



**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:	Cluain Arann Welfare Home & Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Avondale Crescent, Tipperary Town, Tipperary
Type of inspection:	Announced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000674
Fieldwork ID:	MON-0044967

## About the designated centre

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

Cluain Arann Residential and Community Nursing Unit is owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centre is comprised of two units, a community nursing unit (10 beds) and a residential unit (20 beds). The community nursing unit has of two four bedded rooms and two single rooms with all bedrooms en-suite. The community nursing unit provides care for three categories of residents: • Palliative Care (two beds). • Respite/short term care (three beds). • Convalescent care (five beds). The residential unit accommodates 20 residents who it describes are independent and self-caring. The residential unit provides private accommodation in 18 single rooms and a twin bedroom. The twin room has an ensuite toilet and wash hand basin and one of the single rooms has full en-suite facilities with a shower. There is plenty of communal space including a large day room and separate dining room. Other communal accommodation includes a family room, an activities room, an oratory and a small library. The centre also has a smoking shelter. The community nursing unit has a separate day room, a nurse's station and a treatment room. Residents can access the grounds to the front and side of the premises and there are two enclosed gardens, one being a remembrance garden with seating and attractive flowers and shrubbery. The centre operates on a minimum of two nurses during the day and one at night who were supported by multi-task attendants.

**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
Wednesday 27 November 2024	10:35hrs to 18:25hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

On arrival to the centre, the inspector met with the person in charge and members of the management team. Following an introductory meeting, the inspector was accompanied on a walk around of the premises, which provided opportunities to meet with residents and staff, observe practices and to gain insight into the residents' experiences of living in the designated centre. The inspector observed that residents residing in the residential part of the centre were going about their day with purpose. Staff were on hand to provide guidance and support to residents, the majority of whom required a low level of assistance. It was evident that residents and staff were comfortable in each other's company.

There is a 10-bed community nursing unit within the centre, of which the residents have varying levels of dependency. Some residents were occupying respite beds for a period of one week, and others were receiving convalescence care. There are also two palliative care beds. Eight of the beds in the community nursing unit and twelve of the 20 residential beds were occupied on the day of inspection.

Since the previous inspection, the provider had significantly upgraded much of the furniture in the main sitting room. This provided a stylish and homely feel to the area. The environment was exceptionally clean and well-maintained. There was a dresser with framed photos of current and past residents, stylish bookshelves and a cosy electric fire. Large screen TV's were provided in communal and bedroom areas and there was Wi-Fi throughout the centre, which resident said was invaluable. Residents' bedrooms were a combination of single, twin and four-bedded rooms, with the residential unit predominantly being single rooms. The twin room was unoccupied on the day of the inspection. Residents told the inspector that they were very satisfied with their rooms, and said they had enough space in the wardrobe for their belongings. One resident said the bed was really comfortable and he was delighted with his own space.

The inspector met with some visitors throughout the day, including previous respite client who had extensive praise for the staff and the facility, describing it as a "wonderful service for the local community" and, regarding the staff, "they helped me to be more independent - if I could do it myself I was encouraged to". Another visitor told the inspector that they were "absolutely delighted" with the care their loved one received.

The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grab rails were in place on both sides of the toilets and handrails were available in showers. The inspector observed that there were adequate communal toilets provided within close proximity to the communal rooms to meet residents' needs. There were sufficient showers and one bath in the centre, however it was noted that the shower rooms did not contain a toilet. Residents who spoke with the inspector said that they didn't mind this, and it had never been a concern for them. The bath was located within the nursing unit,

however this was observed being accessed by residents of the residential unit. There were no restrictions on residents moving around the centre and the two units, while having differing services for residents, operated as a single centre.

Residents were facilitated to partake in activities during the day, led by the staff on duty. There was a schedule of activities for the week and this was shared with the residents. These included well-loved favourites such as Bingo, cards and pool tournaments. Each morning staff wrote the "Quiz of the day" questions on a whiteboard and residents gathered in the afternoon to reveal the answers. Mass was celebrated in the centre once a month by a local priest. Two staff members were Ministers of the Eucharist, and residents told the inspector that this was important to them and they were grateful to be able to receive the Sacrament in the centre.

The inspector spent some time in the dining room and observed that residents looked forward to their meals and enjoyed this social occasion. The inspector observed that the lunch time menu for the day offered a selection of main dishes. Residents' meals were well presented in an appetising way and were served directly from the kitchen. Residents who gathered in the dining room told the inspector that the food was "outstanding" and there was "plenty of it". Residents' mealtimes were unhurried and were well organised. Some residents chose to eat their meals in their rooms and there was sufficient staff available to support and assist residents with this. Residents said there was never a shortage of snacks and drinks, and that staff did a shop run every morning so they could get what they wanted. Others told the inspector they liked to pick up a few things themselves in town and sometimes they went for dinner with family or friends. One resident said the chef would always keep his dinner if he was late back from a day out. Residents were consulted with about the timing of meals, which occurred slightly earlier than average, with lunch observed to begin at 12:10pm. Residents were happy with the timing and said they had no concerns. Evidence showed that this was discussed at each residents' meeting to ensure continued satisfaction.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an announced inspection undertaken to monitor ongoing compliance with the regulations. Overall, the findings of this inspection evidenced that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. Some minor areas for improvement were identified, as further described in the report.

The centre was found to have a clearly defined and well-established management structure in place. The registered provider of Cluain Arann Welfare Home and Community Nursing Unit is the Health Service Executive (HSE). From a clinical and

operational perspective there was a person in charge in place who was supported by the General Manager for Older Person's Services for the South Tipperary area. Both parties were present on inspection and both demonstrated a good understanding of their roles and responsibilities. They were responsive to updates required on the day of inspection and showed commitment to addressing areas for improvement. Within the centre the management team is supported by clinical nurse managers and senior nurses. A team of healthcare assistants (HCA's) and multi-task attendants (MTA's), catering, domestic and administrative staff complete the complement of staff providing care and support to residents and providing them with a clean and comfortable environment.

The inspector reviewed minutes of meetings such as clinical governance meetings and staff meetings. Residents meetings are held regularly with residents where discussions are held on different relevant topics for example; safeguarding, advocacy and falls. Residents' feedback was gathered during these sessions. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service. Audits included clinical care, health and safety and incidents. Quality improvement plans were generally devised from the issues identified. Quarterly reports on were collated via the HSE quality improvement team and within the centre, the management team gathered data on wounds, medication management and hand hygiene practices, to inform local improvement plans. An area for improvement was highlighted by the inspector during a review of care plan audits; this is discussed under Regulation 23: Governance and management.

The inspector reviewed the staffing rosters and found there was sufficient staffing resources available to meet residents' individual needs. There was two full-time staff nurse posts vacant, however these were back filled by regular agency staff. There was one full-time domestic staff vacancy, a 25 hour HCA vacancy and an eight hour MTA vacancy. Evidence in worked rosters identified that for the most part these shifts were always covered, and the person in charge confirmed that she was able to sanction agency use for any absences to ensure staffing levels remained stable. Staff informed the inspector that there are plenty of staff available and they don't feel short staffed.

For the most part, all requested documents were available in the centre, well-maintained and easily retrievable for review. While a suite of policies were available, two of the policies required under Schedule 2 of the regulations were not in place. The complaints procedure had been updated in line with the regulations, and contained the nominated persons to oversee and review complaints; these nominated people had completed training to support them in this role. There was a low level of complaints occurring in the centre, with the majority being minor issues for example, missing laundry. Nonetheless, a report on the level of complaints was not present in the annual review of the quality of care in 2023, as required.

## Regulation 14: Persons in charge

The person in charge had worked in a management position for a number of years, and had completed a relevant management course. The person in charge provided good leadership, and staff members told the inspector they could seek the support of the person in charge as needed.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels were appropriate, having regard for the design and layout of the centre, and based on the assessed needs of the residents. Vacant staff posts were supplemented by regular agency staff who were very familiar with the service. From a review of rosters, and from speaking with staff, it was clear that there was sufficient staff on duty each day to ensure the safety and welfare of residents.

Judgment: Compliant

### Regulation 23: Governance and management

There were good governance and management systems in place, which ensured that the service provided was safe, effective and regularly monitored. Nonetheless, the provider was in breach of condition 4 on the centre's registration, which outlines the requirement for information and documentation to be submitted to the Chief Inspector in relation to a person participating in management of the centre by 31 October 2024. At the time of the inspection, there was no plan for a person to be nominated in this role.

A care plan audit had been completed by a member of the HSE quality improvement team. This audit focused more on the entire documentation within each residents' file, and whether this was correctly or fully completed or not. While this was a beneficial audit, the audit tool was not designed to capture deficits in the content or the relevance of care plans, to ensure that they were person-centred and relevant to the assessed needs of the resident. This led to a repeat finding under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose



<p>There was a statement of purpose which had recently been revised. All information as set out under Schedule 1 of the regulations was included in the revised statement of purpose document, which accurately described the service provided.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 34: Complaints procedure</b></p>
<p>The complaints policy had been updated in line with changes to the regulation. However, the centre's annual review did not contain a general report on the level of engagement of advocacy services with residents, or a general report on the complaints received.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 4: Written policies and procedures</b></p>
<p>The following policies required under Schedule 5 of the regulations were not in place:</p> <ul style="list-style-type: none"> <li>• The provision of information to residents</li> <li>• Temporary absence and discharge of residents</li> </ul> <p>These were subsequently forwarded to the inspector for review.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Quality and safety</b></p>

Overall, the inspector found that the care and support of residents was delivered in a person-centred way. The management team promoted the ethos of a human rights-based approach to life and care in the centre. Residents told the inspectors that staff were kind and caring and ensured a warm and homely atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas for use by residents. The inspectors observed the communal areas of the centre to be spacious and comfortable. Directional signage was displayed throughout the centre to guide residents. The courtyard areas were easily accessible for residents to access and navigate. There was a schedule of progressive maintenance and decorative upgrades in place. Many areas were freshly painted and the main sitting room had new chairs, couches and furniture which was elegant and stylish, and provided a welcome update to some of the outdated and worn furniture seen on previous inspections. The residents had been consulted with about paint colours and types of furniture and were currently looking at curtain fabric to update the curtains in the dining room. Residents told the inspector that they loved the style of the new sitting room.

Residents each had a care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. The inspector reviewed a sample of care records and saw that while there were some very detailed plans of care for some residents' specific needs, the care plans were not always dictated by the results of clinical assessments. For example, there was a set template of care plans that each resident was required to have in place, and many were not relevant. This did not support a person-centred approach to care planning.

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. A fire door review had been completed to identify and repairs or replacements required. All doors checked by the inspector were working well. Evacuation drills were conducted weekly, which simulated various emergency scenarios. Despite all of these good practices and improvements, assurance was required that staff could safely evacuate residents in an emergency; this is discussed under Regulation 28: Fire precautions.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with inspectors, reported that they felt safe living in the centre.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Dedicated activity staff

implemented a varied and interesting schedule of activities that was available each day. Residents' opinions were sought and respected through resident meetings and satisfaction surveys which were incorporated into the centre's annual report on the quality and safety of care delivered to residents.

### Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents, and was well maintained both internally and externally. There had been consistent efforts to upgrade, renovate and decorate the centre to a high level. Regular premises audits were conducted to identify areas for improvement. Flooring in some areas had been repaired, to ensure that trip hazards were rectified. Plans were underway for a full replacement of flooring in the centre, which would enhance the overall premises greatly.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was made available to all residents in the centre. The guide was updated on the day of inspection to include arrangements for visiting, and access to independent advocacy services.

Judgment: Compliant

### Regulation 28: Fire precautions

An assessment of each residents' personal emergency evacuation procedures (PEEP's) were completed. Nonetheless, inconsistencies were noted in these. A full review of the current PEEP's document was required, to ensure that it accurately captured all necessary and relevant information to ensure the safe and timely evacuation of residents. For example;

- the inspector was informed that ski-sheets were on all beds to aid in mattress evacuation. The PEEP's in use did not refer to ski-sheet evacuation
- PEEP's did not detail the number of staff required to assist each resident
- there was no differential between day and night-time evacuation procedures for each resident. This was despite evidence that some residents would require additional assistance at night, due to, for example, the effects of night sedation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example, care plans did not always evidence a person-centred approach to care and support. A small sample of care plans of long-term residents were not sufficiently detailed or person-centred to guide staff on the care of residents. Care plans were generic with pre-populated interventions.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents in the residential unit were supported by general practitioners, and in the community nursing unit, by a medical officer who worked 15 hours a week.

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

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre were focusing on moving towards a restraint-free environment. There was currently no residents using restrictive practices, or displaying responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed the risk assessment for use of restrictive practices including bedrails, which had been updated since the previous inspection and was in line with national guidance. All staff had received refresher training on restrictive practices and the management of responsive behaviours.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Safeguarding had been discussed with residents in detail, and all residents had gathered to watch an informative video about the topic, and a healthy discussion had taken place with staff and residents. There was a positive approach to raising awareness of safeguarding and the promotion of residents' rights in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities and they reported that they enjoyed the activities programme. Residents also had access to independent advocacy services.

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. Residents had access to Internet services, radio, television and newspapers each 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cluain Arann Welfare Home & Community Nursing Unit OSV-0000674

Inspection ID: MON-0044967

Date of inspection: 27/11/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre."</li> <li>• As you are aware the HSE continues to transition to new Integrated Health Area structures within Regional Health Areas. The expected transition date is March 2025 and until such time that new structures are fully implemented and aligned it is necessary to ensure the current continuation of Older Persons residential services as they currently are. There continues to be National HSE engagement directly with HIQA on the progress of the transition.</li> <li>• Therefore until such time that new structures are confirmed an extension of the condition 4 is sought.</li> <li>• Steps have been taken to develop a project team with aim of care plan review to identify gaps in individual care plans and to consider development of more individualised person centred care plans. Meeting took place with nurse managers on 06.12.2024. Also meeting took place with QPS Adviser on 28.01.2025.</li> </ul> <p>Completion date: 31.05.2025.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	



<ul style="list-style-type: none"> <li>The level of engagement with Advocacy Service by residents is now included in the Annual Review and the level of complaints reported is also included.</li> </ul> <p>Completion date: 07.01.2025</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> <ul style="list-style-type: none"> <li>Policies under Schedule 5 The provision of Information to Residents and Temporary absence and Discharge of Residents are in place. Both outstanding policies were forwarded to Inspector on 17.12.2024.</li> </ul> <p>Completion date: 17.12.2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>Changes have been made to the PEEPS Document which now includes ski sheet evacuation as a method of evacuation. Day and Night evacuation procedures are now also documented. This document was sent to HIQA on 17.12.2024</li> </ul> <p>Completion date: 17.12.2024.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>Steps have been taken to develop a project team with aim of care plan review to identify gaps in individual care plans and to consider development of more individualised person centred care plans. Meeting took place with nurse managers on 06.12.2024. Also meeting took place with QPS Adviser on 26.01.2025.</li> </ul> <p>Completion date: 31.05.2025.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	17/12/2024

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	07/01/2025
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	07/01/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	17/12/2024
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	Substantially Compliant	Yellow	31/05/2025

	accordance with paragraph (2).			
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