Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sunhill Nursing Home
Name of provider:	LSJ Care Ltd
Address of centre:	Blackhall Road, Termonfeckin, Louth
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0035619

About the designated centre

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

Sunhill Nursing Home is situated in the picturesque village of Termonfeckin, Co. Louth, and within 7 minutes drive form Drogheda town centre. The designated centre is registered to accommodate 92 residents, both males and females, over the age of 18 years who require long-term, short-term and transitional nursing or personal care. The centre provides care for a range of needs including general care of the older person, care of the client with physical disabilities, palliative care, acquired brain injury and dementia care. Accommodation consists of 74 single ensuite bedrooms and 9 twin ensuite bedrooms. All bedrooms are situated on the ground floor and the majority of bedrooms have access to an enclosed garden space. Communal facilities include 5 dining rooms, 9 sitting rooms, Memory Lane Cafe, hairdressing salon and 5 internal garden areas. The objective of the centre is to provide person-centred care to residents by supporting every aspect of their care requirements, while celebrating the diversity of residents and staff as a group and respecting the unique identity of each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	89

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
Tuesday 17 May 2022	10:00hrs to 19:15hrs	Sheila McKevitt	Lead
Tuesday 17 May 2022	10:00hrs to 19:15hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents in each of the units during the course of this inspection. Their views on what life was like living in the centre were overwhelmingly positive. Residents said it was a good place to live and all those spoken with enjoyed life in the centre.

The communication between staff and residents was good. Staff were observed conversing with residents in a kind, patient, friendly and respectful manner. Staff appeared to take time to sit and speak with residents while assisting them with their care needs.

Mealtimes appeared quiet and relaxed. Residents were provided with choices, for example a staff member was observed asking a resident what they would like for lunch and then the resident's chosen meal was served to them. Residents confirmed they had a choice at all mealtimes. Staff were available to assist residents with their meals and were seen to facilitate some residents in a discreet and unrushed manner. Inspectors observed a good selection of drinks being offered to residents and observed that residents had access to a jug of fresh drinking water in their bedroom.

Residents' independence was promoted. Inspectors observed a number of residents using easy grip cutlery in the dining room which facilitated them to remain independent. The corridors had hand rails on either side which facilitated residents to mobilise around the centre. Inspectors observed residents mobilising independently some with the help of a walking aids and where required under the supervision of staff.

Inspectors found that the centre was overall clean and tidy. Inspectors observed the house keeping staff completing their duties throughout the course of the morning. Cleaning lists had been developed for the cleaning of equipment, residents bedrooms, communal rooms and frequently touched surfaces. However, further attention to overhead cleaning and hand rails in corridors was required. Inspectors saw that the equipment in use was clean, for example the house-keepers' cleaning trolleys. Staff were observed using the hand sanitising gel prior to entering and on leaving a resident's bedroom.

Residents had access to internal secure gardens. Two of the internal courtyards, although accessible to residents, did not appear to be well-maintained. Inspectors were informed that there were plans to upgrade these and develop another safe accessible outdoor space for residents to the rear of the building. However, these plans were not going to be implemented until later in the year.

Staff were aware of the latest guidelines in relation to visitors. There was a station available at the reception for temperature checks and hand sanitising facilities were also available. Residents confirmed that all restrictions had been lifted and they

were receiving visitors in their bedrooms.

Residents spoken with had no complaints and were keen to stress that there was nothing to complain about as they felt they were well looked after in the centre.

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

Sunhill Nursing Home is operated by LSJ Care Ltd, of which there are two company directors. The centre has a strong history of responsiveness and compliance with the regulations. Areas that were identified as requiring some minor improvement on this inspection included governance and management, premises, fire, individual assessment and care planning and restrictive practices. These areas are detailed in the report under the relevant regulations.

This was a risk inspection carried out in order to assess the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors also reviewed the information submitted by the provider to vary condition one and condition three of the certificate of registration for the designated centre.

The provider had applied to increase the maximum number of residents that could be cared for in the centre from 92 to 102. The provider had reduced the occupancy of two twin bedrooms to single occupancy and increased the footprint of the building with the addition of some new single en-suite bedrooms and communal rooms. This, together with changing the function of some internal rooms had enabled 10 additional beds to be added to the 92 existing beds.

The provider had a clearly defined management structure in place, as outlined in the centre's statement of purpose, and the lines of authority and accountability were clear within the centre. Inspectors observed that there was a strong team-based approach in the centre, with effective channels of communication between senior operational staff. However, the oversight of the external grounds and the management of fire issues required strengthening.

There were sufficient staffing resources to ensure effective delivery of care in the centre, and this was reviewed in line with the changing needs of the residents. The provider had increased the staffing numbers to ensure they would be in a position to meet the needs of ten additional residents. Some of these newly employed staff were already on site, others had been recruited but had not commenced employment as they had not received a vetting disclosure. Inspectors reviewed a sample of staff files and found these met the regulatory requirements, they all included a vetting disclosure in accordance with National Vetting Bureau (Children

and Vulnerable Persons) Act 2012.

There was a system in place for monitoring all training completed by staff, and the inspectors observed that staff were facilitated to attend appropriate mandatory training. This included safeguarding residents from abuse, safe moving and handling procedures, infection prevention and control (IPC), and fire safety training.

There was an annual review of the quality and safety of care delivered in 2021. Residents were consulted in this review through the provision of resident satisfaction surveys and this feedback was included together with a quality improvement plan for 2022.

Overall, documents were accessible and compliant with legislative requirements, however the statement of purpose and directory of residents required some improvements.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary had been received with all the required documents to support the application.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 92 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of one qualified nursing staff on at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training and had completed a comprehensive programme of additional training to enable them to care for residents safely.

There was good supervision of staff in all units. The inspectors saw from the sample of staff files reviewed that the staff had staff appraisals completed with the

management team.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses of a number of residents' next-of-kin were not included together with the time and cause of death for a number of residents who had died.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were not fully assured that the service was adequately monitored. Evidence where further clinical oversight was required included;

- the oversight and upkeep of the external grounds of the centre.
- the oversight of fire related risks, for example:
    - Assurance was required regarding the extent, size and location of fire compartment boundaries.
    - Fire doors were propped open and missing signage.
    - Hoist batteries were found charging in a protected corridor that is used as a protected means of escape

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required further information as follows:

- the whole time equivalent of staff was not clear.
- the conditions of registrations needed to be reviewed to ensure they reflected the current conditions of registration.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints, the appeals process and the complaint overseer. It outlined the complaints process, how the outcome of the complaint should be communicated to the complainant and it included contact details for an advocacy service.

The records of complaints reviewed assured the inspectors that all complaints were fully investigated in a prompt manner. The records included the outcome of the complaint investigation and the level of satisfaction of the complainant. There was evidence that they were being closely monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule five were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. Further improvements were required under residents' care records, premises and fire protection to maximise and promote residents' safety.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over

their life and to maximise their independence.

A sample of residents nursing assessments and care plans were reviewed. Residents had a comprehensive assessment together with a number of risk assessments all of which were reflected in the residents person centred care plan. All these documents were updated on a four monthly basis. However, some improvements were required to the restraint assessments completed for those residents with restraint in use. This would provide assurance that alternatives to restraints were trialled prior to restraints been used.

Residents had an activities assessment completed which reflected each residents interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included a sitting rooms and a wide variety of equipment.

Infection control practices were good. All cleaning equipment was safely stored in the cleaners rooms.

While the fire safety arrangements in the centre required full review as detailed Regulation 28, the inspectors acknowledged that provider was proactive and had scheduled to carryout a fire safety risk assessment of the centre which would include a review of fire doors, fire sealing and a review of compartments and sub-compartments in the centre. Nevertheless, a review by a competent fire safety professional was required to provide assurances of adequate containment and appropriate compartmentalisation due to identified deficiencies. Furthermore, fire drill evacuation times did not provide assurance of safe and timely evacuation of all residents in the event of fire.

The new bedrooms met the regulatory requirements. However, the issues identified under premises and fire needed to be addressed in full prior to the inspectors being in a position to recommend registration of the ten additional beds.

Regulation 11: Visits

Inspectors saw that the visiting policy reflected the current Public Health guidelines. There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so. The recommended safety check and sign-in process was in place at the reception desk.

Judgment: Compliant

Regulation 13: End of life

End of life care assessments care plans were completed and updated as and when necessary. There was evidence of resident and family involvement in the decisions made.

Judgment: Compliant

Regulation 17: Premises

The following gaps were identified:

- General maintenance issues such as: Bins overflowing with recycling materials.
- Clinical waste bin was not locked.
- Unused and broken equipment deposed of on ground at rear of property.
- Call bells in some of the showers in new ensuites were not accessible to residents.
- Hairdressers' room did not contain a wash hand basin.
- There was a male changing room identified for kitchen staff but no female changing room for kitchen staff.
- High dusting in corridors and behind doors required heightened surveillance.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which met the regulatory requirements. A risk management report from each unit was reviewed at the monthly risk management committee meetings. Minutes of these meetings assured the inspectors that risks were well managed.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Staff were aware of the level of precautions to be taken prior to entering the bedroom of a resident with a transmissable infection.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors observed hoist batteries charging in a protected corridor that is used as a protected means of escape to evacuate residents. Some bedroom doors into residents' rooms were found to be propped open with a chair and a bedside cabinet which would prevent the fire doors from closing in the event of a fire to contain the spread of fire and smoke. Some doors were missing signage which could cause confusion for staff to locate a room in the event of a fire.

To ensure adequate means of escape, the provider was required to review the following:

- The external escape routes required additional escape lighting to ensure safe evacuation away from the building during the hours of darkness.
- The internal escape routes required additional escape signage as it was unclear where the direction of escape was in the existing centre and the new extension. The inspectors noted that in some areas the existing signage was not illuminated or in working order and required attention.
- Wooden storage cabinets located in a protected corridor were not encased with fire rated construction and stored laundry items and PPE gear. This could impact on the evacuation of residents in the event of a fire.

The fire containment was compromised in a number of areas. For example, a large opening in a store room which opened into a common attic space in the new extension had an incomplete dividing wall between a laundry and a heating room; some electrical storage rooms were missing sections of fire rated ceilings; and large holes had breached compartmental walls in some utility rooms.

and a dividing wall between a laundry room and a heating room was not built up fully to the underside of a roof. Furthermore a number of electrical storage rooms located in protected corridors were missing sections of fire rated ceilings. Utility services and large holes were identified to have breached compartment walls in these areas and required sealing up. A review by a competent fire safety professional was required to provide assurances of adequate containment due this these deficiencies.

The extent of the compartment and sub-compartment boundaries used to facilitate phased evacuation was unclear. For example; floor plans reviewed on inspection indicated a location of a 60 minute compartment fire door. The fire door was noted by the inspectors to not meet this fire rating.

The inspectors were not assured by the effectiveness of some fire doors to adequately protect against the spread of fire and smoke. For example, several fire doors were missing screws from hinges, some fire doors did not close fully when released and some hold open devices did not engage in the existing centre and the

new extension. The inspectors noted gaps between compartment doors and fire seals which were partially missing. In general, fire doors did not have any fire signage or a fire rating tag (a metal label giving its fire-resistance time) in the new extension.

While fire evacuation drills were taking place, the records did not provide assurance that residents could be evacuated to a safe place within the times recorded in drills.

There were floor plans displayed throughout the centre. However the original floor plans were displayed with new floor plans which caused confusion. The inspectors noted the new floor plans required updating as they were not accurate. For example, the floor plans did not indicate store rooms and rooms that had been recently re-purposed by the provider.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements to the standard of nursing documentation was required.

For example;

- end of life care assessments did not consistently reflect resident's preferences for end of life care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents' risk assessments and care plans clearly identified potential causes for responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), however the assessments were inconsistent in that only some of the sample of assessments reviewed identified the alternatives trialled prior to a restraint being used.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and

activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunhill Nursing Home OSV-0004450

Inspection ID: MON-0035619

Date of inspection: 17/05/2022

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: • We have moved away from the paper-based register to an electronic directory of residents. A full audit will be carried out. This will then be updated daily to ensure that all the required elements are included.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • 29 extra wooden garden armchairs have been purchased • 7 high raised planters with fencing have been ordered for installation • 3 Lounge sets have been purchased • Extra paving will be installed in the courtyards • There was a compartment error on the floor plan submitted as part of our application to vary conditions pack. The corrected floor plans and declaration were submitted to HIQA highlighting the fire door as a 60-minute fire door • We have implemented a daily fire door/emergency escape route checklist for each area within the building to be completed by a designated person each day. • A full review of all door and directional signage throughout Sunhill was completed on the 03/03/2022. Full and final schedule of new signage was agreed in June and went into production. • The hoist battery storage area was reviewed by our Fire safety consultant	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The statement of Purpose was updated and forwarded to registration on the 30/5/22.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The recycle bins hadn't been compacted at the time of inspection. Bins now reviewed daily by maintenance.
• Lock on the clinical waste bin has been reviewed to ensure that the bin closes correctly.
• Unused and broken equipment at the back of the Nursing home following completion of construction was removed by skip on the day of the inspection.
• A second call bell has been installed in the showers of all the new ensuites.
• A hand wash basin has been installed in the hair dressing room.
• A separate changing room for female kitchen staff has been identified.
• High dusting areas and behind doors have been reviewed with the household team to ensure extra vigilance of these areas.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• We have implemented a daily fire door / emergency escape route checklist for each area within the building to be completed by designated person each day.
• A full review of all door and directional signage (Internal and External) throughout Sunhill was completed on 03/03/22. Full and final schedule of new signage is agreed an in production.
• External escape routes were reviewed by our Fire safety Consultant on 27/06/2022. A night time inspection (1am) was completed to assess external escape route lighting. 14 on site Street lights and 15 emergency exit LED lights were highlighted (all connected to Mains and backup generator) with strong cover for all evacuation routes
• Internal escape routes were reviewed by our Fire safety Consultant on 27/06/2022. Extra running man sign supplies have been ordered and lighting / directional signage will be upgraded where necessary

• Hoist battery charging points were reviewed by 2 Fire Safety Consultants. Both agree that these are low risk controlled and fused charge points. As an extra precaution we have added them to monthly maintenance checklist for monthly PAT testing • Wooden cupboard linen storage areas were reviewed by our Fire safety Consultant on 27/06/2022. All supplies have been removed from these areas. • Dividing wall between laundry and heating room has been reviewed by our Fire Safety Consultant and has now been fully Fire Stop sealed. • Electrical storage rooms have been reviewed by our Fire Safety Consultant on 27/06/2022. Supplies have been ordered and these areas will be fully sealed • This was a compartment error on the floor plan submitted as part of our application to vary conditions pack. The corrected floor plans and declaration were submitted to HIQA highlighting the fire door as a 60 minute fire door. • An external company has completed Fire Door inspection. Remedial works have been agreed and all compartment doors will have fire seals and ironmongery upgraded. • Sunhill maintenance team have completed a full inspection of every door closer in the building. All door closers now operate to ensure the door fully closes and engages on release of closer • All doors in the new extension had fire rating tags applied the day after the inspection • 18 Fire drills have taken place in Sunhill to date in 2022. 7 of those included simulated evacuation. Monthly drills are now preformed with our Fire Safety Consultants where photographic records of the drill and exact measured times of compartment evacuation are recorded. These are available for audit review on our Fire Safety Portal. • A full review of all displayed floor plans was completed with any old plans removed on 03/06/2022. New professionally printed floor plans are ordered and will be placed throughout the building.

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: Residents EOL care plans will be reviewed with the resident in conjunction with the family to ensure that they include more specific details regarding the residents EOL wishes.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing	

behaviour that is challenging:
All bed rail assessments will be audited and updated to ensure that they identify all alternatives that were trialed prior to implementing any restraint.

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	08/07/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	08/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Orange	15/07/2022

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01/07/2022
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.	Not Compliant	Orange	15/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/07/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	01/07/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be	Substantially Compliant	Yellow	15/07/2022

	followed in the event of fire are displayed in a prominent place in the designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	15/07/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	15/07/2022