



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

Issued by the Chief Inspector

Name of designated centre:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home Limited
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 March 2022
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0035450

About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and and b)to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 31 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent / low /medium/ high and maximum care. Residents will be over 18yrs of age. A pre-admission assessment will be carried out to determine that the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held once per month where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving, and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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 8 March 2022	10:30hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with many residents during the inspection and spoke with six residents in more detail. Residents spoken with were very positive about their experience of living in the centre and were complimentary of the quality of care provided.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by the person in charge, which included performing hand hygiene, ensuring that a mask was worn and a temperature check. There was an opening meeting with the person in charge followed by a tour of the centre.

Villa Marie nursing home is located on the outskirts of the town of Roscrea in Co. Tipperary. The oldest section of the building has two storeys, however, the first floor only contains offices and staff facilities and is not accessible by residents. The premises has had two single storey extensions over the years to reach its current bed capacity of 31 residents. There were 29 residents living in the centre on the day of the inspection. Bedroom accommodation comprises seventeen single rooms and seven twin rooms. Ten of the single rooms and two of the twin rooms have en suite facilities containing a shower, toilet and wash hand basin. There are a further two bathrooms shared between four single rooms, also containing shower, toilet and wash hand basin. The remaining thirteen residents share three bathrooms, all of which have toilets, two of have showers and one has a bath. There is also one additional accessible toilet.

In light of the ongoing COVID-19 pandemic and previous recommendations for social distancing, the provider had taken the decision to reduce one of the twin bedrooms to single occupancy. On the day of the inspection there was one bed in this room and based on the observations of the inspector, this room is not adequate in size for two residents. For example, the wash hand basin would only be accessible from the side, based on the room configuration described to the inspector. In addition this bedroom does not meet the requirements of 7.4 squared metres of floor space per resident. This bedroom had a bathroom adjacent to it containing a toilet and wash hand basin. The nearest shower was approximately 30 paces away and the provider was requested to review the possibility of installing a shower in the adjacent bathroom.

All other bedrooms could accommodate bedside lockers, armchairs, and adequate wardrobe space for each resident. Bedrooms were seen to be personalised with personal items, such as photographs and memorabilia. Some beds had the provision to be set low to the floor with safety crash mattresses for residents at risk of falling from the bed.

Communal space comprised a large sitting room with an adjacent conservatory. The conservatory led to an internal courtyard and residents were free to access this independently. Due to inclement weather, it was not appropriate for residents to avail of this space on the day of the inspection. There was also a dining room containing six dining tables with table settings for two residents at each table. There were two sittings for lunch and tea, with the more dependant residents having their meals at the first sitting. Mealtimes in the dining room were observed to be social occasions, and a number of residents told the inspector that they looked forward to their meals and that they were happy with the choice and variety of food offered.

Throughout the inspection, the inspector noted that the person in charge and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided. On the morning of the inspection the inspector observed residents enthusiastically participating in activities that were facilitated by an activities co-ordinator. A large number of residents spent their day in the sitting room, while others spent their time in their bedrooms but were seen to come and go throughout the day.

A number of visitors were seen to come and go throughout the day. Visiting was scheduled in advance. The person in charge stated that visiting was scheduled to ensure that there were not a large number of visitors in the centre at one time, which could result in them congregating in communal areas. The visiting schedule seen by the inspector was quite restrictive, with each resident have a designated time each day for visitors. Even though the person in charge stated that there was a greater degree of flexibility in visiting than that reflected in the schedule, the provider was requested to review the visiting arrangements to allow a greater degree of choice to visitors.

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 the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall, this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a good standard. There was a clearly defined management structure in place with identified lines of authority and accountability.

Villa Marie Nursing Home Limited is the registered provider for this centre. There are

two directors in the company, one of whom works in the centre as a staff nurse and is present in the centre on a daily basis to provide support to the person in charge. There is a stable management team in the centre, the person in charge works full time and is supported by a team of nurses, health care assistants, activity staff, housekeeping, catering, and maintenance staff. The person in charge met with the management team on a regular basis and governance and management meetings identified that all aspects of the service were discussed and actions taken as required.

The person in charge (PIC) facilitated the inspection throughout the day. She demonstrated a clear understanding of her role and responsibilities and was a visible presence in the centre. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the centre had adequate 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. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable regarding safeguarding, infection prevention and control and complaints management. There was evidence of meetings with staff and regular meetings were held with residents.

The person in charge carried out a comprehensive annual review of the quality and safety of care in 2021. There were a range of audits and associated action plans to address issues that were identified for improvement through the audit process. The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

Residents and visitors with whom the inspector spoke were complimentary about the care and support provided by the staff. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised. There was a procedure in place for the management of complaints. There were, however, no complaints recorded in the past year. The provider was requested to ensure that all complaints were recorded regardless of the nature or perceived relevance of the complaint.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the required experience in management and nursing as required by the regulation.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role.

Judgment: Compliant

Regulation 21: Records

The required records were maintained and were made available for review. Records were maintained in an orderly system and were accessible and securely stored. The inspector reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 and 4 of the regulations, including required references and qualifications.

Judgment: Compliant

Regulation 23: Governance and management

There was a well established governance and management structure in place. The registered provider had good systems in place to oversee the service and ensure

safe quality care was delivered. There was an annual review of the quality and safety of care delivered to residents completed for 2021.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract of care was updated to reflect the fees payable by each residents, including fees for additional services. It was also updated to reflect the bedroom occupied by each resident and the number of other residents in that room, if any.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was kept under review and contained all the detail required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy that identified the person in charge as the complaints officer. The policy included an independent appeals process. The procedure for making a complaint was on display. Residents told the inspector that if they had any complaints or concerns they would inform the person in charge and she would address their concerns promptly.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were recently reviewed and updated. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that residents living in Villa Marie Nursing Home enjoyed a good quality of life and were in receipt of a high standard of quality care. The feedback from residents was positive and the inspector was satisfied that residents were happy living in the centre. Staff appeared to be kind and caring and all interactions between staff and residents observed by the inspector were respectful. Improvements were required in the areas of premises, visiting, infection prevention and control and fire precautions. Each of these issues will be discussed in more detail under the relevant regulation.

The centre is a predominantly single-storey building which had been extended on two occasions to accommodate 31 residents. All resident accommodation is on the ground floor with some staff facilities and office space in an upstairs section of the building. There was adequate communal space that was suitably furnished. There was secure, accessible outdoor space with seating for residents should they wish to spend time outside. One of the twin bedrooms did not meet the requirements of the regulations in terms of adequate space for two residents. The provider had acknowledged this and had reduced the occupancy down to one resident. This is discussed in more detail under Regulation 17.

Residents' accommodation comprised 17 single bedrooms and 7 twin bedrooms. Bedrooms were seen to be decorated in an individualised and personal manner. Some of the bedrooms had en suite facilities and there were adequate shower, toilets and a bath for the use of other residents.

While visiting was facilitated, a review of the visiting arrangements was required to ensure that more choice was available to residents in relation to when they could receive visitors. This is discussed in more detail under Regulation 11.

Infection Prevention and Control measures in place were reviewed. While there were generally good measures in place, some improvements were required. These are

addressed in more detail under Regulation 27 of this report. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable of the signs and symptoms of COVID-19 and the necessary precautions required. Household staff who spoke with inspector were knowledgeable in cleaning products and systems. Good practices were observed with hand hygiene procedures, decontamination procedures and appropriate use of personal protective equipment. There were sufficient numbers of alcohol hand sanitisers and personal protective equipment stations available. New clinical hand wash sinks had been installed to ensure there were adequate hand washing facilities in accessible locations

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedures were. Evacuation equipment was available and accessible in the event of an emergency. Fire fighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. While fire evacuation drills were conducted regularly, there was a need to ensure that drills simulated real scenarios in order to objectively assess staff response to a fire. Personal emergency evacuation plans (PEEPs) were in place for all residents but required some amendments to ensure they provided adequate detail of each resident's evacuation needs in the event of a fire. This will be discussed under Regulation 28.

A computerised nursing documentation system was in operation. Nursing assessments and care planning were person-centred to meet the resident's needs. The inspector found that the residents had access to medical assessments and treatment by their General Practitioners (GP). Residents are also supported by allied health care professionals such as physiotherapy, dietitian, speech and language therapy, palliative care supports and psychiatry of later life. Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools.

Management and staff promoted and respected the rights and choices of residents in the centre. It was evident that the staff knew residents well and respected their choices. The inspector observed that staff were respectful of the privacy and dignity of residents and addressed residents by their preferred title. Residents informed the inspector that they were happy living in the centre. Resident meetings were frequent and well attended. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme over seven days per week.

The inspector found that residents were free to exercise choice about how they spent their day. Most residents spent their day in the communal areas of the centre and participated enthusiastically in the programme of activities. Residents informed the inspector that they were happy living in the centre. There was access to television, radios, newspapers, and telephones. Residents had the opportunity to meet together and discuss management issues in the centre.

Regulation 11: Visits

Each resident was allocated time slots each day for their visits. While there was a degree of flexibility built into this arrangement, the inspector found that current visiting arrangements were an unnecessary restriction on residents rights to have visitors and was disproportionate to the risk posed.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Each resident had adequate space to store personal items and to personalised their bedrooms with photographs, pictures and items of furniture. Laundry was outsourced and residents expressed satisfaction with the service provided.

Judgment: Compliant

Regulation 17: Premises

One of the twin bedrooms was not adequate in size to accommodate two residents. While there was only one bed in the room on the day of the inspection, the configuration of the room meant that the wash hand basin would be inaccessible with two beds in the room. One other twin bedroom did not meet the requirements of the regulations in terms of having 7.4 square metres of floor space per resident.

Judgment: Not 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

Improvements required in relation to infection control included:

- the wash hand basin in one of the sluice rooms did not have hands free taps
- an item of clothing was soaking in a basin in the sluice sink. This posed a risk of cross contamination
- there was a rusted shelf that was used for storing bedpans and urinals. Due to the rusted surface it would not be possible to clean effectively

Judgment: Substantially compliant

Regulation 28: Fire precautions

The records of fire drills did not provide adequate assurances that all residents in a compartment could be evacuated in a timely manner. Records indicated that fire drills comprised a discussion around elements of fire safety and the simulated evacuation of two residents by various means, either with a ski sheet, a wheelchair or ambulatory. The record did not identify the length of time it took to simulate the evacuation and did not ascertain the time it would take to evacuate all residents in a compartment.

A review was required of personal emergency evacuation plans (PEEPs) to ensure they provided adequate detail of the physical and psychological supports required by residents should they need to be evacuated in both day and night time scenarios.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' records found evidence that residents had a comprehensive assessment of their needs on admission. There were appropriate care plans in place to direct the assessed care need of the residents. Care plans were reviewed and updated regularly and in response to changes in a resident's condition.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). A physiotherapist visited the centre on a weekly basis to carry out group exercise classes and also carried out individual assessments, when indicated. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required. The inspector found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The centre was not pension agent for any residents. Adequate measures were in place for the management of for small sums of residents' money held for safekeeping on behalf of residents. All staff had attended training on safeguarding residents on abuse. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway. Residents had access to the services of an advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted with residents through survey and regular residents meetings, on the organisation of the service

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not 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	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0035450

Date of inspection: 08/03/2022

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 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: <ul style="list-style-type: none"> • Visiting has been fully re-opened following a recent outbreak of Covid19. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • An application has been made to HIQA to vary the registration of Villa Marie Nursing Home to 30 beds. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • The wash hand basin in one of the sluice rooms has been replaced and now has hands free taps. • The item of clothing was soaking in a basin in the sluice sink was removed immediately and all staff were contacted and informed that this practice must not continue as it poses a risk of cross contamination. • The rusted shelf that was used for storing bedpans and urinals was taken down on the 	

date of inspection and replaced with a new one the following morning

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All future fire drills will document the length of time it took to simulate the evacuation from the sounding of the alarm to evacuation of entire compartments in a timely manner.

- PEEPs have all been reviewed to ensure they provide adequate detail of the physical and psychological supports required by residents should they need to be evacuated in both day and night time scenarios.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	07/04/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	07/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	09/05/2022

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	14/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2022