in more detail. Some residents sat together in the sitting room watching TV and reading. Other residents were observed sitting quietly in the reception area, watching the coming and goings in the centre. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day. The inspector observed that personal care and grooming was attended to a satisfactory standard.

A good level of visitor activity was noted throughout the two days of the inspection. Visitors were complimentary of the care provided by staff and expressed satisfaction about the standard of care and environmental hygiene.

The centre was clean, tidy and generally well maintained. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. While the centre was generally in a good state of repair, the floor

covering at the entrance to a small number of en suites from residents' bedrooms was worn and required replacing. There was also some scuffed paintwork on the walls of some rooms. The inspector observed that bedrooms were bright and spacious, and most were personalised with items of personal significance, including ornaments and pictures. There were a number of communal areas provided for residents that included a large reception area with comfortable seating, a sitting room, a dining room, and an activities/relaxation room. These areas were appropriately furnished to create a homely environment. The dining room tables were expandable, so that the room could be adapted to either small or larger meal sittings. Residents also had unrestricted access to two secure outdoor spaces. One of the areas was furnished and landscaped to a high standard with garden furniture, plant beds and garden ornaments. The second outdoor area was in need of power hosing and there was a loose slab that was a potential trip hazard for residents. The person in charge stated that this area was not currently in use, but nevertheless it was in need of attention.

There were opportunities for residents to participate in recreational activities of their choice and ability. There was an activities schedule in place seven days a week which included a variety of activities. Residents that spoke with inspector were aware of the schedule and residents told the inspector that they were free to choose whether or not they participated. While one of the designated activity staff was on long-term leave, other staff were observed to facilitate activities over the course of the two days of the inspection.

Residents were provided with a range of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Residents were complimentary about the food in the centre. The dining experience at mealtimes was observed by the inspector. Food was freshly prepared in the centre's own kitchen and was observed to be well presented and there was a good choice available. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

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

Capacity and capability

This unannounced inspection was carried out over the course of two days. While there were some good systems of governance and management in place, action was required in the system for monitoring the quality and safety of care to ensure good oversight.

Gowran Abbey Nursing Home is a privately owned nursing home. The registered

provider is Gowran Abbey Nursing Home Limited, a company comprising four directors. There are clear lines of accountability and responsibility for the operation of the centre and staff were aware of reporting relationships and the responsibilities related to each role.

The person in charge reports to the board through regular governance meetings. The agenda for these meetings included quality improvement, staffing, COVID-19, complaints and staff training were discussed. In addition to formal governance meetings, one of the directors visited the centre twice weekly for informal meetings with the person in charge. The person in charge is supported on site by an assistant director of nursing (ADON) and a clinical coordinator. Staff were aware of the lines of authority and accountability in the centre and where to report any issues or concerns. Staff were appropriately supervised in their work and were knowledgeable regarding the needs of residents, including the policy on safeguarding residents from abuse. They explained how they would protect residents and report any complaints or concerns of abuse.

While a quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective, the inspector found gaps in the system. Recently, a comprehensive schedule of audits to be conducted throughout 2023 was put in place. This identified what audits would be conducted throughout the forthcoming year. However, while a number of audits had been conducted in December 2022, and January and February 2023, there were long periods in 2022 during which there was a limited number of audits were conducted. There was also a need to ensure that appropriate action plans were developed to identify what improvements are required as a result of the audit process. This is discussed in more detail under Regulation 23 of this report. The annual review for 2022 was in the process of being completed.

Records required to be available for inspection purposes were generally well maintained and easily accessible to the inspector. A sample of four staff files viewed by the inspector contained most of the required documents set out in Schedule 2 of the regulations. An Garda Síochána (police) vetting was in place for all staff and the person in charge provided assurance that all staff members had the required Garda vetting in place prior to commencing their role. Issues in relation to records management are discussed under Regulation 21.

The inspector reviewed the worked and planned roster and was assured that there were sufficient staff to meet the assessed needs of residents. Rosters showed there was a minimum of one registered nurse on duty at all times in line with regulatory requirements. Records reviewed showed that there was a good level of attendance at training in areas such as safeguarding residents from abuse, manual handling, infection control and medication management.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the

centre was appropriate with regard to the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records found that all staff had up-to-date training. Arrangements were in place to ensure that staff were appropriately supervised in their roles.

Judgment: Compliant

Regulation 21: Records

A review of a sample of personnel records found that there were gaps in the employment histories for some staff for which a satisfactory explanation was not recorded. There was also only one reference in the file for one staff member when two references are required.

Judgment: Substantially compliant

Regulation 23: Governance and management

While recent improvements were noted, management systems were not sufficiently robust to ensure the service provided was safe, appropriate consistent and effectively monitored. For example:

- there were significant gaps in the programme of audits conducted in 2022
- not all audits that identified deficits had an associated time bound action plan to ensure that actions were addressed

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While most notifications were submitted in accordance with the requirements of the regulations, a notification of an injury sustained by one resident requiring medical

attention was not submitted.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, some improvements were required in the areas of infection prevention and control, the environment, care planning and fire safety.

The inspector observed that residents appeared to be happy in the centre and were well dressed in keeping with the time of the year. Staff were seen to support residents to maintain their independence where possible. Residents' healthcare needs were met by access to a range of medical professionals, including psychiatric, physiotherapy and the speech and language therapist (SALT). Residents had access to local general practitioner (GP) services and they gave positive feedback on the attentive care received from the doctors and staff.

Residents were comprehensively assessed on admission and at regular intervals thereafter using evidence-based assessment tools. Care plans were developed based on these assessments. Care plans were variable in terms of the degree of personalisation. There was also a need to ensure that care plans were developed for all issues identified through the assessment process. Assessment and care planning is discussed in more detail under Regulation 5 of this report.

The inspector observed that staff approaches to residents was person-centred. Staff, that spoke with the inspector were knowledgeable about interventions that were effective in managing behaviour that is challenging. Records reviewed indicated that, in any incidence where restrictive practices were in use, there were risk assessments in place, which were reviewed at frequent intervals. The use of bed rails was under review with the aim of minimizing their usage.

A review of staff training records found that all staff had attended training in

safeguarding of vulnerable adults. There were policies in place to guide management and staff in the centre in responding to any incident or allegation of abuse.

Residents had access to television, the internet and daily newspapers. There was a schedule of activities in place in the centre, which was facilitated over seven days of the week. Examples of activities scheduled were exercise classes, music, art classes, and bingo.

The design and layout of the premises promoted the freedom of residents to move about the centre in an unrestricted manner. The décor was generally was homely

Fire safety improvements works had been completed since the last inspection. These works included the installation of a new cross corridor fire door and the adjustment of a number of doors to ensure they provided a good seal to slow the spread of smoke and flame in the event of a fire. There was a schedule of preventive maintenance of fire safety equipment in accordance with relevant standards. There were regular fire safety drills and staff spoken with were knowledgeable of what to do in the event of a fire. Action was however required in relation to fire safety and this is detailed under Regulation 28 of this report.

Staff were observed to be adhering to infection prevention and control precautions and all staff were compliant with wearing respirator masks while carrying out resident care activity. The centre had open visiting and numerous visitors were observed throughout the two day inspection. There were some aspects on infection prevention and control that required attention and these are outlined under Regulation 27.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

Areas requiring attention in relation to the premises included:

- a communal bathroom was used for storing equipment on the days of the inspection
- the floor at the entrance to a number of en suite bathrooms was significantly worn

- the paintwork in some bedrooms was scuffed
- there was a loose paving stone in one of the outdoor areas and the area would also benefit from power hosing
- a raised toilet seat had rusted legs

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure the provider was in compliance with the national standards for infection prevention and control in community services published by the authority. For example:

- the system in place for recording cleaning required review to ensure it supported housekeeping staff to record all cleaning and to support management to monitor cleaning practices. It was difficult to ascertain from the records available if all bedrooms were deep cleaned in accordance with the recommended schedule
- there was an inadequate system in place for recording the cleaning of equipment such as drip stands between use
- there was not an adequate system in place for recording cases of multi-drug resistant organisms (MDROs) to ensure all staff were aware of residents that may be colonised and that this information was shared between facilities when resident were transferred to another facility
- a portable suction machine was stored on the floor of a resident's bedroom

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety. This is supported by:

- a newly installed fire door did not have a smoke seal
- while there were regular fire drills, there was a need to simulate night time scenarios when most residents were in bed and staffing is at its lowest level. It would also be beneficial if fire drills were conducted in addition to those that were facilitated by an external person
- there were gaps in the daily fire safety checks and in the weekly sounding of the fire alarm.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Actions required in relation to assessment and care planning included:

- care plans did not always address issues identified on assessment. For example, one care plan did not accurately reflect the level of mobility of a resident or the assistance required. Another care plan did not reflect the frequency at which blood sugar levels should be recorded.
- while the inspector was informed that neurological observations were monitored following an unwitnessed fall in incidents where there was a possibility of a head injury, these assessments were not always available
- there was conflicting information in relation in one resident's care plan in relation to wound care management

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their General Practitioner, and to allied health professionals, by means of referral. Allied health and social care professional recommendations and treatment plans were acted upon and integrated into the residents plan of care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that where a resident behaved in a manner that was challenging or posed a risk to the safety of themselves or others, the response to such behaviour was not restrictive. When bed rails were in use, there was a risk assessment in place that was updated at frequent intervals.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in identifying and responding to allegations of abuse. Residents that spoke with the inspector reported that they felt safe living in the centre. The provider was not pension agent for any resident. Adequate arrangements were in place for the management of small sums of money held for safekeeping on behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents meetings. Residents' privacy and dignity was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

Inspection ID: MON-0039541

Date of inspection: 08/03/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Mechanisms continue to be in place to ensure that all records meet required standards. Following a post-inspection file review, it was noted that there was a gap in one employee file relating to employment history. This has been reviewed and rectified by our recruitment agency. All current files contain a minimum of 2 references.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Daily and weekly audits continue to be carried out by senior nursing staff. Additional audits are also carried out at no less than 3 monthly intervals. Audits schedules have been updated to ensure that required intervention and 'S.M.A.R.T.' action plans are clearly recorded.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC acknowledges an oversight in the submission of one notification primarily due to</p>	

scheduled PIC absence. Procedures are in place to review all incidents and ensure access by other senior nursing staff to submit notifications in absence of PIC.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A rolling maintenance schedule remains in place to address all identified required repairs and other maintenance in the nursing home. All residents have individual en-suite bathrooms, and the communal bathroom has not been used by any resident since 2018. The area has been used as a temporary lockable equipment storage area due to use of other storage areas for Covid related supplies and equipment.

Several areas of new flooring have been completed over the past 18 months. A schedule is in place and works continuing in relation to replacement of flooring in several bedrooms. All raised shower/toilet seats have metal wheels/legs, and all were newly purchased within the past 8 - 12 months; As the equipment is expensive to replace and not resistant to rust caused by daily contact with water, the Provider is seeking advice on how to address this issue.

Painting of the nursing home internal communal areas and bedrooms takes place frequently with extensive internal painting works carried out in 2022. Scuffing by wheelchairs and equipment understandably takes place on a daily basis. A monthly maintenance schedule is in place to address this and other required maintenance works.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Comprehensive cleaning recording systems remain in place in the nursing home and following observations made by the inspector, these are in the process of being reviewed to ascertain appropriate identification and monitoring of 'deep cleaning' schedules and records. Nurses (and other staff) have been advised to adhere to the 'Red' 'Green' (Clean/Dirty) sticker process used for the identification of equipment cleaned or requiring cleaning and this will continue to be monitored by PPIM.

Infection Control (Environmental) training and updates will continue to be provided for all staff.

Individual Hazards of MDRO's are recorded in individual Resident Risk Registers which are accessible to all staff. The issue raised by the Inspector relating to communication of

MDRO's information in the event of transfer is being addressed through inclusion in the E-Nursing Platform 'National Transfer Form' which is currently being adapted to facilitate digitalised MDRO status of individual residents.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider continues to engage the services of an external Certified Fire Consultant in relation to Fire Safety and Compliance. Following the most recent HIQA Inspection, an additional inspection of all internal fire doors has been carried out and works have taken place to ensure they meet required safety standards. 3 x Fire Doors have been identified as requiring upgrading and/or replacement. These factory-made doors have been ordered from a certified supplier who will install them upon completion.

The senior nurse on duty is now responsible for recording fire safety checks in the absence of maintenance staff at weekends or on leave.

Regular Fire Drills are in place carried out under the supervision of an external Fire Consultant at least every 3 months to ensure effective feedback and learning outcomes for the Provider and all staff. These drills also include Night-Time scenarios. Additional fire drills have been implemented by the Provider to enhance staff competency and awareness of fire safety responses. Simulated Fire Drills are carried out to include day and night-time scenarios.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Comprehensive Care Plans remain in place for all residents and a monthly review by senior staff has been re-implemented to identify any potential non-identified issues or conflicting information. All nursing staff are scheduled to participate in additional Care Planning training and the on-going supervision of individualised and person-centered care and clinical documentation recording has been enhanced.

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	03/09/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	12/03/2023
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	Substantially Compliant	Yellow	23/06/2023

	effectively monitored.			
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	30/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(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	24/04/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	24/04/2023

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	25/04/2023
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	17/07/2023