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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:	Fennor Hill Care Facility
Name of provider:	Fennor Hill Care Facility Limited
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	17 January 2024
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0037691

## About the designated centre

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

Fennor Hill Care Facility is situated on the outskirts of Urlingford in County Kilkenny and within walking distance from the village centre. Residents' accommodation is situated on two floors of the facility and accommodates 56 residents. It is a newly built facility opened in September 2019. Accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms with a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms on both floors. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency levels.

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

Number of residents on the date of inspection:	55
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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 17 January 2024	10:30hrs to 18:00hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

The inspector spent time observing interaction between staff and residents, and speaking with residents to gain an insight into what it was like to live in Fennor Hill Nursing Home. Many residents told the inspector that they felt safe and happy in the centre and were looked after very well by staff. Other residents, who were unable to fully express their views due to their medical diagnoses, appeared happy and content throughout the day.

The reception area of the centre was bright, warm and welcoming with comfortable couches available for residents and visitors to sit and relax. Inspectors saw many residents and visitors using this area to meet and chat together. Information leaflets regarding access to advocacy services were displayed for residents' and visitors' information. There were framed posters on various corridors outlining and promoting residents' human rights while living in the centre. The inspector spoke with visitors to the centre, who expressed their satisfaction with the care their loved ones received, and were very complimentary of the management and staff. Visitors also spoke of how well-regarded the centre was in the local community.

The person in charge and assistant director of nursing were present for an opening meeting with the inspector, and a full tour of the premises was then carried out. The inspector observed that as it was mid-morning, the majority of residents were already up and dressed, in their preferred attire, some finishing breakfast, and others engaging in activities, or spending time in the comfort of their bedroom. Personal care was being delivered in some of the residents' bedrooms and the inspector observed that this was provided in a kind and respectful manner. Staff were observed to knock on residents' bedroom doors and introducing themselves and the purpose of their visit before entering.

The centre's communal and bedroom accommodation was laid out over the ground and first floor. The second floor was not yet registered as part of the designated centre, and was not in use by residents on the day. The third floor contained staff facilities, storage areas, and the domestic store room. All areas of the centre were cleaned to a high standard, and the decor was inviting and tasteful. Decorative improvements were seen in some of the communal areas, for example the first floor sitting room decor was upgraded with new soft furnishings, plants and ornaments. Many corridors and bedrooms had been repainted during the year, and a programme of regular maintenance was in place. Residents told the inspector that they liked their bedrooms, and had been encouraged to bring in items from home to personalise the room to their own taste, and to provide comfort with familiar ornaments, pictures, paintings and throws.

The enclosed garden was accessible via the main dining room on the ground floor. This had a dedicated, appropriately-equipped smoking area. On the day of inspection, this area was accessed via a key pad code. On previous inspections, the doors had been open. While the code was on display for residents' use, not all

residents would be capable of inputting the code to freely access the area. Staff stated that they usually kept the door open in good weather, and that there was always staff available should someone be unable to access the garden. The person in charge undertook a risk assessment on the day of inspection, and as a result, the code was removed during the day to provide a secure and easily-accessible space for residents.

The inspector observed the dining experience in the centre. Residents informed the inspector that they had a good choice of food available to them. They said that they liked the food and the portions were more than adequate. The majority of residents came to the dining rooms at lunch time, with some remaining in their bedrooms, at their own choice. The inspector spoke to staff who were knowledgeable of the residents' food preferences and knew which residents had special requirements such as diabetic and modified textured diets. A variety of drinks were offered to residents with their lunch. Residents' independence was promoted with easy access to condiments and drinks on each dining room table. Between meals, the inspector saw that residents were offered hot and cold drinks, and a range of snacks including yoghurts, biscuits and fruit

Residents who spoke with the inspector expressed satisfaction with the quality of life they experienced in the home. Residents told the inspector they loved visiting the beauty salon and getting their nails done every week. Management endeavoured to maintain close links with the community where possible. One resident spoken with said that they were encouraged and supported to attend the local day-care centre, which she had attended prior to her admission. There was an activity schedule available for residents in the centre. This outlined a variety of activities to choose from weekly, including live music, arts and crafts, quizzes and Bingo. On the day of inspection, the inspector observed a group taking part in flower arranging, a sing along which was streamed live from another centre and displayed through a projector in the main sitting room. The activities room downstairs was completely redecorated to a high standard since the previous inspection and provided a calm and quiet area for residents to enjoy. This area also contained a video projector and a lights projector which could be adapted to the residents' preferences. One resident was happily watching a concert by their favourite singer on the large screen. Staff said that this room was also used for dementia-specific therapies and activities in smaller groups.

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

The inspector found that residents received a high standard of care from a committed staff team, who knew them well and understood their individual needs and requirements. The findings of the inspection, as highlighted under each regulation, evidence a sustained commitment to continuous quality improvement, with the aim of enhancing the residents' experience living in the centre. There was good governance and management systems in place, supported by adequate resources which ensured that residents had a good quality of life. Fire safety in the centre remained the primary concern, and this was being addressed by the provider through a system of risk assessment, aimed at identifying the immediate risks in the centre. The inspector also identified that contracts of care and medication management required minor improvements.

This was an unannounced, one-day inspection, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non compliance found on the last inspection in June 2023, specifically in relation to Regulation 28: Fire precautions, and found that these actions had not been fully completed. There were 55 residents living in the centre on the day of the inspection and there was one vacant bed.

The centre is owned and operated by Fennor Hill Care Facility Limited, who is the registered provider. There are four company directors, one of whom is engaged in the operations of the centre and is present in the centre one to two days a week. The previously identified strong governance systems within the centre remained in place. The person in charge, was responsible for the daily delivery of care and support to the residents. She was supported in the role by a full-time, supernumerary assistant director of nursing and clinical nurse manager, ensuring that there was sufficient oversight of care provision. The assistant director of nursing deputised for the person in charge in their absence. There was a system of on-call and weekend management cover in place to support staff. The staff member in the role of the regional manager had recently changed, however the same reporting systems remained in place, and the regional manager continued to contribute clinical and operational oversight of Fennor Hill Care Facility and the company's three other designated centres. A team of nurses and healthcare assistants, a catering and domestic team, and a team of activity coordinators, ensured that residents clinical, social and spiritual needs were met and their human rights upheld. The systems in place promoted good quality care.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including

updates in relation to residents' needs, audits and relevant national infection control updates. Staff were given opportunities to feed back on the service.

Requested records were made available to the inspector and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Residents' records evidenced daily documentation of their health, condition, and treatments given.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. On admission, residents were provided with contracts of care which detailed the services, fees, and terms relating to the bedroom to be occupied, in accordance with regulatory requirements. Nonetheless, these contracts required review, as described under regulation 24, to ensure that additional charges for residents were clearly outlined.

### Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

There were improved management systems in place to provide oversight and effective maintenance of the designated centre as evidenced by the registered provider's structured approach to addressing the fire safety risks and premises deficits identified during the previous inspection. Resources were provided to improve fire safety procedures throughout the entire premises. This work was being completed on a phased basis and was overseen by the person in charge and the registered provider. Notwithstanding these improvements, fire safety works remained ongoing and therefore the registered provider did not provide sufficient

assurances that the systems to safeguard residents from the risk of fire were in place. This is discussed under regulation 28.

A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been completed by the person in charge. This was made available to the inspector in draft format, and included targeted action plans for improvement set out for 2024. The review also contained feedback and consultation with residents and their representatives.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts of care required review to ensure that the section outlining the additional charges for residents was correct. For example, contracts outlined that residents would be charged €2 per item for items requiring portable appliance (PAT) testing, and for maintenance of each walking aid. The management team stated that while these charges were outlined in the residents' contracts, no resident was actually charged.

Additionally, contracts outlined that weekly additional social charge included access to physiotherapy, speech and language therapy and tissue viability nurse specialist. This service was actually provided via a referral system to either the community Health Service Executive (HSE) specialists, or a nutritional company, thereby being accessed for no additional charge.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

### Quality and safety

There was a rights based approach to care in this centre. Management and staff promoted and respected the rights and choices of each resident. Overall, there were

good standards of care and support provided. The premises was undergoing a series of fire safety upgrades to ensure that the building, and the fire safety precautions within it, were safe and effective and promoted good outcomes for residents.

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 observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. The centre was very clean and there was good oversight of cleaning of the centre by management.

The provider has set out the actions required to ensure compliance with Regulation 17: Premises, in their compliance plan following the previous inspection in June 2023. The inspector found that the actions were sustained. For example;

- safety restrictors were in place on all windows
- storage was removed from communal bathrooms
- extract vents were cleaned
- there was documented evidence that the water storage tanks were part of a routine water sampling regime.

A range of fire safety documentation was examined. Appropriate certification was evidenced for servicing and maintenance of fire safety equipment. The management team were making every effort to increase staff awareness of fire safety; fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme, personal emergency evacuation plans were in place for all residents, and there was evidence that these were regularly reviewed, and fire safety drills and simulated evacuations were undertaken in the centre cognisant of night time staffing levels.

The provider has set out the actions required to ensure compliance with Regulation 28: Fire precautions in their compliance plan following the previous inspection in June 2023. The inspector found that many of the actions had been completed. For example;

- the construction of the walls enclosing the boiler room and the electrical room at third floor had been taped and sealed to ensure fire containment within these areas.
- a full review of all fire doors closing force was undertaken by a qualified person and any deficits on door force closure were adjusted
- an inappropriately placed electrical socket in the sluice room was reviewed by a qualified electrician. The electrical socket was decommissioned
- two additional evacuation chairs were purchased by the provider and had been in place since 21st of June, 2023.

Notwithstanding the good practice seen on inspection, the fire safety works to come into full compliance with Regulation 28: Fire precautions were still ongoing at the time of inspection, however these had not been fully completed

Residents with responsive behaviours were well supported by staff in the centre and there was evidence of comprehensive assessment and person-centre behavioural support care plans. Efforts had been made to reduce the use of restrictive practices in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to the enclosed outdoor garden. Medications were generally well-managed in the centre, and the inspector observed good practice in relation to the prescription, storage, administration and review of medications.

The standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents care plans. Staff with whom the inspector spoke with were knowledgeable and knew residents and their individual needs well.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The provider supported six residents to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. Staff informed the inspector they were aware of their responsibilities regarding safeguarding of residents and responsibility to report any concerns. Residents reported to the inspector that they felt safe in the centre and spoke very positively about the person in charge and staff.

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. Residents' choices and preferences were respected and residents were encouraged to be involved in the organisation of service. This was achieved by regular residents meetings, satisfaction surveys and ongoing daily engagement with residents and their families where appropriate.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over seven days. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents interests' and capabilities. There was ongoing review of activity provision, which afforded residents opportunities to try new things and meant that each residents' care plan was in accordance with their changing needs.

## Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the current residents accommodated in the centre. The centre had completed all of the actions required following the previous inspection in June 2023.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector found that although there has been significant work completed in the centre, with the aim of achieving compliance with overall fire safety, this work remained ongoing and therefore the registered provider did not provide sufficient assurances that the systems to safeguard residents from the risk of fire were in place.

Following the inspection, a number of fire safety documents were requested to be submitted, including an updated fire safety action plan, following a fire safety risk assessment that was conducted in September 2023. One action arising following this risk assessment; the routine fire safety checks of the fire doors for wear and tear every six months by a competent person, had a date of completion of 30 June 2024. Other risks, for example the installation of free swing closers to certain fire doors had dates for completion in October and November of 2023, however the document did not identify if these actions had been fully completed.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Medicine prescriptions were signed by the GP who also signed when any medicine was discontinued. Indications for administration were stated for short-term and "as required" medications. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques and ways to effectively respond to behaviours. There was evidence of residents being referred to a clinical specialist for advice and supportive plans.

There was evidence that when restraint was used, an assessment was completed to ensure it was used for the minimal time and checks were in place. The management team regularly reviewed the use of restraint with an aim to further reduce its use, and strive towards a restraint free environment.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies and in individual resident's safeguarding plans. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. There was evidence that learning from investigations was implemented to protect residents from abuse.

All staff were facilitated to and had completed training on safeguarding residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

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

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings. Residents that spoke with inspectors said that they had a choice about how they spend their day.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0037691

Date of inspection: 17/01/2024

## 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> <p>S: To comply with regulation 23 the provider is committed to ensuring that the Centre is compliant in accordance with the fire regulations and any remedial works being carried out is done in a timely manner.</p> <p>M: Through monthly audits of the daily, weekly fire checks</p> <p>A: Through monthly clinical governance meetings by the RM, provider &amp; company directors</p> <p>R: Realistic</p> <p>T: March 31st, 2024</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>S: To comply with regulation 24 a full review of the contract of care was undertaken. The contract reviewed on the day of inspection was not reflective of the actual charges to residents in Fennor Hill Care Facility. Charges for pat testing reflected in the contract but which were never charged to residents has been removed. Charges in the contract of care associated with the provision of therapies to residents now only reflect therapies which incur an additional charge.</p> <p>M: Review of contracts to be undertaken by the PIC</p> <p>A: To be monitored the governance meetings monthly.</p>	

R: Realistic  
T: Completed on 18th January 2024

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

S: To comply with regulation 28 the provider is committed to ensuring that the Centre is compliant in accordance with the fire regulations. The provider has engaged with a fire engineer and the local fire officer to ensure all fire safety issues are addressed. While significant fire safety works have been completed a further full review will be undertaken on all identified works completed.

M: A Thorough assessment of the Centre was completed, and a full comprehensive risk assessment was carried out by the fire engineer. A further full review will be undertaken following full completion of works.

A: To be monitored by external contractors & monitored by the PIC to ensure certification and any issues identified are addressed.

R: Realistic  
T: March 31st, 2024

## 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(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	31/03/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	18/01/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	31/03/2024

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2024