



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

Issued by the Chief Inspector

Name of designated centre:	Belmont House Private Nursing Home
Name of provider:	Belmont Care Limited
Address of centre:	Galloping Green, Stillorgan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0000014
Fieldwork ID:	MON-0034751

About the designated centre

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

Belmont House is a 161 bed centre providing residential, respite and short stay convalescent care services to male and female residents over the age of 18 years. The centre was originally a Georgian country house and was owned by a religious order. The building has been extended and completely refurbished while retaining some of its older features. It is located on the Stillorgan dual carriageway, close to the village of Stillorgan, with access to local amenities including shopping centres, restaurants, libraries, public parks and coffee shops and good access to public transport. Accommodation for residents is across five floors. There are also areas for residents to socialise and relax, including activity rooms, a coffee dock and quiet areas. The majority of bedrooms are single rooms and there are 36 twin rooms. There is 24 hour nursing care with access to both in-house and specialist healthcare as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	135
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 November 2021	08:30hrs to 17:15hrs	Margaret Keaveney	Lead
Wednesday 10 November 2021	08:30hrs to 17:15hrs	Sarah Carter	Support
Wednesday 10 November 2021	08:30hrs to 17:15hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents and visitors, over the day of the inspection, to elicit their experiences and views of life in Belmont Private Nursing Home. From what residents told inspectors and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days. The atmosphere in the centre was pleasant and very relaxed.

The designated centre is located in a suburb of south county Dublin. Large windows in bedroom and communal areas gave residents panoramic views of Dublin city and county, Dublin bay and the nearby Dublin Mountains. Many residents expressed delight at the picturesque views from their bedroom windows.

On arrival, inspectors were required to complete a temperature check before being permitted full entry to the centre. Inspectors then completed further processes to ensure that COVID-19 infection protection and control measures were adhered to, such as the wearing of masks, the completion of a COVID-19 questionnaire and the use of hand sanitising gel.

Following an opening meeting, inspectors were accompanied on a tour of the premises by a senior manager. Inspectors observed that while many residents were up and dressed for the day, most chose to enjoy their breakfast in their bedrooms. Breakfast was served on well presented trays with doilies. Inspectors saw that residents' accommodation and living space was laid out over five floors, with a lift between all floors to ensure all areas were easily accessed by residents. Bedroom accommodation comprised of 102 single bedrooms and 25 twin rooms, all with en suite toilet and shower facilities for privacy, apart from three single rooms with no en suite. With residents' permission, inspectors viewed a number of residents' bedrooms and found them to be clean, bright, and homely spaces. Many were personalised with ornaments, photographs and furniture from home, which enhanced their feeling of being at home in the centre. Bedrooms had sufficient storage for residents, and many residents had chosen to have a wall mounted television in their bedroom for entertainment.

The design and layout of the centre promoted a good quality of life for residents, and it was well maintained by an in-house maintenance team and house manager. Residents had access to a number of comfortable and well decorated communal spaces, including sitting rooms, dining rooms, a visitor's room and a library with residents' art and craft works displayed throughout these areas. Inspectors and the management team agreed that there was a need to review the directional signage in some areas of the centre, which would help orientate residents in the direction of communal rooms. There was a specialised dementia care floor in the centre with its own sitting area and dining area. Residents in this area had access to a safe enclosed garden with seating and planting.

Communal areas and resident's bedrooms were clean and tidy. Cleaning schedules had been adapted in response to the COVID-19 pandemic. Staff were observed to be compliant with the appropriate use of personal protective equipment (PPE). Twice daily temperature checks of residents and staff were seen to be documented.

Residents stated that they felt safe and well cared for and that staff were kind, caring and approachable. Staff were observed to speak with residents in a gentle and respectful manner, and inspectors observed many positive interactions between staff and residents including at mealtimes and during activities. Call bells and sensor alarms were answered promptly by staff. However due to the sensitivity of the sensor alarms, inspectors observed that they could commence ringing again shortly after being addressed. At times the various sensor alarms rang loudly in the corridors of the units and this noise could be distracting to residents. This observation was shared with nurse managers on some of the units, and at the feedback meeting with the person in charge.

The centre changed ownership in July 2021. Some residents spoken with were aware there had been changes in the management team, and while some expressed that they missed the accessibility of the previous owners, all reported that they know who to speak to if they had a concern.

The registered provider had installed a café in the lobby of the centre, which greatly enhanced the social and welcoming atmosphere in the centre. This area was enjoyed by both residents and visitors, and all spoken with said that they highly valued the facility. Staff were seen to clean tables and chairs between uses and to monitor the appropriate mask wearing by visitors. The café facilitated visitors to be accompanied by dogs, and this was a source of positive feedback from residents. Throughout the COVID-19 pandemic restrictions compassionate visiting was facilitated as required, such as when residents were at the end of life or in need of in-person contact with family.

Residents were supported to be involved with the community. Inspectors saw that local school children had sent inspirational cards to residents during the pandemic. The centre had its own minibus which was used to bring residents on day trips to nearby coastal areas, the National Concert Hall, the Botanical Gardens and on shopping trips. A local ice-cream company had visited the centre over the summer months for residents to avail of a '99 ice-cream cone and a number of musical entertainers frequently visited the centre. Inspectors saw a clothing and gifts company was soon to visit the centre, which would give residents an opportunity to shop for clothing and gifts. Inspectors were told that residents greatly looked forward to this annual event.

Residents told inspectors that the meals provided to them were very tasty and that there was always a choice available to them. Inspectors observed the resident's dining experience and saw that the dining tables were set with white tablecloths, napkins and stemmed glasses. While there were arrangements in place to facilitate social distancing, residents were observed enjoying a sociable lunch. Some were observed to remain in the dining areas chatting over a cup of tea or coffee long after their meal had finished. Those residents who required support were assisted

appropriately and discreetly. Some residents chose to remain in their bedrooms for meals and this choice was respected and facilitated.

Many residents chose to socialise and partake in activities in communal areas throughout the day of the inspection. A team of dedicated activities staff were observed interacting with residents in a positive and person centred manner. It was evident that staff had good knowledge of residents and their interests. Inspectors observed residents enjoying live musical entertainment and music appreciation activities, with some residents dressed as if attending a formal performance. Residents told inspectors that quizzes were another of their favourite activities. There was a separate activities schedule developed for the dementia unit, and inspectors saw a large number of residents participate in lively, stimulating activities in this area.

Overall, there was a warm and happy atmosphere in the centre. It was apparent to inspectors that residents were content living in the designated centre. Some residents spoken with recalled the impact that the various COVID-19 restrictions had had on their lives and some could not recall this, but stated they found the routine and their lifestyle in the centre very satisfying.

The next two sections of this 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 designated centre is well managed by a management team who were focused on improving resident's wellbeing and life in the centre. There were effective management structures in place that ensured safe, sustainable care was monitored and provided to residents. The centre has a good history of compliance with the regulations, which was reaffirmed during this inspection.

Belmont Private Nursing Home is operated by Belmont Care Limited who is the registered provider, and was recently acquired by Orpea Ireland. The person in charge was well supported to oversee the centre's clinical care by the regional director and the registered provider. Inspectors observed, and the person in charge verified, that the registered provider had provided sufficient resources to the centre in terms of staffing, equipment and facilities arrangements. The person in charge was assisted in her role by two full-time assistant directors of nursing, a house manager, a general manager, social programme co-ordinator, a team of nurses and healthcare assistants and a catering and domestic team.

The registered provider had failed to notify the Chief Inspector of Social Services in writing, within the minimum 8 weeks' timeline, of the change in company personnel.

This unannounced inspection was carried out to assess compliance with the Health

Act 2007 and to follow up on solicited information submitted to the Office of the Chief Inspector of Social Services. The designated centre had experienced an outbreak of COVID-19 in January 2021. During this outbreak a number of residents and staff members tested positive for COVID-19 and sadly some residents passed away. Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time.

The regional director and members of the senior management team met with the person in charge fortnightly, which ensured that the registered provider maintained good oversight of services provided. Documented records showed that incidents, staffing levels, training, admissions, activities, and infection prevention and control were discussed and issues appropriately addressed at these meetings. There was a comprehensive clinical and environmental auditing system in place. The person in charge submitted a weekly report on clinical care to the regional director and a monthly report on clinical and health and safety audits to the group level quality team. The person in charge also attended a monthly meeting of group level directors of nursing, at which experiences and learning on nursing home issues was shared.

Inspectors reviewed the latest version of the centre's statement of purpose and saw that some updates were required due to recent changes in personnel positions within the centre. There was a comprehensive contingency and preparedness plans in place should the centre experience another outbreak of COVID-19. The provider had a plan in place to respond to a range of emergencies, such as flooding and loss of power. This plan included details of other nursing homes in the area who would lend support to the centre if the emergency plan was activated.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspectors saw that there were sufficient staff were on duty to meet the assessed needs of the residents. The provider had recently appointed an additional two clinical nurse managers, bringing the total number to five, who supported the person in charge in monitoring care and supervising staff.

A team of activities' staff led a full activities schedule over seven days of the week. The centre also employed a full-time physiotherapist who met resident's assessed needs and provided manual handling training to staff when required.

Staff training records confirmed that all staff were up-to-date in mandatory training, such as safeguarding residents from abuse, safe moving and handling procedures and fire safety. Staff had access to an online training platform to facilitate the monitoring of their training progress. Induction of new staff was closely monitored by the person in charge and new staff members were allocated a mentor with whom they completed a comprehensive induction pack. Annual staff appraisals completed by the person in charge and staff spoken with were knowledgeable and skilled to perform their role and responsibilities.

Inspectors reviewed a number of contracts for the provision of services and found them to be in line with the regulations. Those contracts reviewed outlined the terms

and conditions of the residency and contained details of additional fees to be charged for additional services. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Inspectors reviewed the complaints log for 2021 and saw that complaints were recorded and investigated in a timely manner by the person in charge and the assistant directors of nursing. Complainants had been informed of investigation outcomes and satisfaction levels were recorded. Inspectors saw that the provider had used complaints to implement quality improvement changes, such as improvements in the documentation of one-to-one social therapy. Residents were aware of the complaints procedure and said that they would feel comfortable making a complaint if needed.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents in line with the statement of purpose.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide variety of online and in-house training and were supported to complete this training. Inspectors saw that all mandatory training was up-to-date and that a training plan for 2022 had been developed. The person in charge, two assistant directors of nursing and five clinical nurse managers were trained in taking COVID-19 swabs.

Staff had access to the Health Act 2007 and associated regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance cover which protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-governed centre with good leadership, governance and management arrangements in place.

The management team demonstrated knowledge of the regulatory requirements and had good systems in place to ensure that the care provided was safe, appropriate and effectively monitored. Clinical and non-clinical data were reviewed at regular management team meetings. There was clear evidence of learning and improvements being made in response to the audit of reports and to updates from the regulator. For example on the day of the inspection, an external fire assessor was on site to ensure that the designated centre met the regulatory requirements of Regulation 28 Fire Safety in line with updated guidance.

An annual review had been completed for 2020, which included consultation with residents and a quality improvement plan for 2021.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms and conditions of their residency and contained the required authorisations. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services, including activities and other potential costs.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose required updating to ensure that it accurately reflected the arrangements in place for the management of the centre in the absence of the person in charge and the arrangements in place for dealing with complaints.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The standard operating procedure for complaints policy was last reviewed February 2021. The procedure stated that the Director of Nursing and a Nominated Person were assigned to deal with complaints.

The complaints procedure was prominently displayed in the entrance foyer of the centre.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider did not give the Chief Inspector of Social Services written notice, in not less than 8 weeks, of the change of the details previously supplied regarding company personnel under paragraph 3 of Schedule 1 of SI 61 of the Health Act (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Not compliant

Quality and safety

Inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The documentation in place was easily understood. Inspectors reviewed a wide range of care plans across all units in the centre, which planned care for both long term residents and residents availing of short term convalescence and respite care.

Good evidence of consultation between the clinical team and relatives was seen. Prior to admission, and again on admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level and their clinical risk areas, for example the risk of malnutrition, falls risk and their skin integrity.

Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Many residents spoken with were

knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes to their plan. Residents had access to a GP who attended the nursing home weekly, or to their own GP. Residents had access to a range of specialists, and were referred promptly when required. Any recommendations from health and social care professionals or specialist Consultants was included in the residents' care plans.

The centre had residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs and the least restrictive approach was being taken in line with national guidance and best practices. Where residents had been assessed as requiring a restrictive practice, the policy and practice in place was clear, residents consent was sought and the restrictive practice itself (for example a movement sensor alarm on a chair) was being monitored throughout staff shifts. The equipment was checked and regularly received maintenance.

The provider had arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and the appropriate steps to take should a concern arise. Staff were clear about their role in protecting residents from abuse and confirmed that they were familiar with the centres safeguarding policy. Residents spoken with said that they felt safe and well cared for within the centre. Inspectors reviewed documentation related to three investigations of allegations abuse, and found that where necessary investigations had been completed in a timely manner and appropriate actions taken.

Residents availed of a varied activity programme. Activities took place both in the individual units, and also in the spacious communal areas on the ground floor. Residents' links with the community were maintained where possible, and this was supported by access to local media, internet and telephone services.

The inspector observed that the majority of residents chose what way to spend their day. Some residents were up and about and listening to music or watching advertised dramas and shows in the day rooms, some were reading the daily newspapers, while others were relaxing in their bedrooms. The inspector observed that many residents had paired up with a couple of friends, and often attended activities or the seating areas together. The inspector observed that the staff were familiar with the residents and used the completion of daily tasks as an opportunity to engage in social chat. For example, staff members who were serving drinks and snacks chatted to each resident they served, staff offered choices and wished the resident well before they left.

The activities schedule was displayed throughout the centre, both on notice boards and on the back of dining menus on every dining table in the building. The timetable included a variety of activities and ran over 7 days a week, including some evening activities. There were staff members allocated to the supervision of communal rooms. Staff were seen to encourage participation and stimulate conversation. The inspector observed that residents were not rushed. There were regular resident

meetings and these were chaired by an independent advocate. Approximately one third of residents attended the last meeting facilitated. Minutes were recorded, and the actions taken by the management team to address feedback and matters raised were also documented.

Visiting arrangements between residents and their visitors were guided by centre-specific risk assessments on visiting, and residents could receive visitors in one of the many communal areas within the centre or in their bedroom. Visits were conducted in line with the COVID-19 visiting guidance in place at the time of the inspection and residents and families were kept informed of changes to such arrangements by means of letters and phone calls.

The provider had a risk management policy in place which outlined the arrangements to monitor and manage risks within the centre, and identified those with overall responsibility for risk within the centre. Management had compiled a comprehensive list of both clinical and operational risks which were recorded in a risk register. Although identified risks were controlled through the risk assessment process with appropriate control measures put in place and were regularly discussed at management meetings, a responsible person was not specified against each risk. The regional director agreed to immediately address this omission on the risk register. The centres' emergency response plan was reviewed, and addressed all relevant areas of service provision in the event of a major incident occurring.

The provider had developed effective infection prevention and control procedures. There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walk-arounds by management. Staff were observed to adhere to good hand hygiene practices and to appropriately wear personal protective equipment to minimise the spread of infection in the service.

Regulation 11: Visits

Visiting arrangements were risk assessed and were in line with Health Surveillance and Prevention Centre on COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCs). The management team had developed and implemented a visiting system which maximised the residents and their visitors' safety and access to visits, while minimising the risk of bringing COVID-19 into the centre.

The provider had provided suitable communal and private spaces for residents to meet with visitors.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform staff in the centre. There were also policies or a risk assessment on the five specified risks as required by Regulation 26.

The provider had compiled a risk register which covered a range of clinical and environmental risks and appropriate controls for these risks, and had measures and controls in place for all identified risks. There was a plan in place to respond to major emergencies.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were in keeping with best practice. The centre was clean on the day inspection and the housekeeping staff were well supported and knowledgeable regarding cleaning systems. There were sufficient facilities for hand hygiene throughout the building and appropriate wearing of personal protective equipment by staff. Records showed that adherence to good hand hygiene practices and environmental audits helped to reduce the spread of the infections in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and observed that they were detailed, person-centred and updated as a resident's condition changed and in line with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in the centre. Residents had good access to medical and allied health care services and were supported, where possible, to retain the services of their preferred general practitioner (GP).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint was used, a risk assessment was completed and protocols were in place to ensure it was used for the minimal time. Assessments were used to inform behavioural plans which were regularly reviewed by a multi-disciplinary team.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy guided staff in their response to concerns of abuse, and staff demonstrated their knowledge of the policy through discussion with inspectors. Concerns viewed by inspectors were fully investigated and appropriate actions implemented.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers and to the Internet.

Residents' privacy and dignity was protected by staff practices. There was independent advocacy available in the centre and regular residents meetings were well attended.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 Belmont House Private Nursing Home OSV-0000014

Inspection ID: MON-0034751

Date of inspection: 10/11/2021

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose and function has been fully reviewed and updated. A copy has been submitted to the Authority. The registered provider will ensure this is kept up to date at all times in the future.</p>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>The current registered provider took over the home on the 2nd of July 2021. Whilst it is acknowledged that the previous registered provider was late in notifying the Authority about the change of ownership, the current registered provider is fully committed to ensuring compliance with all regulatory requirements into the future.</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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	31/05/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	08/12/2021

	centre concerned and containing the information set out in Schedule 1.			
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