



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Breezeglen Limited
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	04 and 05 July 2018
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0021391

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and, all bedrooms are ensuite. The provider is a limited company called Breezeglen Limited. The centre is situated on the outskirts of Enniscorthy town. The centre offers nursing care catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: with low, medium, high and maximum dependency. Care for persons with learning, physical and psychological needs can also be met within the centre. Residents medical care is directed by their own General Practitioner (GP). The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. Pre-admission assessments are completed to assess a potential resident's needs. Based on information supplied by the resident, family, and or the acute hospital; to ensure that all the necessary equipment, knowledge and competency are available to meet the individual's needs, an admission date is then arranged. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Current registration end date:	22/08/2019
Number of residents on the date of inspection:	61

How we inspect

To prepare for this inspection the inspector or 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
04 July 2018	09:00hrs to 18:00hrs	Vincent Kearns	Lead
05 July 2018	07:00hrs to 15:30hrs	Vincent Kearns	Lead

Views of people who use the service

Residents were positive about the care and support they received in the centre and said that staff treated them with respect and dignity at all times. Those who spoke with the inspector said they enjoyed the range of activities and felt the visiting arrangements were good to support them keeping in touch with family and friends. Residents reported they felt safe in the centre, and that staff were very kind and approachable. The inspector was told of the wide range of choice that was offered in relation to how people wanted to spend their time, for meals and snacks, and generally in moving around the centre to enjoy the different facilities. On the first day of this inspection residents were enjoying live music in the main sitting room by both a visiting musician and the activities coordinator. Both were seen to be very well received by residents who told the inspector that they really enjoyed these music sessions. Some residents said that they particularly enjoyed joining in singing along with the live entertainment provided. Residents said that they felt their privacy and dignity was respected. That staff were always courteous, and very polite when supporting residents in their daily lives or when providing care. Some residents outlined how they were able to continue being part of the local community, for example by going out on day trips or visiting family and friends. Residents informed the inspector that they felt that they were well supported by all staff in meeting their needs but also encouraged to be independent as much as possible.

Capacity and capability

There was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The inspector noted that since the previous inspection in April 2018, all the actions from the previous inspection had been satisfactorily completed or were in the process of being completed. Overall, there was evidence that effective leadership, governance and management was in place. The provider representative had developed a clear management structure in the centre, and had delegated responsibilities to named people. For example, there were leads in the centre on clinical governance, facilities, and administration to ensure accountability, and standards were maintained in all areas. Regular meetings between the leads reviewed practice in all areas of the centre, and they carried out a review of the standard of care and progress against operational targets. They also reviewed any information received from families, and topics such as complaints were covered in detail. Records showed a report was regularly provided in relation to on going operational and governance issues and actions taken when required to drive improvements. The person in charge had been appointed to this position in September 2015. She was a registered nurse with significant management experience in the area of nursing the older person. There was also

a health care manager who also held responsible for a number of other centres while also provided regular managerial support and oversight in the centre. The health care manager was in daily phone contact with the person in charge and visited the centre each week to meet the person in charge. The inspector was informed that individual diary notes were kept of these weekly meetings. However, the arrangements for these management meetings required review to ensure suitable records of these meetings were available and accessible, to promote transparency and to disseminate important information including management decisions to other members of the management team.

The provider representative was also actively involved in the overall governance of the centre and there was evidence of clear oversight arrangements in place. For example, there were regular audits and reports that were also submitted to the provider representative as well as the aforementioned regular senior management meetings. The healthcare manager confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

The person in charge regularly met with residents and their representatives, the activities team, the care staff and nursing staff. Minutes were maintained of these meetings. The person in charge had a number of plans for the centre aimed at driving resident-focused person-centred care. She explained how she was promoting continuous improvement in residents' care by for example; reviewing and updating staff training, and developing suitable policies and procedures. The person in charge was well know to many residents who described her as very attentive and kind. Staff also described the person in charge as a very approachable manager who put the residents at the centre of everything that happens in the centre.

The inspector was assured that the provider representative was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. Overall, staff were supervised on an appropriate basis, as appropriate to their role and responsibilities. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, staff performance appraisals were on-going and staff had completed mandatory training.

Regulation 14: Persons in charge

The person in charge demonstrated good clinical knowledge to ensure suitable and safe care was provided. The person in charge was supported by an Assistant Director of Nursing (ADON) who was also based on site. The inspector was satisfied that the person in charge was adequately engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She was sufficiently knowledgeable of her responsibilities under the regulations. The person in charge was very responsive to the inspection process and

engaged proactively and positively with the inspector. The person in charge had attended various clinical and professional development training courses to keep her skills up-to-date. She was well known to residents and both residents and staff confirmed that she was available to provide support. The person in charge confirmed that she maintained an open door policy to residents, their representatives and staff.

Judgment: Compliant

Regulation 15: Staffing

There was a minimum of two nursing staff on duty in the centre at all times, and there were sufficient staff to meet the needs of residents including household staff. Overall, the inspector observed positive interactions between staff and residents over the course of the inspection and found staff had a good knowledge of residents' health and support needs, as well as their likes and dislikes. Staff spoken to demonstrated an understanding of their roles and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was an education and training programme available to staff who had access to a range of training opportunities to support them in carrying out their role within the centre. Such training included for example, training in safeguarding, fire safety, and infection control training, manual handling, cardio pulmonary resuscitation (CPR) and elder abuse.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was evidence of good governance and oversight of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. Copies of the annual report into the quality and safety of care provided for 2017 were available in the centre. There was for example, regular audits and incident reviews carried out in relation many aspects of care or following any complaint, incident, or accident. There were regular audits of

medication management, care planning and falls governance. Following completion of any audits or incident reviews, there was evidence that the person in charge and other members of the management team highlighted any identified issues to the provider representative. These arrangements gave some assurance to the provider representative that residents were safe and the quality of care was being monitored, measured and actioned. However, some improvement was required in relation to the recording of one of the regular management meetings to ensure all issues were adequately identified, recorded and highlighted to all members of the management team. In addition, given the size, design and layout of centre some improvement in staff monitoring arrangements was required, to ensure suitable access to all staff in an effective and timely manner.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents and their representatives confirmed that complaints were listened too and acted upon. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose and residents guide. The inspector reviewed the electronic complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. However, most but not all complaints were adequately recorded in this log.

Judgment: Substantially compliant

Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard. Residents spoke about the friendly and kind staff working in the centre. They told the inspector that they were well supported to live as independent a life as possible. Residents said their choices and wishes were actively sought and respected, and that they received good care and support from all staff. The inspector noted that the overall ethos in the centre was to provide a comfortable and supportive environment for residents. The centre was located on the outskirts of Enniscorthy town and was well connected to the local community. For example, transition year students from the local school regularly attended the centre, the local transport bus regularly transported some residents into town and there were outings such as trips to a garden centre or places of interest organised by the activities coordinator. Residents outlined how they were consulted with and facilitated to

participate in the organisation of activities in the centre. For example, residents' care plan assessments included an evaluation of residents' social and emotional well being; including suitable activities assessments such as "A Key to Me". These assessments gave staff a good insight into residents' pastimes, likes, and dislikes, preferences and hobbies. Residents told the inspector that there was a good range of activities provided. Over the two days of inspection, the inspector noted that there was a good level of activity in the large sitting room, and the live music sessions appeared to be particularly popular with residents.

The inspector noted that the design and layout of the premises was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. Residents stated that they were happy with the accommodation provided and some residents said that it was very comfortable place to live. The centre was observed to be bright, furnished to a high standard and appeared clean throughout. There were appropriate pictures, internal furnishings and colour schemes throughout the centre. Overall the design and layout of resident's bedrooms provided sufficient space and furniture for each resident. However, some improvements were required in relation to some minor redecoration and repainting and some enhancements were required to one of the external garden areas. There was a number of communal rooms, dining rooms and an oratory which were used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, two nurses' stations, administrative offices, a suitably equipped kitchen and a laundry room. However, as identified on the previous inspection in April 2018 there were on going issues with the size and design of the laundry room. The person in charge outlined progress that had been made for example in reorganising the layout of the laundry room in the interim. She also outlined that there were plans in place in relation to bringing the laundry room into full compliance.

There was a computerised care planning system in place and there were adequate details to support staff in effectively managing residents' health and social care needs. These included suitable assessment, planning, implementation and review of residents' health and social care needs. Based on a random sample of care plans reviewed, the inspector was satisfied that, overall, the care plans reflected each resident's assessed needs. Residents assessments were supported by a number of evidenced-based assessment tools and plans of care were in place to meet most identified needs. There was a choice of GP's attending the centre. Nursing care was provided by a minimum of two registered nurses who were on duty both day and night time in the centre. These arrangements meant that, overall, residents' care and support needs were being adequately met on an ongoing basis.

Residents were protected from abuse and harm, and residents who the inspector spoke with confirmed that they felt safe in the centre. There were organisational policies and staff training in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse.

The person in charge outlined how they were endeavouring to provide a restraint-free environment while also endeavouring to respect residents' expressed preferences. While bed rails were in use; suitable arrangements were in place to

ensure that restraint was only used as a last resort, monitored and reviewed regularly to ensure residents' safety.

There was an adequate means of escape and fire exits were unobstructed. Clear procedures for the safe evacuation of residents and staff in the event of fire was displayed in a number of areas. Overall, fire records were comprehensive, accurate and easily retrievable. However, one fire exit door required review to ensure that the locking arrangement was suitable in the event of a fire evacuation.

Regulation 13: End of life

There was a suitable end of life policy available that had been most recently reviewed in June 2018. At the time of inspection there were no residents receiving end of life care. Overall there was evidence of a good standard of medical and clinical care provided and the person in charge outline that if required, appropriate access to specialist palliative care services was provided. The inspector found that staff were aware of the policies and processes guiding end of life care in the centre. Staff were able to describe suitable and respectful care practices in relation to end of life care provision, including ensuring their spiritual and religious preferences were met. There were facilities to support relatives to remain with their loved ones during end-of-life.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was observed to be comfortable, bright, furnished to a high standard and appeared clean throughout. However, some minor redecoration was required to some areas of the premises and one of the outside garden areas required review. For example, the large outside garden area was not suitable for residents use unaccompanied, had little areas of interest and did not contain sufficient seating areas. In addition, the inspector noted that not all rooms used by residents had a call bell facility available for residents use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and

other refreshments were available at all times. Residents received suitable assistance and support from staff when it was required.

Judgment: Compliant

Regulation 20: Information for residents

A Residents' Guide was available to all residents which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. Copies of this guide were located in each residents' bedroom for ease of retrieval. This guide was found to meet the requirements of legislation. This information was supplemented with information on notice boards throughout the centre and regular residents committee meetings.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy dated as most recently reviewed in June 2018. The risk policy contained the information required under 26(1) of the regulations. The risk register reviewed by the inspector was centre specific. However, improvement was required regarding the arrangements for the hazard identification and assessment of risks in the centre. For example, the arrangements for some windows to be unrestricted required review and the risk assessment records of residents who smoked did not quantify the actual level of residual risk associated with the resident smoking.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector noted that the centre appeared to be cleaned to a good standard. Latex gloves and plastic aprons were located throughout the centre. Staff confirmed that they used personal protective equipment including latex gloves and plastic aprons as appropriate. However, some of the cleaning practices as described by some staff were not consistent with the standards for the prevention and control of health care associated infections published by the Authority. In addition, due to the size and design of the laundry; suitable segregation of clean and dirty laundry was not

adequately facilitated and therefore potentially posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The emergency lighting was regularly checked by staff and was serviced on a quarterly basis. Fire safety equipment was serviced on an annual basis. The fire alarm panel was serviced quarterly and most recently in March 2018. Regular fire drills had taken place in the previous 12 months and a description of the fire drill, details of the participants and any issues identified was recorded. However, one fire exit door located in the hairdressing room required review; as it was observed to be secured by a push button lock and that did not automatically disengage when the fire alarm sounded.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was observed and the inspector found that nursing staff adopted a person-centred approach. The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Robust measures were in place for the handling and storage of controlled drugs that were in accordance with current guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall there were adequate arrangements in place for all residents to be suitably assessed to identify their individual needs and choices. The computerised care planning assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission and as required thereafter. Each resident spoken to was knowledgeable about what a care plan was and confirmed that the nursing and care staff team consulted with them on all changes.

Judgment: Compliant

Regulation 6: Health care

Overall, residents' health care needs were met through timely access to treatment and therapies. The centre used a named key nursing system which meant that each resident was allocated an individual nurse to monitor their health and social care provision. Residents had suitable access to GP's, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. The centre had a treatment room available for all clinical interventions that were required such as physiotherapy reviews, wound dressing changes or clinical review by a Doctor.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector noted that a number of residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required.

Judgment: Compliant

Regulation 8: Protection

There was evidence that residents were suitably safeguarded from abuse and harm. Staff spoken to demonstrated an adequate understanding of safeguarding and preventing elder abuse. All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The centre managed a small number of residents financial transactions. The inspector reviewed the system in place to safeguard residents' finances which included a review of a sample of residents' records of monies. The inspector noted suitable arrangements which included all lodgements and withdrawals were adequately documented or signed for by residents, their representatives and/or two staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice and control over their daily life was facilitated in all aspects of their daily lives. For example, the times of they got up or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. There were no restrictions on visiting and this was confirmed by both residents and visitors. There was Closed Circuit Television (CCTV) camera's located at the entrance and a number of internal locations in the centre. The person in charge outlined that CCTV camera's were used only in relation to maintaining the safety of the residents. That none compromised residents right to privacy. However, the inspector noted that there was no publicly displayed sign informing residents and or visitors that such CCTV cameras' were in use in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0021391

Date of inspection: 04 & 05/07/2018

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>A record of contents of DON/HCM management meeting will be documented. Supervision and staff allocation will be reviewed to ensure the consistent provision of safe, effective care and to enhance the resident's experience. </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The person in charge will ensure that all staff receive an update on the recording and management of all complaints using the electronic system. The person in charge will review the recorded complaints on a weekly basis and will prepare a report to be presented at the monthly management meeting. The monthly audit of complaints will be used to facilitate quality improvement. </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A full facilities audit has been completed, areas for redecoration attention have been identified. Arrangement are being made to ensure the large outside garden area is safe and secure to allow residents access the area independently. Additional seating will be provided. Call bells will be fitted to all rooms used by residents. </p>	
Regulation 26: Risk management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk assessments and care plans of all residents who smoke have been reviewed with additional safety and supervision controls in place. All windows have been reassessed for restrictors and a plan is in place for repairs and renewals.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff have received further education in cleaning practices as per the policy manual, which complies with the standards for prevention and control of healthcare associated infection published by the Authority. Appropriate equipment is in place. The temporary arrangement for segregation of clean and dirty laundry has been implemented. Coordination and planning for an upgrade to the laundry is at an advanced stage.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider has arranged to have the fire exit doors controlled by a push button lock replaced with a system that disengages when the fire alarm sounds.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The required signage to alert residents and or visitors to the use of CCTV has been erected in a prominent position at the main entrance.</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 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	30/10/18
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	31.08.18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Substantially Compliant	Yellow	31/08/18

	assessment of risks throughout the designated centre.			
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	31/10/18
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/10/18
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the	Substantially Compliant	Yellow	31/08/18

	complaint and whether or not the resident was satisfied.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/18