



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0045152

About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. The centre is registered to provide care to 40 residents and consists of single, twin and three-bedded rooms. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 January 2025	08:45hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and from what the inspector observed, Kinsale Community Hospital was a pleasant and comfortable place to live. The overall feedback from the nine residents the inspector spoke with, was that they enjoyed a good quality of life and were supported by staff who were kind and caring. On the day of the inspection the inspector saw that there was a friendly, warm atmosphere throughout the centre. It was evident that residents were well cared for by a committed and dedicated team of staff, who worked hard to ensure that they were supported with their needs.

Kinsale Community Hospital is a designated centre for older people located on the outskirts of the town of Kinsale, County Cork. The designated centre is a two-storey facility which had undergone an extensive renovation project over the past few years. The facility has accommodation for 40 residents in single, twin and three-bedded rooms. There were 36 residents accommodated in the centre on the day of the inspection and four vacancies. The inspector observed that some residents' bedrooms, particularly the single bedrooms, were bright and spacious with tasteful soft furnishings and ample storage space for personal items. Wardrobes in one of the three-bedded rooms had been upgraded since the previous inspection, which afforded residents more room for their belongings.

On the day of this inspection the inspector observed that the centre was clean and well maintained. The layout and design of the premises met residents' individual and collective needs. The building was warm and well ventilated throughout. There were grab rails on all corridors to assist residents to mobilise independently. Call bells were available throughout the centre. There is adequate communal space in the centre, on each floor, to afford residents choice. These included sitting rooms, a dining room and quiet room. However, the inspector saw that a large room in the centre which was called the physiotherapy room was being used for storage of unused equipment. Discussions with staff indicated that this room was not currently functioning as a physiotherapy room. This is further detailed under regulation 17.

The inspector observed that the communal areas in use were comfortably styled and arranged to resemble domestic living spaces. The outdoor area, situated at the back of the centre, was beautifully landscaped with a walkway, seating and a water feature. Residents were seen to use this area independently during the day. The inspector observed that many rooms were afforded beautiful views of the surrounding farmlands and countryside. One resident told the inspector that they loved looking out at the farmland and found it very peaceful.

Some residents the inspector met with were unable to articulate their experience about the service. The inspector observed that these residents appeared comfortable and relaxed in the company of staff and in their environment. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. On the day of the inspection, the

inspector observed staff engaging in kind and positive interactions with the residents. Staff who spoke with the inspector were knowledgeable about the residents and their needs.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. The inspector observed that visiting was facilitated in the centre throughout the day. The inspector met with three visitors who spoke positively about the centre and the care received by their relative. One visitor told the inspector how staff demonstrated empathy and understanding and always "went the extra mile".

Residents had a choice of where to have their meals. There were two dining rooms in the centre and the lunchtime period was observed to be an enjoyable occasion for the residents. Food was freshly prepared in the centre's own kitchen and there was a menu available. Residents spoken with were complimentary about the food in the centre. However, the inspector observed that meals were not served in an appropriate manner. Specifically, three courses were served at the same time. As a result ice cream was melted by the time residents were ready to consume it. This is actioned under regulation 18: Food and Nutrition. The inspector saw that residents who required help with their meals were provided with assistance in a sensitive and discreet manner. Staff and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments, snacks and drinks were available to the residents throughout the day.

Activities were provided for the residents seven days a week and there was a planned schedule of activities available, which the inspector reviewed. On the day of this inspection the local priest attended and mass was held in the centre where 20 residents attended. Residents told the inspector that they loved having this service weekly. The priest visited residents in their room who could not attend the scheduled mass. In the afternoon, a session of chair yoga took place for 16 residents. A review of residents' records and complaints evidenced that there had been gaps in activities on Thursdays, however, this had been addressed by the management team. Local musicians attended the centre every second weekend to play for residents. Weekly bingo, exercise classes and pet therapy also took place in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This one day unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Overall, this inspection found that Kinsale

Community Hospital was a well-managed service where residents were in receipt of a high standard of care, by staff that were responsive to their needs. The provider had implemented actions required following the findings of the previous inspection of February 2024, with regards to the premises and fire safety in the centre. Some further actions were required in staff training, monitoring the service, records, and care planning as per the findings of this inspection. These will be detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). The management team operating the day to day running of the centre consists of an appropriately qualified person in charge and two clinical nurse manager. They are supported by a team of multi-task attendants, activities, catering, administrative and maintenance staff. Staff spoken with were aware of their role and responsibilities and to whom they were accountable. At a more senior level there is also governance provided by a general manager for older persons, who represented the provider. It was evident that there was a defined management structure in place and the lines of authority and accountability were outlined, in the centre's statement of purpose. The centre also has support from centralised departments, such as finance, human resources, fire and estates and practice development. An application to renew the registration of this centre had been submitted to the Chief Inspector and this inspection would also inform part of the decision making process.

The number and skill-mix of staff on duty was appropriate to meet the needs of the current residents on the day of inspection. The team providing direct care to the residents consisted of five registered nurses on duty daily and a team of health care assistants. The director of nursing and a clinical nurse manager were on duty each day between the hours of 8am and 5pm, to provide support to the clinical team, in a supervisory capacity. There were systems in place to ensure appropriate communication between the management team and the staff. These included daily safety pauses to discuss residents care requirements and regular team meeting, which were scheduled and documented.

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. A training matrix was maintained to monitor staff attendance at training provided. On review it was evident that the majority of mandatory training was up-to-date, with the exception of managing responsive behaviours, which is actioned under regulation 16.

A range of audits were carried out which reviewed practices such as care planning, incident management, medication management and infection prevention and control. However, action plans were not always developed following audits where improvements were required, which is actioned under regulation 23. All residents were issued with a contract for the provision of services, as required by the regulations.

There was a complaints policy and procedure in place. The complaint register was reviewed by the inspector and it was evident that complaints were being documented and addressed. However, complaints were not always managed in line

with the requirements under regulation 34. The person in charge had submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed the management of an incident relating to a resident and was assured that enhanced staff supervision systems were implemented in response to this event. This was to ensure the residents safety and to prevent recurrence. The inspector was informed that this would be continued until identified risks could be mitigated or reduced.

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A number of volunteers worked in the centre, which was a positive of the service, however, these individuals did not have their roles and responsibilities set out in writing, as required by the regulations. Garda Síochána (police) vetting was in place for all volunteers, prior to commencing working in the centre.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector of Social Services since the previous inspection and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection the inspector found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

On review of training records provided and from discussion with management it was evident that training in the management of responsive behaviours was due for twelve staff (20%) working in the centre.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff personnel file. These contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

Management systems via auditing required action. This inspection found that some audits did not have associated quality improvement plans, where deficits were identified. The management team acknowledges that this was an area for improvement and were implementing training for registered nurses in this area.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

Regulation 3: Statement of purpose
The registered provider has prepared in writing a statement of purpose relating to the centre and it contained all information as set out in Schedule 1. This had been reviewed at intervals of not less than one year, which is a regulatory requirement.
Judgment: Compliant
Regulation 30: Volunteers
People involved on a voluntary basis did not have their roles and responsibilities set out in writing, as required by the regulations.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The following required action to comply with the regulation, evidenced by the following findings:</p> <ul style="list-style-type: none"> • A review of complaints records found that there was not always a provision of a written response to the complainant. This is required to inform the complaint whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process. This is a requirements of the regulation.
Judgment: Substantially compliant

Quality and safety

Findings of this inspection were that residents living in Kinsale Community Hospital enjoyed a good quality of life and were in receipt of a high standard of quality care. Residents' needs were being met through good access to health care services and opportunities for social engagement. Improvements were required in the areas of care planning and food and nutrition, which will be detailed under the relevant regulation.

An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. Residents' care plans and daily nursing notes were recorded on a paper based documentation system. Care planning documentation was available for each resident in the centre, as per regulatory requirements. However, not all care plans were reviewed and updated four monthly and further information was required to ensure specific information pertaining to the needs of each residents were sufficiently detailed to direct care. These findings are actioned under regulation 5.

The inspector was satisfied that the health care needs of residents were well met. Residents in the centre had access to medical care by local general practitioners, who visited the centre weekly. There was evidence of regular medical reviews in residents' files. There was also services such as occupational therapy, physiotherapy, dietetics, speech and language, chiropodist and psychiatry of old age as required. The centre had access to ICPOP (Integrated Care Programme for Older persons) which gave residents easy access to specialist geriatricians and provides multidisciplinary support and care to older adults, in the community.

Each resident had a nutritional assessment completed using a validated assessment tool. Where weight loss was identified, the nursing staff informed the general practitioner and referred the resident to dietitians and speech and language therapy (SALT). Files reviewed by the inspector confirmed that their advice was followed and recommendations were implemented. Residents were provided with wholesome and nutritious food choices for their meals, and snacks and refreshments were made available at the residents' request. Menus were developed in consideration of residents' individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan.

There was a reported low incidence of wound development and the inspector saw that the risk of this was assessed regularly and appropriate preventative interventions, including pressure relieving equipment were in use. All staff had safeguarding training and those spoken to on the day of inspection demonstrated good knowledge in relation to protection of residents and reporting abuse. The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

Management and staff promoted and respected the rights and choices of residents in the centre. It was evident that the staff knew residents well and respected their choices. The inspector observed that staff were respectful of the privacy and dignity of residents and addressed residents by their preferred title. Residents' meetings took place every three months and were well attended. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme over seven days per week. Advocacy services were available to all residents in the centre and were assisting some residents with personal matters. Residents were supported and encouraged to visit their families at home and go on trips outside the centre with friends and family.

Regulation 13: End of life

There was evidence that a good standard of care was provided to residents at their end of life with consideration to their physical, psychological, social and spiritual preferences. Consultation with family members formed part of the care approach. One family member praised the team of staff and their kindness and compassion when caring for their relative.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the physiotherapy room in the centre was being used to store equipment. Therefore, this facility was not available for residents' use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed some food was not served in an appropriate manner. For example, residents were served three courses together and ice cream desserts had melted by the time residents were ready to consume them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed by the inspector. Action was required to ensure they complied with the requirements of the regulation. For example:

- Care plans were not always reviewed following a change in the resident's condition.
- Care plans were not always reviewed at a minimum of four monthly intervals.
- One care plans was generic in nature and did not provide adequate guidance on the care to be delivered to the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to all staff and allegations of abuse were reported, investigated and changes implemented as required. The inspector was satisfied that there were robust systems in place to manage residents finances. The provider was a pension agent for one resident living in the centre. Oversight was in place for this service via the HSE finance department.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0045152

Date of inspection: 29/01/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>See National Clinical Guidelines (NCG21) A facilitator has recently undertaken the training to ensure the remainder of staff (12) will have their Responsive behaviour training up to date. A robust Training matrix is in place with a traffic light system.</p> <p>All other training is up to date. External training specific to 'Responsive behaviour' will be facilitated for the remainder of staff by our newly appointed senior enhanced nurse Trainer.</p> <p>Dates: 05/03/25 05/04/25</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>CNM2'S x2 have recently attended a bespoke training session commissioned by the clinical development coordinator and creating actions was part of this training.</p> <ul style="list-style-type: none">• CNMs are aware of their responsibility that timely 'actions' are undertaken to ensure areas for quality improvement are identified.	

- The PIC will ensure the audit results are disseminated for shared learning. Following a meeting with nurses and management, it was agreed a designated day weekly (Tuesday) specific for audits to be actioned.
- Audits will be monitored on a daily basis to set out for a continuous part of clinical improvement.
- Audit results will be disseminated for learning and improvement. These are displayed on notice boards in clinical area.
- Nurses are advised to access further support and guidance using the ViClarity weblink. Timeframe as outlined on pg. 21 ,05/04/2025

Regulation 30: Volunteers

Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:

The PIC will ensure an outline of job, roles and responsibilities will reflect volunteers' duties.

All new prospective volunteers will be required to complete an application form. For new volunteers it will be part of the onboarding when their Garda vetting has been processed that their roles and responsibilities are clearly outlined and documented. They will be given the document as well as a copy held in their file.

In addition to reviewing the application form, roles will be designed around residents' preferences and meaningful activities that are suitable to the resident cohort.

Action: 21/03/25

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A review of the outstanding complaints and responses will be carried out to ensure they have been dealt with as per regulation.

All formal complaints will be responded to by a written response per Health Act 2007 34.2 ©. The written response will inform the complainant if the complaint was upheld, reason for decisions any improvements recommended. The PIC will advise the service user that they may seek a further review of the complaint by contacting the nominated

review officer or to seek an independent review from the Office of the Ombudsman. The PIC ensures to promote a culture that welcomes feedback and supports the effective and timely resolution of complaints received. The PIC will ensure that the policy is upheld by all staff. Action: 21/03/25

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The physiotherapy room is not operational for its intended use. Alternative use is being explored for the purpose of creating additional dining space for the residents. The current dining-room can seat fifteen residents comfortably, however an additional dining space would enhance the quality of life for the residents. An audit will be conducted to record the use of the room over an 8 week period and this will inform options to support the proposed implementation of repurposing the room for additional dining space, as well as ensuring an appropriate physiotherapy space is also accommodated.

Action: 05/05/25

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A review had been initiated recently at a catering meeting to improve the service of desserts. A desserts trolley will be on display to offer more flexibility with choice of desserts on the day. Communicated to staff to space out three course meals.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- All nurses have received onsite training by clinical development in Care planning that accurately reflects the resident in line with regulation 21 of the Health Act section 4c.
- CNMS will proactively monitor and ensure a care plan is reviewed quarterly as per regulation. If there is a change in a resident's clinical condition it will be updated accordingly. CNMs to have clinical oversight in monitoring this.
- The CNM will delegate to the assigned nurse any tasks in relation to care planning.
- The care plan specific to a resident will be individual and person-centered.
- Implementation of the new short stay care plans should also promote and enhance compliance.
- The CNM will perform intermittent care plan audits/ reviews to ensure it reflects a resident e.g. End of life.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/04/2025
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	05/05/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	21/02/2025
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	05/04/2025

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	21/03/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	21/02/2025
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	Substantially Compliant	Yellow	05/04/2025

	the resident concerned and where appropriate that resident's family.			
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