



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

## Issued by the Chief Inspector

Name of designated centre:	St. Gobnait's Nursing Home
Name of provider:	St. Gobnait's Nursing Home Limited
Address of centre:	Drewscourt, Ballyagran, Killmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0005668
Fieldwork ID:	MON-0041101

## About the designated centre

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

St. Gobnait's in Ballyagran, Limerick provides 24 hour nursing care primarily for male and female residents over the age of 65 years. The maximum capacity is 20 residents and we provide respite care as well as long-term residential care. Residents ranging from low-level dependency to max-level dependency are catered for. We also cater for persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. Admissions to St. Gobnait's are arranged following a pre-admission needs assessment. Mass is held monthly on the first Tuesday of every month. A Eucharistic Minister attends the home every two weeks. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. We at St. Gobnait's operate an open visiting policy with the exception of meal times to minimise disruption to our residents. Visitors are asked to sign our visitors book. We fully support families/ friends who wish to take residents out on day trips and encourage this practice where feasible. For distant relatives we have a Skype facility. Residents care plans are person-centred and are reviewed on a 3 monthly basis. A holistic approach is taken in relation to the resident's care. The accommodation consists of the following: ten single rooms and five twin rooms. There are three bath/ shower rooms. St Gobnait's Nursing Home organisational structure is very much person-centred with the resident being at the hub of the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	20
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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
Tuesday 15 August 2023	09:00hrs to 17:30hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in St. Gobnait's Nursing Home told the inspector that the service met their individual needs and the residents felt comfortable living in the centre. Residents complimented the staff, who they described as courteous, kind, and trustworthy. Residents told the inspector that they felt safe living in the centre.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting the inspector completed a walk around the centre. The centre was experiencing an outbreak of COVID-19 on the day and a number of residents were cared for in a dedicated isolation area that was separately staffed. The inspector observed the remaining residents spent their day in their bedroom, separate communal area, or the garden. The inspector was introduced to a number of residents in the communal dayroom and in their bedrooms. The inspector spoke with six residents in detail about their experience of living in the centre. Some residents were unable to articulate their views on the quality of the service they received, however, those residents appeared relaxed and content in their environment, and in the company of fellow residents and staff.

Overall, the feedback from residents was positive with regard to their lived experience in the centre. Residents described how the homely environment made them feel comfortable and relaxed living in the centre. Residents spoke about the COVID-19 outbreak and were complimentary in their feedback about the staff who 'worked hard' to protect them. Residents told the inspector that their choice was respected in many aspects of their daily life such as where they spend their day, what time they get up and return to bed, and their choice of meals. This made the residents feel 'respected' and 'well cared for'.

There was a warm, friendly and homely atmosphere in the centre. Residents were observed chatting with one another in the communal dayroom, and staff were seen to be attentive to their requests for assistance. Residents who were isolating due to COVID-19 were provided with access to a dedicated communal area that had direct access to a separate enclosed garden. Residents were observed to use the garden area throughout the inspection. While staff were busy attending to resident's requests for assistance, residents were observed to receive person-centred care from the staff. Call bells were answered promptly. Residents told the inspector that staff were attentive to their needs and they rarely had to use their call bell because staff were always checking on them to ensure they were comfortable and had everything they needed. Staff were observed to engage with residents in a person-centred manner, and there was a friendly relationship between staff and residents, who were seen to chat and interact with each other in a relaxed manner.

The centre is located in a rural area of County Limerick. The centre was a single story premises that provided accommodation to 20 residents in ten single, and five shared bedrooms. Each bedroom had sink facilities for residents to use. Communal toilet and shower facilities were located in close proximity to bedroom. The décor

was colourful and comfortable throughout, and all areas of the centre were appropriately furnished to create a homely environment. The centre was clean, tidy and generally well maintained on the day of the inspection. Residents also had unrestricted access to outdoor areas including a bright enclosed garden which contained a variety of suitable seating areas, seasonal plants and garden furniture.

The premises was found to be well laid out to meet the needs of residents with the exception of three shared bedrooms. The layout of the bedrooms did not facilitate all residents occupying the bedroom to have a chair, or storage facilities, in close proximity to their personal space. The location of privacy screens meant that residents had to pass through the personal space of another residents in order to access their personal bedspace. The provider had commenced a review of the layout of shared bedrooms, and had identified a number of areas for quality improvement to enhance the facilities for residents. This included the installation of additional televisions for residents in shared bedrooms.

Residents bedrooms were personalised with items such as family photographs, colour coordinated soft furnishings, and ornaments. Residents told the inspector that they were happy with their bedrooms and comfortable furnishings. Some residents were provided with additional equipment and aids in their bedroom, such as toileting aids, to support their independence. Resident's personal clothing was laundered off-site by an external service provider. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it to their bedroom when the laundry was delivered twice a week.

While the majority of areas occupied by residents were well maintained and clean, there were some areas of the premises that were not clean. This included some bedrooms where impaired floor coverings caused gaps under the skirting boards. This resulted in a build-up of debris. Some supportive equipment was observed to be visibly damaged and stained.

The inspector observed staff providing care to residents in an unhurried manner. All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. Throughout the day residents were observed relaxing in the communal areas and in their own bedrooms. Staff supervised communal areas and those residents who chose to remain in their rooms were regularly checked and supported by staff throughout the day.

There was a large notice board at the main reception area that displayed a variety of information for residents. This included information on safeguarding services, advocacy, complaints procedure, and the daily activities schedule.

Residents were provided with opportunities to express their feedback about the quality of the service during daily one-to-one interactions with the management. Residents told the inspector that staff continuously sought their feedback on how to improve the service. There was evidence that residents feedback was acted upon to improve the service they received in areas such as the activities programme and menu choices.

There were activities provided to residents throughout the day. Residents told the inspector that they could choose what activities they would like on a daily basis. Most residents chose to spend time in the garden chatting with staff and other residents. Residents told the inspector that they did not mind what activity they did because it was mainly the social aspect of the activity they looked forward to, and the fun that was promoted by staff.

Visitors were informed that there was an outbreak of COVID-19 in the centre. Visiting was not restricted and a small number of visitors were observed attending the centre on the day of inspection.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in October 2022.

The findings of this inspection were that the provider had taken action to ensure that management systems were effectively implemented to ensure a safe, consistent, and monitored service was provided to residents living in the centre. Action had been taken to strengthen the oversight and management of risk, and the systems to monitor and improve the quality and safety of the service provided to residents. Further improvements were found in relation to the residents assessments and care plans, and action had been taken to ensure residents contracts for the provision of services met the requirements of the regulations. However, the inspector found that further action was required with regard to effective infection prevention and control measures, and to ensure that the premises met the needs of residents.

St. Gobnait's Nursing Home Limited is the registered provider of this centre. The provider is comprised of one director who is also the person in charge of the centre, and represented the provider. The organisation structure of the centre, as described in the centre's statement of purpose, consisted of a person in charge, who was supported by a person participating in the management of the centre. Within the centre, the person in charge was supported by a senior staff nurse, and a team of nursing, health care and support staff. This management structure was found to be effective, as lines of accountability and authority were clearly defined to ensure the service was adequately resourced and that there was effective oversight of the quality of care provided to residents.

The provider had improved the management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. There was monthly monitoring of key clinical performance indicators such as incidents involving residents, complaints, nutritional care needs, restrictive practices, and individual risks to residents such as those associated with the risk of falls, and impaired skin integrity. There was a schedule of revised monthly audits that were completed by the person in charge, and allocated nursing staff. The schedule included audits of restrictive practices, the quality of environmental hygiene, infection prevention and control, and clinical documentation. A sample of completed audits were reviewed and were found to be effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans that were time bound and subject to review. Records showed that the action plans from these audits were communicated to relevant staff.

Risk management systems were guided by the risk management policy. The person in charge was responsible for the oversight of risk management systems that included maintaining a risk register to record all potential risks to the safety and welfare of residents, and the controls in place to mitigate the risk of harm to residents. There was an operational risk register in place which identified risks in the centre and the controls required to mitigate those risks. In addition, each resident had individual risk assessments completed. The risk register was reviewed frequently to assess the effectiveness of the controls in place to mitigate risks to residents. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up-to-date.

Record keeping systems comprised of a paper based systems. The inspector reviewed staff personnel files and found that the information required by Schedule 2 of the regulations was in place. However, as resident and staff records were stored outside of the designated centre, the provider had not ensured that records under Schedule 2, 3, and 4 were securely stored, accessible, and maintained in line with the requirements of the regulations.

A directory of residents was maintained by the registered provider, and was available for review.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of inspection, there was an outbreak of COVID-19 in the centre that affected twelve residents. There was effective management and organisation of the staffing resource to minimise the risk of infection to residents. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse. There were systems in place to induct, orientate and support staff. The person in charge provided clinical supervision and support to

all staff.

### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The management of records was not in line with regulatory requirements, and records were not kept in a manner that was safe, or accessible. Records were not all maintained in the designated centre as set out under schedules 2, 3, and 4. For example, resident and staff records were store in a residential premises at a location that was not registered as part of the designated centre. Therefore, records were

not available for inspection by the Chief Inspector.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of safe and quality care for all residents, in line with the centre's statement of purpose.

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor, evaluate and improve the quality of the service provided to residents.

Judgment: Compliant

### Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and safety was promoted. While the registered provider had taken some action to ensure residents safety in relation to infection prevention and control, the actions taken were not sufficient to bring the service into full regulatory compliance and further action was required. Additionally, further action was required to ensure that the physical environment with regard to shared bedrooms met the privacy, dignity and care needs of the residents.

A sample of resident's assessments and care plans were reviewed, and evidenced that the residents' health and social care needs were being assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents.

Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and health care services.

A number of improvements were found in relation to quality assurance processes to monitor the quality of environmental hygiene, and infection prevention and control measures. This included frequent auditing of infection prevention and control measures to ensure residents received care in a clean and safe environment. On the day of inspection, the centre was experiencing an outbreak of COVID-19. The

centre's outbreak management plan had been implemented, and this included cohorting arrangements to prevent the spread of infection in the centre. However, there were aspects of the physical environment that compromised effective infection prevention and control measures. Some equipment was damaged and not amenable to effective cleaning and decontamination. In addition, the management of communal facilities during an outbreak did not ensure residents were protected from the risk of infection. Further findings are described under Regulation 27: Infection control.

Action had been taken with regard to the maintenance of the premises since the previous inspection. There was an ongoing programme of maintenance to ensure all areas of the premises were maintained in a satisfactory state of repair. The inspector found that the layout and design of the premises met the individual and collective needs of residents, with the exception of three shared bedrooms. The layout of those bedrooms did not support residents to undertake personal activities in private due to the layout of the bedrooms and position of privacy screens. This is discussed further under Regulation 17: Premises.

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance to staff in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider supported five residents to manage their pension payments. There were systems in place to safeguard resident's finances and items of importance handed in for safekeeping. A record was maintained to record deposits and withdrawals for residents in the centre. A sample of deposits were reviewed by the inspector and were found to be accurately recorded.

Residents told the inspector that they felt at home in the centre and that their privacy and dignity was protected. The inspector observed several positive interactions between staff and residents throughout the inspection. Interactions were polite, supportive and respectful. The provider had ensured that residents were not restricted in terms of access to social activities, and access to external garden areas during the COVID-19 outbreak. Staff were observed providing meaningful activities throughout the inspection. There was evidence that residents were consulted regarding the quality of the service, the menu, activities, and were kept informed of the status of the outbreak.

Visiting restrictions were not in place. There was ongoing communication with visitors regarding the status of the outbreak in the centre. Arrangements were in place for residents to meet with their visitors in private.

## Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits

to residents were not restricted.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations.

Three bedrooms designated to accommodate two residents were not of a suitable layout for the needs of the residents. For example;

- The layout of the bedrooms meant that some residents did not have sufficient space around their bed to contain the furniture, such as a chair or bedside storage.
- The layout of one bedspace in each of the three bedrooms, and the position of privacy screens meant that the residents had to enter the personal space of another residents in order to access their personal bedspace, and sink facilities.

In recognition of the above, the provider had commenced a review of the layout of those bedrooms. This will be addressed through the compliance plan response.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Some doors, and surfaces of equipment such as bedside tables were damaged, and this prevented effective cleaning and decontamination.
- Floor coverings in a number of bedrooms contained large and visibly gaps between the floor surface and the skirting. Consequently, there was a build up of dirt and debris that could not be effectively cleaned.
- Facilities, such as communal toilets, designated for use by residents in isolation were not appropriately decontaminated after use. This increased the risk of infection to residents.
- Items of personal protective equipment such as masks were inappropriately stored on the floor in communal areas. This increased the risk of

contamination of those items.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents.

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the direction of the prescriber. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

Care plans detailed the interventions in place to managed identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Judgment: Compliant

### Regulation 6: Health care

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

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

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider supported a number of residents to manage their pensions and social welfare payments.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told inspectors they had a choice about how they spend their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Gobnait's Nursing Home OSV-0005668

Inspection ID: MON-0041101

Date of inspection: 15/08/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The day after the inspection all non active files were placed in locked filing cabinets in a secure office in the designated centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The three bedrooms identified by the inspector as being unsuitable for the needs of the residents will be reconfigured to ensure that there is sufficient space around each bed to contain furniture such as a chair and a bedside locker. Privacy screens will be readjusted to ensure that a resident does not need to enter the personal space of another resident to access their personal space or the sink. This will be completed by December 15th.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Doors and bedside tables will be repaired / replaced to ensure effective cleaning and decontamination. Gaps in floor coverings will be sealed to ensure that there is no build up of dirt and</p>	

debris.

The cleaning schedule will be reviewed to ensure that facilities such as communal toilets designated for use by residents in isolation will be appropriately decontaminated after each use.

Backup PPE items stored in boxes on the floor will be removed. Cleaning Staff to ensure that there is an adequate amount of PPE available for staff at all times to avoid the need to have a backup supply stored under tables.

This will be completed by December 15th.

## 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	15/12/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/08/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	15/09/2023

	infections published by the Authority are implemented by staff.			
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