



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin House
Name of provider:	Firstcare Beneavin House Limited
Address of centre:	Beneavin House, Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0000694
Fieldwork ID:	MON-0039480

About the designated centre

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

The designated centre is located in north County Dublin and is close to local shops and amenities. There is a car park situated at the front of the building and disabled parking is available. Beneavin House is a purpose built nursing home that provides accommodation for 150 residents over the age of 18 years. The nursing home offers 24 hour care to dependent residents with low, medium, high and maximum dependencies including people living with dementia. Accommodation is provided across four floors which are arranged around a central courtyard garden. Oakfield unit is situated on the ground floor and has 31 single bedrooms and four twin bedrooms. Willowbrook is situated on the first floor and has 35 single bedrooms and five twin rooms. Claremont is situated on the second floor and has 41 single rooms and one twin room. Claremont is divided into two units Claremont and Claremont Walk. Claremont Walk provides accommodation for 11 residents living with dementia and is designed specifically to meet their needs. Most of the bedrooms on Oakfield, Willowbrook and Claremont units have en-suite facilities. Cedars Unit is on the fourth floor and has 19 single and two twin bedrooms. All bedrooms on Cedars are en-suite. Each floor has additional communal bathrooms and wheelchair accessible toilets. There are communal lounges and dining rooms on each floor and Claremont has an additional lounge. There is also a hairdressing salon, an oratory and a family room with overnight facilities which can be organised through the Home manager. Activity rooms and a smoking room for residents are also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

126

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 17 May 2023	10:00hrs to 18:30hrs	Sinead Lynch	Lead
Wednesday 17 May 2023	10:00hrs to 18:30hrs	Sheila McKeivitt	Support
Wednesday 17 May 2023	10:00hrs to 18:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents on each of the four floors. The feedback from residents was mainly very positive with one resident comparing it to the "Shelbourne Hotel". They spoke very positively about the staff and how 'good they were'. Residents said they were 'well-looked after' and staff were always available. Although residents had a patio outside their rooms, they could not easily access this area. Residents said they would 'love to be able to go out when they wanted' but they had to ask the nurse in charge to open the doors. The person in charge informed inspectors that this decision was made following a risk assessment and in the best interest of the resident's safety.

Firstcare Beneavin House has four floors and is registered to accommodate 150 residents. Each floor has a dining room for residents' use. There are ample communal rooms available for residents on each floor. There are 12 twin-bedded rooms and 126 single bedrooms. Only one of the twin-rooms was occupied by two residents on the day of the inspection. Each room was found to be generous in size with refurbished furniture. One twin-room did not afford sufficient privacy to each of the residents but on the day of the inspection this room was only occupied by one resident.

There was a courtyard in the centre with tables and chairs laid out for residents and their visitors' use. Residents were observed out in this area on the day of the inspection.

There was an array of activities available for residents. On the morning of the inspection there was an exercise class with numerous residents participating and enjoying the banter with fellow residents and staff. Residents spoken with, showed the inspectors the choice of activities available on the daily schedule in their bedroom. Residents said their religious needs were met, with Mass celebrated in the centre twice weekly and with access to the oratory.

Although visiting was not restricted in the centre, inspectors observed signs in the lifts and around the centre indicated that restrictions were still in place. However, inspectors were assured after speaking with many residents that their visitors were not restricted. Visitors spoken with said they liked the fact that there was lots of parking to avail of but said it was an inconvenience that they had to ask staff to enter a code in the lift in order to use it.

Residents said they had choice in relation to their care needs. One resident explained how, when they did not fancy having a wash in the shower this was respected by staff. Residents spoken with complimented the care they received and said staff were always swift to answer their call bell. Residents residing in their bedrooms were observed to have their call bell within reach.

Residents said they saw their general practitioner (GP) when they needed to and

some residents complimented the access to inter-disciplinary team members especially the physiotherapy and chiropody services, however inspectors noted that assessment to dietetic services was not prompt enough.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in June 2022. Nevertheless, this inspection identified a number of areas that required some improvements to achieve full regulatory compliance, including Records and Written policies and procedures.

Firstcare Beneavin House Limited is the registered provider for Firstcare Beneavin House. The senior management team consisted of a Chief Operating Officer, a Regional Director, Associate Regional Director and the person in charge. The person in charge works full-time in the centre and reports directly to the regional director. They are supported in their role by three assistant directors of nursing and four clinical nurse managers (CNM). In addition, staff teams included nursing staff, team leaders, healthcare assistants, activity staff, household, catering and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. They were supported to perform their respective roles and were knowledgeable of the needs of older persons living in the centre. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Improvements were required in relation to Regulation 21; Records. The storage of residents records was not in line with the regulations. The registered provider was storing deceased and discharged residents' files and staff records in another facility,

which was not part of the designated centre.

Each resident had a contract for the provision of services. This contract was very detailed and informed the residents or their representative of the services to be provided and any fees which may be charged. Each contract was signed by the resident, their representative and the registered provider.

There was a suite of policies available in the centre. However, these did not guide practice in relation to; responding to emergencies and the creation of, access to, retention of and destruction of records.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate having regard to the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had access to appropriate training. Staff were appropriately supervised throughout the centre.

Judgment: Compliant

Regulation 21: Records

Although current residents records were available to review, the registered provider had not ensured that all records set out in Schedule 2 and 3 were retained in the designated centre for a period of not less than seven years.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of

care provision.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission to the centre, the terms on which that resident shall reside in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. However, some of these policies did not guide practice, specifically in relation to responding to emergencies and the creation of, access to and retention of records.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the provider had made progress in improving the quality and safety of care provided to residents living in the centre, especially in relation to end-of-life care and visits. Notwithstanding these improvements, further actions were required in respect of infection control practices, fire precautions and resident assessments and care plans,

Overall, the ethos of the service promoted the rights for each resident. However, residents were prohibited to access certain areas of the centre. Residents had

double doors out onto the a patio area or balcony but these were restricted and the residents had to ask the nurse in charge to open them when they wished. Residents did not have appropriate individualised risk assessments in place to validate these practices.

The provider had completed some works to the premises since the previous inspection in June 2022. For example; changes were made to the arrangement of curtains within multi-occupancy rooms to facilitate privacy for residents. Inspectors identified however, that these and some other rooms and areas required further attention to ensure they were maintained to a good standard, and to comply with the requirements of schedule 6 of the regulations. This is discussed further under Regulation 17, Premises.

The arrangements for the protection of residents from the risk of fire were reviewed. Fire extinguishers were located at appropriate points throughout the centre and these were regularly serviced by an external fire company. The centre was fitted with a fire alarm system and information panels were located throughout the building so that staff could quickly identify the location of any fire. The fire alarm system was tested on a quarterly basis by an external fire company.

Inspectors observed that no bedroom doors within the centre were fitted with automatic closing devices. The provider had developed a policy and procedure for the horizontal evacuation of residents from one part of the building to another in the event of a fire. Staff were knowledgeable on these procedures, and on the use of evacuation aids, however, the risk associated with not having door closers did not form part of the training.

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. Issues relating to containment, evacuation drills, signage and storage were identified on inspection. In addition, the evacuation procedure and layout drawings were not clearly displayed at all appropriate points throughout the centre. There was no directional signage outside the building to guide staff and residents to external assembly points. Fire safety is addressed in more detail under Regulation 28 of this report.

Measures were in place to safe-guard residents against all forms of abuse and the safe guarding policy was reflected in practice. The process for managing residents pensions was safe.

Current residents' records were available for review, and inspectors saw that residents were assessed within 48 hours of admission and had personalised care plans in place. The end-of life care plans were personalised and assured the inspectors that residents' physical, social, psychological and spiritual needs would be met when they were receiving end of life care. Nevertheless, some gaps in the content of comprehensive assessments and care planning were identified, as further detailed under Regulation 5. In addition, the process for referral and assessment by inter-disciplinary team members required review to ensure timely access to specialist review in line with residents' identified needs. For example, one resident was referred to the dietetic service on the 1st of May 2023 and had not been reviewed

as of the day of inspection. The person in charge informed inspectors that they would follow up on this referral immediately.

Medication management practices reviewed were in-line with the centre's policies and with best practice guidelines.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There were suitable communal facilities for residents to receive a visitor and a private visitors room if residents wished to use it.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were in place and were detailed and personalised. Residents and, where appropriate, their relatives or representative were involved in the decision-making process with regard to end-of-life wishes while also in consultation with the resident's general practitioner.

Appropriate care and comfort was given to residents to meet the physical, emotional, social, psychological and spiritual needs. Family and friends were facilitated during residents' end of life care.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to make improvements to ensure that the premises was kept in a good state of repair internally and externally. For example:

- Handles broken on a large number of doors leading from bedrooms to balconies posed a risk of injury to residents, and meant that the balcony areas were not accessible to residents.
- Two twin bedrooms were being used to store furniture, however these were cleared out before the end of the inspection.
- The courtyard did not include sufficient out-door seating to meet the needs of the large number of residents residing in the centre.
- The external window boxes on each of the resident's balcony were not maintained.

- Some doors were found to be damaged, for example, a sluice room door had a broken handle and a medication room was found to have damaged door jambs.
- There was no ventilation provided in some rooms for example a sluice room, a cleaners store, and some store rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that each resident was offered choice at meal-times. Food appeared wholesome and nutritious. There was access to a safe supply of fresh drinking water.

Judgment: Compliant

Regulation 27: Infection control

There were repeated issues which had the potential to impact on infection prevention and control measures identified during the course of the inspection. The inspectors found that processes to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks required review. For example:

- Sterile dressings were not used in accordance with single use instructions. There were two incidents where open packets of wound dressings were observed in a treatment room.
- Storage practices were not appropriate.
- There were no lids on linen skips being used throughout the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding some good practices identified on this inspection, the registered provider was required to take action to comply with regulation 28.

The registered provider did not make adequate arrangements for containing fires. For example:

- None of the bedroom fire doors were fitted with door closers or self-closing

devices. The policy at the centre did not reflect this, nor did the training received by staff. This would have an impact on the containment of fire and smoke, and adversely impact safety of the residents in the event of a fire.

- Some fire doors in the centre were damaged, others had excessive gapping, missing smoke seals or painted over smoke seals, rendering them ineffective for smoke containment.
- Many of the service risers which provide services to the en-suites, had damaged or missing fire seals. A service riser on a corridor was missing fire seals following installation of a new hand wash sink.
- Gaps around service penetrations in walls and ceilings were found in two communications rooms, in a ground floor store room, and an electrical riser on the first floor. This would result in a lack of containment of fire and smoke in the event of a fire in these areas.

The registered provider did not take adequate precautions against the risk of fire, or provide suitable fire fighting equipment, for example

- The assessment of the risk of using oxygen was not clear at the centre. There were no appropriate fire extinguishers in areas where oxygen was stored, and one room where oxygen was stored did not have a warning sign on the door. Oxygen bottles were not securely stored to prevent collision in store rooms.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. For example:

- Fire drill records at the centre did not provide assurances that all residents could be evacuated in the event of a fire. No record of a full compartment drill was available for review, although the local policy had identified horizontal evacuation by compartment as the principal method of evacuation.
- There was no signage in place to direct evacuees from the centre to the external assembly point. This could cause confusion/delay in the event of an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some improvements were required in the standard of nursing assessments completed on admission and the care plans needed to ensure they reflected the care been provided;

- Comprehensive assessments were not always comprehensively completed, the sample reviewed contained a lot of blank spaces. Other risk assessments although completed, did not always include sufficient detail to guide care.
- The care plans did not comprehensively reflect the care being provided. For example, one care plan stated the resident should be weighed weekly, however the resident was being weighed on a monthly basis.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices were in use with no valid rationale for the use of such restrictions for example:

- Residents could not use the lifts independently.
- All balcony doors were locked, therefore residents could not access their balcony.

There were no individualised risk assessments in place for to reflect the rationale for these practices.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented.

The centre was a pension-agent for a small number of residents living in the centre. There were clear processes in place for the management of residents' pensions and monies held on behalf of residents. The inspectors saw evidence that residents' monies were being lodged into a residents' account.

Judgment: Compliant

Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Beneavin House OSV-0000694

Inspection ID: MON-0039480

Date of inspection: 17/05/2023

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: Resident information, both paper and electronic, shall be held securely in line with legislation within the centre.</p> <p>On the discharge or death of a resident, administration will ensure that all the resident's records are filed and held securely in the designated archiving room.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Emergency Plan Policy has been reviewed and updated. Staff education sessions will be provided by the Practice Development Nurse to ensure all staff are aware of the new policy. All staff will be required to read the Policy and the PIC will audit to ensure all staff members have read and understand the policy.</p> <p>The Creation of, Access to, and Retention of Documents Policy has been reviewed to ensure the procedures being carried out are in line with the policy and relevant legislation.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: New handles for balcony doors have been ordered and will be fitted to all doors.</p> <p>The two bedrooms were cleared of the new furniture on the day of inspection. A designated storage space has been identified for the storage of furniture going forward.</p> <p>Sufficient outdoor seating is now in place.</p> <p>Window boxes are on order and a gardener now attends the centre.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The two open single-use dressing packs were removed on the day of inspection. All nursing staff are receiving refresher training in IPC and specific emphasis is being placed on the correct use of single-use dressings. ADONs and the PIC will complete audits to ensure no opened dressings are retained.</p> <p>All storage areas in the home have been reviewed and designated storage areas have been identified.</p> <p>New linen skips with lids have been sourced and are on order.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A programme of works has commenced to address the areas highlighted in the report. The programme includes updated fire evacuation plans and signage where applicable. All service risers, gaps and fire doors will be audited and repaired where necessary.</p> <p>Fire drill records have been reviewed and updated to provide assurance that all residents can be evacuated in a timely manner in the event of a fire. Full compartment evacuations have commenced and are available for review. Fire drills are completed bi-monthly.</p> <p>The risks associated with the use of oxygen have been updated in the risk register. Fire extinguishers are on order and will be securely attached to the wall. Appropriate signage</p>	

is in place to alert staff to areas where oxygen is stored.

The fire safety trainer will remind staff of the risks associated with doors not having automatic closures during all future training and of the immediate need to close these during fire evacuation. Immediately following the inspection, this issue was raised with all staff and has been discussed at daily safety huddles and at fire drills.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Staff training is ongoing in relation to assessment and care planning. This is supported by our Practice Development Nurse.

Viclicity care planning audit tools are in place. Audit results are discussed at monthly governance meetings which enables the timely tracking and trending of progress and actions taken.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Risk assessments are being completed for all residents with balconies to rate the level of risk to the resident of leaving balcony doors open. Based on the risk assessment, residents will be provided with the key to their balcony. Risk assessments will also be completed for all residents to determine the level of risk of residents independently using the lifts.

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	30/06/2023
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	31/05/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the	Substantially Compliant	Yellow	30/09/2023

	designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	17/05/2023

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Substantially Compliant	Yellow	30/06/2023

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/07/2023