



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

Issued by the Chief Inspector

Name of designated centre:	Macroom Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0036477

About the designated centre

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

Macroon Community Hospital dates from the 1930's. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building configured in one long corridor with bedrooms and day room on either side of the corridor. Bedroom accommodation comprises five wards: Dilis, Barra, Abbey and Suaimhneas all four-bedded rooms and Alainn, a single bedded room. There is a toilet and family room alongside Alainn and this is used for specialist care and end of life care. There are nine toilets, two showers and one bathroom available to residents. Communal areas comprise a day room, a library seating area and an oratory. Residents have access to an outdoor seating area to the front of the building. Macroon Community Hospital provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 27 April 2022	09:30hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with four residents in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

There were 17 residents residing in Macroom Community Hospital at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the person in charge, which included a signing in process, temperature check, hand hygiene and face covering.

An opening meeting was held with the person in charge and acting clinical nurse manager (ACNM), which was followed by a walk-about the centre with the person in charge. Macroom Community Hospital was a single-storey building situated on a large site which also accommodated community day services. There were two entrances to the centre, one to the left by the oratory and the second in the middle of the building. The building was laid out in one long corridor, from the oratory to the left extending to the single room, Alainn, on the right, with residents' accommodation, facilities and offices on both sides of the corridor. Resident bedroom accommodation was mainly provided in four four-bedded multi-occupancy bedrooms, namely, Dilis, Suaimhneas, Barra and Abbey; the single bedroom, Alainn, was at the end of the corridor with a kitchenette adjacent, and toilet facilities. The inspector saw profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available in bedrooms to maximise ease of transfer in and out of bed.

At the 'oratory' entrance there was a lovely seating area called the library with bookshelves wall paper, vintage style clock, mirror and fireplace providing a lovely cosy space. COVID-19 precautions advisory signage was displayed at this entrance as well as throughout the centre. At the time of inspection, the oratory was being used as a visiting hub and tables and chairs set out to enable social distancing. Personal protective equipment (PPE) was discretely stored behind the stone façade in the oratory and away from view.

The main fire alarm system, registration certification and suggestion box were by the main entrance. Orientation signage was displayed throughout the building to guide residents to the dining room and bedrooms for example, to allay confusion and disorientation.

There was one main communal room that functioned as a dining room and day room. This had a conservatory-style frontage with large windows and views of the main entrance, car park and construction works. The day room had dressers with decorative chinaware, and comfortable seating to provide a homely environment for

the residents to enjoy. There was a large smart flat screen television so residents were able to access netflix and other on-line programmes. The activities staff explained that a local 'maigh cromphian' had put together a series of old film footage of events in Macroom and the surrounding hinterland such as fleadh days, communions and confirmations, and mass at St Gobnait's well in Ballyvourney for example. It was apparent that residents loved these films and chose to watch mass from St Gobnait's well with the O'Riada Coolea choir singing, and residents called for 'ciuineas' when the film started.

There was a melange of photographs displayed at the entrance to the dining room of St Valentine's Day with the day room decorated with hearts and banners and residents celebrating the occasion. Easter celebration photos were due to be developed and displayed.

Residents were offered beverages and snacks mid morning and mid afternoon and while some residents had small tables alongside them to rest their cup, others did not have a table to hold their belongings such as glasses or rest the paper they were reading. Dinner time was observed. Menus with choice were displayed at the entrance to the dining room as well as on dining tables. The bain-marie was brought to the dining room where residents were asked their choice and their meal was plated up and served. Staff interacted with residents in a social and respectful manner; those residents requiring assistance were helped in a kind and respectful manner and staff actively engaged with residents. Meals looked appetising and were well presented, and deserts were served separately after residents were finished their dinner.

The inspector saw that residents were well dressed; some ladies were seen in the dining room with hair curlers as part of having their hair up-styled. Residents spoken with were complimentary about the staff, the care they received as well as the kindness and generosity and good humour of staff, which was observed on inspection.

Visitors to the centre were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines (April 2022) with controls in place to minimise the risk of inadvertent transmission of COVID-19 by visitors. Scheduled bed-side visits were also facilitated for residents unable to go to the oratory or day room.

Clinical rooms were secured to prevent unauthorised access. The clean clinical room was tidy with all items stored appropriately. There was a hand-free hand-wash sink here with advisory signage regarding hand-wash technique. While the controlled drug press was secure in line with professional guidelines, there was items stored in the press other than controlled drugs; the person in charge removed these items from the press when the issue was identified.

Evacuation floor plans were displayed in the centre with a point of reference 'You are Here'. They reflected the current building layout and evacuation routes since the annexes off Barra and Dilish were closed.

Staff facilities were available in an adjacent building. These comprised staff changing

rooms and a large room with kitchen and dining facilities.

The centre was visibly clean and staff were observed to completed hand hygiene appropriately. Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene. There were clinical waste bins seen along corridors and these were removed from the main thoroughfare as there was no clinical indication for their use at the time of inspection.

House-keeping trolleys had lockable storage and storage compartments for clothes and mop-heads. Cloths were colour-coded and housekeeping staff were knowledgeable regarding their appropriate use. Laundry was segregated at source; residents' personal laundry was done on site and bed linen and towels were laundered externally. Alginate bags were available for soiled or infected clothing as part of their infection control precautions.

The construction work to extend the centre was well underway and was due for completion later in the year; which would be followed by the next phase of reconfiguration and refurbishment of the existing building. The new extension will accommodate 26 residents, with one twin bedroom and the remainder single en suite facilities. Communal facilities will comprise two internal courtyards, hair dressers, separate dining and day rooms and storage for equipment. New pathways were being laid at the time of inspection. The re-roofing of the old workhouse of 1843 was completed and this building was subsumed into the new extension with an overhead glass panel joining the two buildings providing a lovely light feature. Underground heating in bedrooms and radiators on corridors were being installed. The person in charge explained that double wardrobes were being made for residents bedrooms with shelving on one half and the other side of the wardrobe for hanging clothes. Double hanging space in wardrobes would be more in keeping with normal personal storage space in one's home; the person in charge agreed with this summation of double hanging space configuration of the internal wardrobe space.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to the premises, personal possessions and personal storage for residents, identified risks, wound care, pharmacy records and residents' rights. Further attention was necessary regarding regulations relating to the directory of residents, end-of-life care wishes, aspects of assessment and care planning, and fire evacuation signage.

Macroon Community Hospital was a residential care setting operated by the Health

Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the HSE CH04 area. The person in charge reported to the general manager. The person in charge was full time in post and was supported on-site by the acting clinical nurse managers (ACNMs), senior nurses, care staff and administration. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser, infection control link nurse specialist and human resources.

In relation to the registration of Macroom Community Hospital, there were two additional conditions of registration previously attached. At the end of the inspection which evidenced improvement in the service and the near completion of the extension, the general manager (person representing the registered provider) was requested to apply to vary condition 1 and 3, and remove condition 4 and 5 in line with regulatory requirements.

The annual programme of audit was in place with a monthly audit programme that supported the (Quality and Patient Safety) QPS strategy of Cork/Kerry Community Hospitals. There were weekly reminders identifying the subject matter for auditing and audit of practice were included in the audit programme. Data collected through key performance indicators fed into the fortnightly internal QPS meetings, which in turn fed into the monthly regional QPS meetings facilitated by the general manager. Items such as incidents, accidents and complaints were discussed and the QPS meetings enabled information sharing between community hospitals to improve outcomes for residents.

Staffing levels were adequate to the size and layout of the centre. The duty roster reviewed showed that staff were delegated to activities responsibilities on a daily basis ensuring that residents had access to an activities programme. The CNMs had commenced in-house training which the person in charge reported as a huge asset, as this enabled additional training other than on-line training which was the only training accessible with advent of the pandemic heretofore.

The directory of residents was examined and it required review to ensure the specified requirements of regulations were documented.

In general, improvement was noted in the overall delivery of care; the atmosphere was relaxed and staff actively engaged with residents in a social, friendly and respectful manner.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She facilitated the inspection in an open manner and demonstrated adequate knowledge regarding her role and responsibility.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents as assessed in accordance with regulation 5.

Judgment: Compliant

Regulation 16: Training and staff development

Both aCNMs had completed train the trainer course and provided ongoing training to staff in areas as such as infection control and responsive behaviours.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents ledger was examined and the structure and layout of the ledger did not lend itself to capture all the information specified in the regulations. There was an additional book which staff recorded the cause of death when a resident passed away. However, information relating to the transfer in and out of the service was not maintained in the ledger. An updated directory of residents was required so that all the information specified in Regulation 21 could be comprehensively maintained and enable ease of access and retrieval of information.

Judgment: Substantially compliant

Regulation 23: Governance and management

The Health Service Executive (HSE) was in the process of addressing the deficits identified in the previous inspections in that the new extension was near completion. This would address the premises issues regarding lack of facilities to enable and ensure the quality of life, privacy and dignity of residents. Currently, the maximum occupancy in the centre was 17 residents in line with their conditions of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, the inspector was satisfied that notifications were submitted as required by the regulations. Clarification was provided on inspection in relation to the six-monthly NF40, nil return.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Macroom Community Hospital. Residents gave lovely feedback about staff and the care they received along with the good humour and kindness of staff.

Improvement was noted regarding residents' care planning documentation which was found to be very person-centered. The 'quick screen risk assessment' was an excellent tool providing an easily accessible snap-shot of the resident's care needs and included assessments such as falls, medications, vision, peripheral sensation, balance and seating for example. Residents' assessments were undertaken using a variety of validated tools. However, of the sample examined, while care plans were updated in accordance with the changing needs of residents, their assessments did not reflect the current status of residents or the information available in the care plans. Also, narrative progress notes were included in care plans rather than in the daily progress records. Residents weights were recorded in two locations, in the residents notes and the dietician records, however, neither were comprehensive to provide a full picture to effectively monitor the resident's weight.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. The mental health occupational therapist was on site during the inspection. The person in charge explained that this was a relatively new service and provided huge support to residents and staff caring for them. The community psychiatric nurse specialist was on site and reviewed a resident the day before the inspection. Behavioural support charts showed that staff had good insight into residents' care needs with social and compassionate interventions to support them during a time of anxiety or upset. One resident's notes showed detailed discussions by the GP with the family of a resident with cognitive impairment to establish the end-of-life care wishes of their relative.

However, of the sample documentation examined, further attention was required regarding residents' end-of-life care wishes.

Care plan documentation showed that residents signed their consent for interventions such as photography, care planning, bed rail assessment, medication and wound management for example. There was no resident transferred in or out of the service since the last inspection to review transfer records.

Bed occupancy had reduced from 36 to 17 beds at the time of the inspection; the bed-space had been re-allocated in three bedrooms to provide residents with additional space for their comfort and privacy, but not in the fourth bedroom due to a shortage of storage space in the premises; nonetheless, all the issues identified over many years relating to the premises will be addressed with the new extension which was due for completion in Q3 2022; which will greatly enhance people's quality of life.

Controlled drugs were maintained in line with professional guidelines. An antibiotic log was maintained in residents' documentation to easily access their antibiotic history. A sample of medication management charts were examined; they were comprehensively completed in line with professional guidelines. Medications requiring to be crushed were individually prescribed.

Evacuation floor plans were displayed in the centre with a point of reference 'You are Here'. They reflected the current building layout with the closure of the annexes off Barra and Dilish. Fire drills and simulated evacuations were undertaken cognisant of the new building layout and fire evacuation routes available. However, not all evacuation routes in the floor plans correlated with actual escape routes and this required updating.

Overall, the inspector observed that the care and support given to residents was respectful and kind; staff were helpful and thoughtful in their interactions and care of residents.

Regulation 10: Communication difficulties

Observation on inspection showed that staff actively engaged with residents in accordance with their communication ability and cognition and encouraged and facilitated residents to participate in activities.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with current best practice guidance. Information

pertaining COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene. Scheduled bed-side visiting was facilitated for those residents unable to use the visiting hub in the oratory.

Judgment: Compliant

Regulation 12: Personal possessions

While personal storage available to residents remained inadequate, the inspector was satisfied that the new extension, due for completion in Q3 of 2022, would address the issues of inadequate storage for residents in a long-term care facility. This was actioned under premises.

Judgment: Compliant

Regulation 17: Premises

As previously identified, there was inadequate communal, private spaces, storage space, visiting areas, appropriate shower and toilet facilities to ensure privacy and dignity, and enhance people's quality of life.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Choking risk assessments were also completed where relevant.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents. Resident gave positive feedback about the food they were served.

Residents had timely access to speech and language and dietician specialist services. One resident requiring specialist nutritional supplement was successfully rehabilitated and had returned to a normal diet following continuous help, input and monitoring by staff and allied health professionals to support the resident on this

journey.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean, neat and tidy. There were good precautions including advisory signage regarding infection prevention and control and equipment in line with HPSC guidance. Clinical waste bins were removed off the main thoroughfare as there was no clinical indication for their use at the time of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Evacuation floor plans were displayed in the centre with a point of reference 'You are Here'. They reflected the current building layout with the closure of the annexes off Barra and Dilis. However, not all evacuation routes in the floor plans correlated with actual escape routes available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drugs were maintained in line with professional guidelines. Residents' documentation showed that records were maintained of psychotropic PRNs as required medication and these were supported by behavioural charts, reviews and responses to interventions including pharmacological and non-pharmacological interventions to enable best outcomes for residents.

A sample of medication administration charts were reviewed and there were comprehensive. Medications were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Of the sample of care plans examined, the following areas required action:

- care plans were updated in accordance with the changing needs of residents, however, their assessments did not reflect the current status of residents or the information available in the care plans. Narrative progress notes were input into care plans rather than in the daily progress records.
- residents weights were recorded in two locations, in the residents notes and the dietician records, however, neither were comprehensive to provide a full picture to effectively monitor the resident's weight.
- some residents' end-of-life care plans did not reflect the discussion and updated information in the GP's letter regarding the residents' stated wishes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. The mental health occupation therapist was on-site during the inspection, and the community psychiatric nurse specialist on site the previous day. Behavioural support charts showed that staff had good insight into residents' care needs with social and compassionate interventions to support them during a time of anxiety or upset.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behavioural support charts showed that staff had good insight into residents' care needs with social and compassionate interventions to support them during a time of anxiety or upset. Appropriate records were maintained relating to restrictive practices such as bed rails, and these were assessed in accordance with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The activities roster seen had staff assigned responsibility for activities. Care plan documentation and staff interaction and socialisation and the activities programme showed much better insight into a social model of care and activities were seen to be promoted in line with the residents' backgrounds and interests.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0036477

Date of inspection: 27/04/2022

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: A revised Directory of Residents has been updated to capture all the information comprehensively specified in regulation 21.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new extension of 24 single rooms and ancillary communal areas is in process and nearing completion for Q3 2022.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Evacuation floor plans have been correlated to show “You are here” escape routes correctly	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans have been updated in accordance with the changing needs of Residents.</p> <p>Assessments are being correlated to reflect the documented changed needs of the Residents.</p> <p>Residents weights are now being recorded fully in both Residents care plans and Dieticians Notes</p> <p>Identified Resident end of life care plans now reflects the discussion and updated information in the GP's letter regarding the residents stated wishes</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	30/06/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and	Substantially Compliant	Yellow	19/05/2022

	escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	23/05/2022