



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

Issued by the Chief Inspector

Name of designated centre:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0033848

About the designated centre

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

Portumna Retirement Village nursing home is two storey in design and purpose built. It can accommodate up to 63 residents. It is located on the outskirts of the town of Portumna, close to many local amenities. Portumna Retirement Village accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters primarily for older persons who require general nursing care, respite, convalescent and palliative care. Bedroom accommodation is provided in 53 single and five twin bedrooms. All bedrooms have en suite shower facilities. There is a variety of communal day spaces provided on both floors including dining rooms, day rooms, sensory room, smoking room, family room and large seated reception area. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 15 September 2021	08:45hrs to 16:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents were supported to enjoy a good quality of life by staff who were very kind and caring. On the day of the inspection the inspector observed a very friendly, relaxed and calm atmosphere in the centre. The overall feedback from the residents was that they were very well cared for by the staff who knew them well and provided them with the help and support they needed. Residents who spoke with the inspector told them they had plenty of choice in their daily life. A lot of good practice was observed on the day and the centre assured regulatory compliance across most regulations with no risks identified.

The inspector met with a large number of residents and spoke in more detail with eleven residents to get a better insight of their lived experience in the centre. They told the inspector that they were content and happy in the centre. One resident who met the inspector on arrival was very welcoming and proudly showed them around various parts of the centre. Another resident explained why they had decided to move into the centre and told the inspector that they were very happy with their decision and extremely satisfied with their life in there. They said they were not restricted in any way and were supported to get whatever they needed. One resident said that the staff were very kind to them and that they were not neglected in anyway. A number of residents told the inspector how they like to spend their day which included joining in activities, watching music concerts on the TV and catching up on the daily news in the papers. Those residents who were unable to speak with the inspector were observed to be content in their surroundings. All residents looked nicely dressed and well groomed.

The centre was a purpose built facility situated within walking distance of the town of Portumna in County Galway. The facility was a two storey premises and provided accommodation for 63 residents which comprised of single and twin bedrooms. All bedrooms were ensuite. There was a passenger lift between all floors for ease of access. There were a variety of very pleasant communal areas for residents to use depending on their choice and preference including day rooms, dining rooms, a sun room, an activities room and a smoking room.

On arrival to the centre the inspector was guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

The inspector completed a walk about of the centre with the person in charge. The inspector observed that the management and staff took great pride in the centre and had made great efforts to provide an environment that was relaxed and comfortable. The reception area was a lovely bright space provided with comfortable seating which residents availed of during the day. One resident preferred to spend most of their time in the reception area and the staff had carefully arranged the space to ensure the resident had everything they needed in close proximity

including phone, charger and books. Throughout the centre the décor was modern and tasteful. The communal areas including the reception area had a friendly, social atmosphere. They were styled with comfortable furnishings, fireplaces, artwork and had pleasant views of the outdoors. A number of smaller sitting rooms were decorated to resemble a homely environment with sofas, bookshelves and ornaments. These rooms provided residents with a choice of quiet areas to use if they preferred a more relaxed atmosphere. There was sufficient seating available for the residents and the communal areas were laid out to allow the residents to mobilise safely. Dining areas were bright and spacious. Hallways and corridors were decorated with interesting pictures and artwork. Bedrooms were nicely decorated with many residents personalising their rooms with pictures, books and furniture. One resident proudly showed the inspector around their bedroom which was decorated with their own artwork.

The inspector found that the building was well laid out to meet the needs of the residents and to encourage and aid independence. Many residents were observed moving freely around the centre interacting with each other and staff. The corridors were wide, bright and airy and building was warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The single and twin occupancy rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings. Residents had access to a television in all bedrooms. Call bells were available throughout the centre.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility including access to suitable fire fighting equipment.

Residents had safe unrestricted access to very pleasant, bright outdoor spaces with a variety of seating areas which were decorated with seasonal plants and garden furniture. A number of residents were seen availing of the fresh air at various times on the day of the inspection. The PIC told the inspector that good use was made of the outdoor spaces in response to the restrictions imposed by the COVID-19 pandemic by having concerts and picnics for the residents and their families and friends.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and the recent restrictions. One resident updated the inspector on the latest advice from the Chief Medical Officer that they had heard on the news the previous evening. A number of residents told the inspector that they were delighted to have received the vaccine. One visitor said the nursing home had done a wonderful job by keeping the virus out and protecting the residents so well.

Throughout the day residents were observed to be happy and content. A number of residents sat together in the sitting rooms watching TV, reading, chatting to one

another and staff. Others chose to remain in their own rooms, preferring to spend time on their own reading, watching TV or enjoying quiet time. One resident told the inspector that they had spent the morning painting with other residents and now wished to spend the afternoon in their bedroom which they loved. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. The inspector observed staff engaging in kind and positive interactions with the residents during the inspection. There was a happy atmosphere present in the centre and teamwork was evident throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

The centre employed an Activity Co-ordinator and residents were provided with opportunities to participate in recreational activities of their choice and ability either in the communal sitting rooms or their own bedrooms. The co-ordinator was very knowledgeable about the residents and their various individual preferences and routines. There were scheduled activities for the residents seven days a week. The inspector observed a schedule displayed on the wall offering a range of activities such as bingo, quizzes, music DVDs, reminiscing and arts and crafts. The activities schedule was also available in each bedroom to keep residents informed of what was on offer each day. The inspector observed a number of residents enjoying a painting session on the day of the inspection. Residents told the inspector about the activities available to them and that they were free to choose whether or not they participated.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. The centre had ensured residents access to resources such as tablets to enable video calls. Visiting was facilitated in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). There were identified areas in the centre to receive visitors along with outdoor visits and visits to residents rooms depending on the resident's choice.

Residents had a choice where to have their meals throughout the day. On the day of the inspection the lunchtime period was observed by the inspectors. Food was freshly prepared in the centre's own kitchen and served hot in the dining rooms or wherever the residents chose to take their meals. The inspectors saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere was calm and relaxing with soft music playing in the background. The residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

The centre was very clean and tidy on the day of the inspection and generally well maintained. The PIC informed the inspector that there was a plan to refurbish the centre in the coming months. The inspector observed that there was a lack of

appropriate bins in a small number of areas. This was discussed with the PIC who informed the inspector that the supply of bins would be reviewed to ensure residents were provided with bins that were safe and easy to use. Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use. The inspector noted that on the day of the inspection the housekeeping staff used the laundry room to prepare the cleaning products. The inspector was told that the housekeeping trolleys were also stored in the laundry rooms at the end of the day. This will be discussed further under Regulation 17 Premises.

There was a staff area available with sufficient space to ensure social distancing was maintained.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The management team were very committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a good standard and the management and oversight of the centre was robust and ensured that standards of safe care and services were maintained. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had addressed the actions of the compliance plan following the last inspection.

The person in charge facilitated the inspection throughout the day.

The person in charge demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The person in charge was supported in this role by a general manager, an assistant care manager and a full complement of staff including nursing and care staff, activity coordinator, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet

residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The person in charge and assistant care manager provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

A sample of four staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Whilst all policies had a review date in the future, the inspector did not see when the policies were last reviewed. The general manager informed the inspector that all policies were reviewed in 2021.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 infection prevention and control training.

The person in charge and general manager carried out a comprehensive annual review of the quality and safety of care in 2020. A range of audits were carried out which reviewed practices such as care plans, medication management, wound management, and infection prevention and control. There was a programme for continuous improvement identified for 2021 which included a refurbishment plan, review of staffing levels and further development of staff access to professional development.

The management team met daily and discussed all operational issues. Staff were provided with monthly newsletters with a range of updates in place of face to face meetings in response to the restrictions.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had completed all necessary training. The person in charge had oversight of staff training and there was a comprehensive training matrix in place which highlighted when training was next due.

Staff were supervised in their work and received supervision and appraisal in a timely manner.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents maintained in the centre and found that it was in line with the statutory requirements and detailed the relevant information in respect of each resident.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed by the inspector were assessed against the requirements of schedule 2 of the regulations and found to contain all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a

team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

There was an annual review prepared in consultation with residents for 2020 and this was available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a comprehensive record kept of all complaints.

Judgment: 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

The inspector found the care and support provided to the residents of this centre to be of a very good standard. Care was person-centred, and residents' rights and choices were upheld and their independence was promoted. Residents spoke

positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents. Residents were observed to be happy and content on the day of the inspection.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed appropriate care planning. Each resident had care plan in place which reflected each resident's needs. Residents had very good access to medical care with the residents' general practitioner (GP) providing on-site reviews.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

Closed circuit television cameras (CCTV) were used internally and externally in the centre including some of the communal areas. There was an up to date policy in place to guide the staff and residents were provided with information regarding the use of CCTV in the residents guide.

There were opportunities for residents to consult with management and staff on how the centre was run and resident feedback was acted upon. The centre had a residents forum which met regularly and included a representative for residents with dementia or cognitive impairment. A wide range of topics were discussed including COVID-19, social activities, the complaints procedure, planned improvements, the décor and the menu. Residents had access to an independent advocacy service.

There was sufficient storage available in the centre on the day of the inspection. Although the inspector observed a small number of storage areas that were unlocked, there were no items of risk identified in these areas. The PIC informed the inspector that all storage areas would be reviewed and locked where necessary.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Residents also carried out hand hygiene regularly and told the inspector they understood the need for good hand hygiene.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities*).

Regulation 11: Visits

Visits were facilitated in line with the current guidance. (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). The inspector observed visitors in the centre on the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

However, whilst the laundry facility was well-ventilated, clean and tidy, the inspector was not assured that the preparation of the housekeeping trolleys each morning in this room was not impacting on the function of this area.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an up to date information guide available for the residents which included a summary of the services and facilities in the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an available emergency plan which included a comprehensive COVID -19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

The person in charge was the identified infection control lead for the centre. There was good oversight of Infection Prevention and Control (IPC) practices in the centre with a high emphasis on the prevention of infection in particular COVID-19 virus. The centre had not experienced a COVID-19 outbreak, and inspectors were assured that the centre was compliant with the guidelines. There were protocols in place for active monitoring of staff and residents for early signs and symptoms of the COVID-19 virus.

The premises and residents' equipment was very clean on observation and examination.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the

service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, oral care, skin integrity, manual handling needs and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

The care plans were holistic and person-centred with the necessary information to guide care delivery. Care plans were reviewed and updated every four months or as changes occurred for instance following a fall or if a resident developed a wound.

Daily progress notes demonstrated very good monitoring of care needs and effectiveness of care provided such as antibiotic therapy, wound management and behaviour management.

There was recorded evidence of consultation with residents or their representative in relation to care planning.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

The inspectors were satisfied that residents received good standards of evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of one resident's care plan in relation to responsive behaviours found that this behaviour was appropriately managed within the centre. The care plan contained guidance for staff on resident's preferences, triggers for certain

behaviours and de-escalation techniques to manage such behaviours.

There were a number of residents who required the use of bedrails. Resident records contained evidence of appropriate risk assessments being carried out prior to use. Alternative options that were considered were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

The use of chemical restraint was monitored and reviewed on a monthly basis. Residents had timely access to psychiatry of later life for review of non cognitive symptoms.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had facilities for activities and recreation. An activities coordinator was employed within the centre and the inspector observed some activities taking place in the centre on the day of inspection.

Residents had access to a spacious outdoor spaces which were being utilised by many residents on the day of inspection.

Resident's meetings were held in a timely manner with a range of topics discussed.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	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 Portumna Retirement Village OSV-0000378

Inspection ID: MON-0033848

Date of inspection: 15/09/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Our housekeeping store room will be reconfigured to include a new sink unit and wash hand basin that will be designated for the sole use of the housekeeping team. The room will be used for the preparation of the cleaning chemicals and the cleaning trolleys and it will also be used to store the cleaning trolleys when not in use.</p> <p>The laundry room will be reserved for the sole use of the laundry team.</p> <p>The Statement of Purpose will be updated to reflect these changes.</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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	05/11/2021