



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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Churchtown
Name of provider:	Aperee Living Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	30 March 2021
Centre ID:	OSV-0000266
Fieldwork ID:	MON-0032001

About the designated centre

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

Aperee Living Churchtown is a purpose built nursing home and is located close to the village of Churchtown in Co. Cork. The centre is built on large landscaped grounds with adequate parking for visitors and staff. The centre is registered to accommodate fifty two residents in forty two single bedrooms and five twin bedrooms. All bedrooms are en suite with toilet, shower and wash hand basin. The centre provides long-term nursing care, predominately to people over the age of 65, but can also provide convalescent and respite care. The centre caters for residents with varying degrees of dependency from low to maximum. The person in charge is responsible for the day-to-day operation of the centre with the support of an assistant director of nursing and a clinical nurse manager. Care is provided by a team of nurses, healthcare care assistants, activity staff, catering staff, and housekeeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
--	----

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
Tuesday 30 March 2021	09:15hrs to 17:30hrs	John Greaney	Lead
Tuesday 30 March 2021	09:15hrs to 17:30hrs	Abin Joseph	Support

What residents told us and what inspectors observed

The overall feedback from residents and from relatives is that this is a nice place to live. Residents reported that they had choice in their daily lives and that staff promoted a person-centred approach to care. Residents also commented that staff were kind and caring. The inspectors met with a number of residents throughout the inspection and also spoke with a small number of visitors.

The inspectors arrived at the centre unannounced in the morning and were guided through the infection prevention and control measures necessary on entering the designated centre. These procedures were comprehensive and included the completion of a questionnaire, a signing in process, hand hygiene, face covering, and temperature checks. The centre was recently subject to an outbreak of COVID-19 in which six residents and five staff tested positive for the virus. Even though the isolation period for all residents and staff had completed approximately twelve days prior to this inspection, the centre was still considered to be in an outbreak for a further two days following this inspection. The centre was also subject to an outbreak of COVID-19 in January 2021 in which 16 residents and one staff member tested positive for the virus. All residents were asymptomatic during that outbreak.

Following an opening meeting with the director of nursing (DON) the inspectors were accompanied on a tour of the premises, where the inspectors also met and spoke with residents in their bedrooms and in communal areas. It was evident that the centre was purpose built and was designed and laid out to a high standard. It is a single storey facility and comprises one building. The centre is registered to accommodate fifty two residents in forty two single and four twin bedrooms. All of the bedrooms are en suite with shower, toilet, and wash hand basin.

Inspectors noted that the premises was decorated to a very high standard with many attractive features, such as a shop front appearance for the hairdressers rooms, an inbuilt glass cabinet containing interesting artefacts and an open fish pond. Corridor walls are adorned with photographs, paintings and caricatures. There are two outdoor areas. One of the outdoor areas is adjacent to a small field that is owned by the provider, in which there are two donkeys originally sourced from the donkey sanctuary. These are visible from many areas of the centre and provide entertainment and distraction for residents. The second outdoor area has raised plant beds, a barbecue and bird feeder boxes.

All parts of the centre were seen to be clean throughout. Many of the resident's bedrooms were personalised with memorabilia, photographs, pictures and ornaments. Some of the bedrooms required painting as the paintwork was scuffed, particularly en suite doors and skirting boards. Some of the twin bedrooms were noted to be marginal in size in terms of the required space to be available. Inspectors were informed that plans are in place for the construction of an extension and all bedrooms would ultimately become single occupancy.

Inspectors were informed that on the advice of Public Health residents that the dining rooms was not to be used for meal times until the outbreak was officially declared over, which was anticipated to occur two days after this inspection. Inspectors observed small groups of residents sitting in the various sitting rooms. Residents were divided into pods to minimise interaction between residents and therefore minimise the number of close contacts, should one resident test positive for the virus.

Inspectors availed of opportunities to speak to residents during the inspection. One of the residents inspector spoke with, was very complementary about the care, activities such as bingo, mass, music and barbecue. Another resident was very happy to tell the inspector that she got her vaccination and she was waiting for her some visitors. A number of residents expressed their happiness about the forthcoming easing of visiting restrictions in the centre. One of the resident commented that, "this is nice place to live, we have a lot of nice activities". Another resident explained her struggle when she was tested positive for COVID-19 and how well she was cared by the staff. Inspectors observed a number residents walking freely through the corridors indicated a good promotion of independence in the centre.

Inspectors also visited residents during mealtimes. While most residents appeared to be enjoying their food, it was noted that one resident was not eating their lunch. The resident informed the inspector that they did not like what was on offer. While there was another option available the resident stated that they were not offered choice. This was immediately corrected when pointed out to staff.

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 a one day unannounced risk inspection to monitor compliance with the regulations. There had been a change in the management structure since the previous inspection in February 2019. There was a new registered provider of the centre and the directors and management were involved in the operation of a number of other centres throughout the country. Overall, inspectors found that residents received a good standard of care that met their assessed needs. Some improvements were required in the areas of staff training and in personnel records.

There were effective governance and management arrangements in place to support the provision of a safe service. The centre is owned and operated by Aperee Living Churchtown Ltd. The chief executive officer (CEO) is also CEO of a number of other nursing home providers operating throughout the country. There is a national support network that includes human resources, finance and practice development. Regionally, the person in charge (PIC) reports to a clinical operations manager, who

in turn reports a director of care, quality and standards. The lines of authority and accountability were understood by all staff.

There is a clear organisational structure within the centre. The person in charge is supported by an assistant director of nursing. The management team are well known to the residents and were familiar with their assessed needs. The person in charge demonstrated a good level of clinical knowledge, while the staff team had an appropriate skill-mix in place to ensure safe quality care was provided. There was evidence that there was a good system for oversight of the service.

Inspectors reviewed the actions required from the previous inspection and found that issues identified on that inspection had been predominantly addressed. For example, fire drills were conducted regularly and fire training incorporated centre-specific evacuation procedures. There was a comprehensive annual review conducted of the quality and safety of care delivered to residents, which was underpinned by a range of audits.

Inspectors acknowledged that COVID-19 restrictions posed a significant challenge to residents and staff. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to meet residents' assessed needs. Residents said they valued the continuity of staff working in the centre. There were adequate supervision arrangements in place for staff and staff were supported in carrying out their duties. A number of staff, however, did not have up to date training in all mandatory areas. A review of personnel files also demonstrated adequate staff recruitment practices, however, some improvements were required in relation meeting the requirements of Schedule 2 of the regulations. Garda Síochána (police) vetting was completed before any staff started work in the centre.

Regulation 14: Persons in charge

The person in charge is a registered and meets the requirements of the regulations in terms of qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

A review of staff rosters and discussions with staff indicated there were adequate levels of nursing and care staff on duty to meet the assessed needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

a review of training records indicated that not all staff had attended training in mandatory areas, such as fire safety, manual and people handling, and safeguarding residents from abuse.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The Directory of Residents has been updated since the previous inspection and contained all the information in relation to residents admitted and discharged from the centre specified in the regulations.

Judgment: Compliant

Regulation 21: Records

A review of a sample of personnel records indicated that:

- one file did not contain photographic identification
- the employment history for one employee contained gaps in employment and there were some contradictions in periods of employment

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of accountability and authority. The inspector spoke with various staff who demonstrated an awareness of their roles and responsibilities. The centre was seen to be adequately resourced and governance arrangements for the service were as set out in the statement of purpose.

There was an ongoing system of audit and comprehensive systems were in place to collate and review quality data to identify and assess areas for improvement.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Since the previous inspection residents' contracts of care now included the number of the room to be occupied by each resident and stated if it was a shared or single room.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written Statement of Purpose that detailed the facilities available and the services provided. It contained all the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with the requirements of regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place in the centre. This procedure was prominently displayed in the main entrance area. The complaints procedure identified the nominated complaints person and summarised the appeals process in place.

The complaints log was reviewed by inspectors and it was found that only a small number of complaints were recorded. Complaints were comprehensively documented, there was evidence that they had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures on matters set out in Schedule 5 were available to staff. These were centre-specific and were reviewed in accordance with latest guidance. Policies had also been updated and reviewed in response to the COVID-19 pandemic.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care and enjoyed a good quality of life in the centre. Residents expressed satisfaction with the quality of the care they received and stated that they felt safe in the centre. Inspectors observed residents and staff engaging in several meaningful interactions throughout the day of inspection. Some improvements, however, were required in relation to maintenance of the premises, menu options, care planning and fire safety.

Residents' nursing and health care needs were assessed and met to a good standard and they were assured of timely access to medical, health and social care professionals as needed. Dietician, physiotherapy and speech and language therapy (SALT) visits were temporarily suspended due to recent COVID-19 outbreak, as advised by public health department. A remote service was provided. Local GP's attended the centre throughout the outbreak and provided good support to residents and to staff. Staff knew residents well and were knowledgeable regarding the levels of support and interventions that individual residents in their care needed.

There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans. While most care plans provided adequate detail for residents on an individual basis, some improvements were required in relation to care plans of residents that presented with responsive behaviour. No residents were considered to be on an end of life pathway on the day of inspection. Care plans reviewed by inspectors indicated that there are advanced care planning in place for residents in relation to the care to be provided when a resident approaches his or her end of life. A review of medication management practices indicated that there were adequate measures in place to ensure that medicines were prescribed, administered and stored in line with recommended practice.

Fire safety measures were reviewed. There were records of preventive maintenance of fire safety equipment such as fire extinguishers, the fire alarm and emergency lighting. There were regular fire drills. Some improvements were required in relation to ensuring that fire doors were at all times free from obstruction and also there was a need to review cross corridor fire doors to ensure they would

adequately contain smoke and flames in the event of a fire.

There was a comprehensive COVID-19 contingency plan folder which included relevant policies, preparedness plan and public health IPC guidelines. Records indicated that there was system in place for daily COVID-19 risk assessment for all residents. Wall-mounted alcohol hand sanitisers were appropriately located throughout the centre. Staff members with whom inspectors spoke were knowledgeable of recommended infection prevention and control practices.

There was a system in place to safeguard the residents from any form of abuse. Adequate records were maintained of financial transactions made by or on behalf of residents. Staff members spoken with by inspectors were knowledgeable of the steps to be taken in the event of allegations of abuse. Restraint practices were in compliance with national guidance including the exploration of alternative options. Adequate assessments were in place prior to the use of bedrails and safety checks were conducted while restraint was in place.

Visiting arrangements were in line with recommended guidance. There was a designated visiting room with a perspex screen and a microphone to allow residents and visitors to meet and communicate safely. The person in charge ensured that relatives were kept up to date on residents during the outbreak. There were electronic tablets and WiFi access to enable video calls.

Residents' rights were respected and promoted in the centre. Residents had the opportunity to attend residents meetings and get involved in the running of the centre. These meeting were also utilised to share some significant information such as use of masks, social distancing, vaccination, visiting, building works and food choices. Residents were supported by a full-time activities coordinator to engage in various individual and group activities. Sonas sessions were conducted in small groups during COVID-19 restrictions. Residents who were not able to take part in group activities were offered individual sessions of hand massage, chat and poetry sessions.

The centre's risk register contained a list of all centre specific risk identified and their management plan. The centre had a robust emergency plan. Emergency contact numbers and transport in the event of complete and partial evacuation were recorded in centre's emergency plan.

There was a choice of menu available for the residents. Due to the disruption caused by residents not eating in the dining room, the system for ascertaining residents menu choice at meal times was not always implemented. There was also a need to review the practice of dessert and the main meal together, particularly for residents with a cognitive impairment.

Regulation 11: Visits

The residents in the centre had an effective system in place to facilitate visiting in

line with national recommended guidance.

Judgment: Compliant

Regulation 13: End of life

Adequate arrangements were in place for ascertaining and facilitating residents' end of life preferences.

Judgment: Compliant

Regulation 17: Premises

Areas identified for improvement in relation to the premises included:

- some areas of the premises, such as bedrooms, required redecoration as the paintwork was damaged
- some of the twin bedrooms did not meet the regulations that require all residents have at least 7.4m² of space by 01 January 2022

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvements required in the following area;

- the system for ascertaining residents' menu choice for each day required improvement
- the system of serving the main course and dessert together, especially for residents with cognitive impairment, should be reviewed

Judgment: Substantially compliant

Regulation 26: Risk management

Centre's risk register indicated hazard identification and assessment of risks throughout the designated centre. The risk register contained measures and actions in place to control the risks identified and the measures and actions in place to

control the specified risks. The centre had a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Judgment: Compliant

Regulation 27: Infection control

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 and had a comprehensive preparedness plan in place, should another outbreak occur. Policies were in place to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing PPE and symptom monitoring.

Cleaning staff were seen to be knowledgeable in all aspects of decontamination and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Hand sanitisers were appropriately located along corridors. A full assessment of the premises from an infection control perspective was undertaken by the infection control specialist that had recently been recruited by the provider. PPE stations were appropriately set out along the corridors and near to residents bedrooms and clinical waste was effectively managed.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- a review of cross corridor fire doors was required to ensure they would effectively contain fire and smoke in the event of a fire
- a review was required of the storage of linen trolleys and placement of chairs in the areas may impeded evacuation in the event of a fire

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that, where a pharmacist provided a record of medication related interventions in respect of a resident, such record was kept in a safe and accessible place in the centre. All medicinal products dispensed or supplied

to residents were stored securely Medicinal products were administered in accordance with the directions of the prescriber. The centre had a system in place to safely segregate, store and return the expired and unused medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a need to ensure that care plans reflected both triggering and calming factors for each identified responsive behaviours.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met to a good standard and staff supported residents to maintain their independence where possible. There was evidence of good access to medical care with regular medical reviews. During the COVID-19 pandemic and outbreak the GP responsible for the majority of residents continued to provide a good service the residents. In relation to COVID-19, there was evidence of ongoing liaison with the public health.

Residents had access to a range of allied health professionals which had continues throughout the pandemic, with most reviews taking place remotely. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of residents and their individual needs. Prior to the use of bedrails adequate assessments were conducted, including the exploration to bedrails, such as bed alarms and low low beds.

Judgment: Compliant

Regulation 8: Protection

There were adequate measures in place to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider provided facilities for occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents had opportunities to participate activities in private and raise their concerns to staff and also at residents committee meetings. The centre had adequate arrangements for residents to communicate freely and had access to radio, television, newspapers and other media. There was adequate telephone and video call facilities. Residents religious preferences were facilitated insofar as COVID-19 restrictions allowed..

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Churchtown OSV-0000266

Inspection ID: MON-0032001

Date of inspection: 30/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Face to face training has been impacted by Covid infection prevention and control restrictions. Training that was scheduled for the first quarter of 2021 was postponed because of Covid Infection outbreaks in the home and to provide us with an opportunity to fully vaccinate staff and residents. Training gaps have been identified, and a schedule of training has been put in place culminating in a full week of mandatory training on week commencing 21st June 2021. With Covid Infection and prevention control restrictions now being eased, training is scheduled for the remainder of 2021.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Gaps in employee CV have been identified and contradictions clarified. Personnel file updated to reflect same.</p> <p>Photo ID has been provided by the relevant employee and the personnel file updated.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All rooms in the designated centre meet regulatory requirements on the day of inspection.

All paintwork will be reviewed for repainting where necessary.

Regulation 18: Food and nutrition

Substantially Compliant

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

The dining arrangements that were in place at the time of the inspection formed a part of the Covid-19 outbreak contingency plan, of which does not represent the usual dining experience and arrangements for each resident. This was explained to the inspector at the time.

During our normal dining service, the menu and choices are displayed for all Residents and served from the kitchen in the presence of each Resident, whereby each Resident is offered the choices of the day and then may chose their meal at that time. During the inspection a Resident requested an alternate meal which was immediately provided.

Normal dining service resumed 48 hours after inspection on the closure of the Covid Outbreak once declared over by the Department of Public Health..

Different courses of meals are served separately during normal dining service.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire doors have been reviewed and where required will be repaired.

Alternate storage for linen trolleys will be reviewed.

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>	

All care plans demonstrated a personalised approach for each Resident in the event of responsive behaviours, to include distraction and diversion, activity and interests.

Care plans for responsive behaviour will be reviewed further and additional detail on triggers and calming measures added if appropriate.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2021
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	30/04/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	03/04/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Substantially Compliant		30/04/2021

	the Chief Inspector.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/07/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2021