



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Roseville House Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Killonan, Ballysimon, Limerick, Limerick
Type of inspection:	Announced
Date of inspection:	21 January 2019
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0023143

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 40 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors as follows: The old wing (rooms 1 – 13) has three twin and 11 single bedrooms with wash-hand basins in each bedroom. There is one bathroom with shower, bath and toilet in this wing. Three additional toilet facilities are situated close by to the dining room and day room. Bedrooms 14 (twin room with wash-hand basin), 15 (twin room with en suite shower, toilet and wash-hand basin) and 16 (triple bedroom with wash-hand basin) are by the corridor leading to the day rooms. The new wing has two corridors – first corridor with single bedrooms numbered 17 – 26, with toilet and wash-hand basins; room 20 and 26 do not have a wash-hand basins. The second corridor with single bedrooms numbered 27 – 32 with shower, toilet and wash-hand basin en suite facilities. There are two shower, toilet and wash-hand basin wet rooms by room 21 and 26. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture, and raised flowerbeds. Well maintained unsecured gardens surround the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Current registration end date:	30/09/2020
Number of residents on the date of inspection:	35

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
21 January 2019	10:20hrs to 18:00hrs	Breeda Desmond	Lead
22 January 2019	09:00hrs to 16:00hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector spoke with eight residents and six relatives throughout the inspection. Feedback was positive and people were happy with the care and attention they received. They said staff were great, kind and considerate. Residents stated that residents' meetings were well attended, where issues were brought up and debated. They highlighted that the food was good quality and had choice with their meals and where to dine. They enjoyed the activities programme delivered by the 'exceptional' activities person.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge was supported in role by the regional manager who visited the centre on a weekly basis and director of care services who visited the centre on a quarterly basis. Quarterly management meetings are held off site that include all DONs in the region. Formal centre management meetings took place on a monthly basis, and were attended by representatives from all grades of staff and the regional manager. Minutes of these meetings were available to all staff; issues discussed included resident profiles, clinical documentation, clinical risk, health and safety, human resources and staffing, facilities and premises, audits, resident and relative involvement, complaints, occupancy and statutory notifications.

The position of clinical nurse manager (CNM) had recently become vacant and this post was advertised. Senior nurses deputised for the person in charge as required. The person in charge and senior nurse demonstrated good knowledge of their roles and responsibilities including good oversight of resident care and welfare and commitment to continuously improve quality of care and quality of life for residents.

The annual review was updated on inspection to include the feedback from residents' surveys undertaken throughout 2018. It was based on the national standards and contained actions with responsibilities assigned and time lines for completion. The person in charge had good oversight of the clinical data gathered and this data was trended and analysed and work practices were changed accordingly which resulted in improved outcomes for residents. For example, the introduction of the 'psychotropic medication assessment tool' which recorded the detailed information of the overall condition of the resident as well as the behaviour

and outcome to the medication administered and the response time.

Information for residents was displayed at main reception including the statement of purpose and the residents' guide. These were updated on inspection to better reflect the centre and the service provided.

Staff levels were adequate to the size and layout of the centre and the dependency care needs of residents. A twilight shift from 18:00 – 23:00 was added since the last inspection and it was reported that this provided additional support and assistance to residents in the day rooms during the evening and supper times. Training records reviewed indicated that mandatory training was up-to-date for all staff. Staff spoken to confirmed that they had received this training.

In the sample of staff files reviewed, documents specified in Schedule 2 of the regulations were in place for staff to ensure the protection of residents. The directory of residents was maintained in accordance with the regulations. Notifications were timely submitted to the office of the chief inspector. Residents said they could raise issues and concerns were dealt with, and people said they raised issues during residents' meetings. A review of the complaints log showed that complaints were categorised from minor, moderate to major and records were maintained in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time in post. She was a qualified nurse with the experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated excellent knowledge of residents, their care needs and quality of life preferences. She actively engaged and facilitated the inspection in a professional manner.

Judgment: Compliant

Regulation 15: Staffing

Staff levels were adequate to the dependency care needs of residents. The post of CNM had recently become vacant and this was advertised. Nonetheless, senior staff nurses formed part of the duty roster to provide support to the person in charge and care needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date regarding mandatory training which included fire, dementia care, behaviours that challenge, safeguarding, moving and handling, medication management, food hygiene and HACCP. Other training undertaken included person-centred care planning, report writing, and palliative care for example. The inspector observed that staff were appropriately supervised. Staff were familiar with the regulations and national standards.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with the requirements set out in Schedule 3.

Judgment: Compliant

Regulation 21: Records

Professional registration pins numbers were in place for all nurses for 2019.

In the sample of staff files reviewed, a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for staff as well as regular visitors to the centre such as the musicians and clergy.

Judgment: Compliant

Regulation 22: Insurance

A current certificate of insurance was displayed at the entrance to the centre.

Judgment: Compliant

Regulation 23: Governance and management

Quality of care and quality of life formed part of the audit programme and residents' satisfaction surveys were undertaken in 2018. The annual review for 2018 was available and this was updated on inspection to include the results of the residents' surveys and the actions taken, for example, hanging baskets and raised flower beds were added to the enclosed courtyard for residents to enjoy; the activities programme was reviewed with residents and updated as per residents' requests. This report was being presented to the residents during the residents' meeting which was scheduled for 24th January 2019.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had contracts of care which identified fees including possible additional fees to be charged and bed occupancy type. They were signed and dated appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to reflect the bed occupancy type, accurate floor plans that reflected the bed occupancy per room, and removal of the professional registration numbers of nursing staff. The statement of purpose was displayed at main reception and formed part of the resident's admission information pack.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were discussed with the person in charge. She was aware of her responsibility regarding notifying the office of the chief inspector regarding time lines for submission of notification of incidents, unexpected death and quarterly returns. Examination of the accident and incident records showed that these correlated with notifications submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff without reservation; they reported that the residents' meeting was a venue for raising and debating issues. The complaints procedure was displayed at main reception and on corridors throughout the centre. The complaints log was reviewed and showed that complaints were dealt with in compliance with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

While provision of information formed part of the admission pack, the admission process and throughout a resident's stay in the centre, the policy did not reflect practice, and this was updated on inspection. This ensured that all the policies and procedures on the matters set out in Schedule 5 were in place.

Judgment: Compliant

Quality and safety

The atmosphere was friendly and relaxed and staff actively engaged with residents and visitors. The inspector observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly when needed; staff demonstrated good communication strategies with residents. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner.

Pre-admission assessments were completed to ensure the service could provide suitable care and support. Care plans for residents showed a person-centred approach. In the sample of care plans reviewed, life-stories of residents' informed the planning of care for residents. Observation on inspection demonstrated that staff knew residents very well and actively engaged with them to socialise and encourage people. Safeguarding areas were examined, for example, staff training, and this was up-to-date and observation demonstrated that safeguarding was appropriately implemented in practice.

Residents records showed that people had timely access to specialist health services in accordance with their needs, for example, occupational therapy, physiotherapy, dietician, and speech and language therapy.

Residents gave positive feedback regarding the range and type of activities as well as the activities person facilitating them. The activities programme was extensive and included music sessions, exercise programmes, newspaper reading, arts and crafts, beauty nails and massage, one-to-one sessions in people' bedrooms as well as going around to bedrooms each morning reminding people of the activities happening that day. Residents meetings were held and minutes from these meetings showed they were well attended with lots of issues raised. Action plans with outcomes were recorded to demonstrate that residents suggestions were taken on board and actioned. In general, peoples' privacy and dignity was maintained, and while there were privacy curtains in all rooms, some of the curtains in twin bedrooms did not assure peoples' privacy.

The inspector observed meals were relaxed social events. Residents were observed coming to the dining room throughout the morning for breakfast and staff engaging with residents to determine their menu preferences. Dinner was pleasantly served and residents gave positive feedback regarding their meals and food served. The chef spoke with residents on a regular basis and also engaged with the dietician and speech and language therapist following review of residents to ensure positive outcomes for residents.

There was a health and safety statement and policy available and the policy contained information relating to the specified risks identified in the regulations. Systems were in place for regular and ongoing review of risks. Risks were discussed and reviewed at the monthly management meetings and the quarterly health and safety meetings convened. There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies and all residents had personal emergency evacuation plans.

The centre was warm, bright and comfortable. Orientation signage was displayed

throughout the centre to minimise confusion. However, several issues were identified regarding upkeep and maintenance of the premises to ensure it was in a good state of repair both internally and externally. While there was a maintenance log with weekly reviews of bedrooms, it did not include corridors and communal bathrooms. This resulted in several maintenance issues going undetected. In addition, there was virtually no storage facilities in the centre, consequently, assistive equipment was stored in the smaller day room which had a negative impact on residents. Some twin bedrooms did not have a bedside chair for residents to relax. One communal shower room was used as the hairdresser's room; communal shower and bathrooms also had laundry trolleys and commodes stored there.

Current fire safety certificates were in place. Floor plans and evacuation notices were displayed with a point of reference for orientation. All staff had up-to-date fire safety training. Appropriate fire safety checks were completed. There was a current safety statement and risk management policy with the specified risk as detailed in the regulations. Following from receipt of information the county fire officer visited the centre and assurances were provided regarding fire safety arrangements. The legend alongside the fire alarm panel was updated on inspection to enable easier identification for staff of rooms in relation to zones.

Staff had up to date training regarding infection prevention and control and hand hygiene. Best practice hand hygiene practices were observed throughout the inspection. However, some practices observed were not in compliance with national standards for infection prevention and control. For example, there was inadequate storage rack facilities in the sluice room for urinals and commode inserts so these were left on the sluice worktop; used urinary catheter and holder were left on top of the sluice worktop; communal toiletries were seen in one with a selection of razors and tooth brushes; dishes for bed baths were stored on bathroom floors beside toilets, communal slings for hoists were in use. Some hand hygiene dispensers were broken and there was no dispenser at the entrance to the centre. Hand hygiene advisory signage was a detailed narrative rather than a recognised visual aid to assist people how to apply the antiseptic and perform hand hygiene. The clinical treatment room did not have a hand-wash basin in line with best practice infection control guidelines.

Regulation 10: Communication difficulties

The inspector observed that staff had good insight into residents' communication needs and actively engaged with people to ensure they were understood.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. The inspector observed visitors were welcomed and offered refreshments. Visitors gave positive feedback regarding accessibility to the centre and the person in charge.

Judgment: Compliant

Regulation 13: End of life

Residents had end of life care plans and their wishes and information was recorded. Families were involved in the end of life arrangements when appropriate. Religious needs were facilitated.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, bright and comfortable, and some areas and furnishings had been upgraded since the last inspection. Nonetheless, there were several issues highlighted that did not fit with the ethos espoused in the statement of purpose regarding a person-centred approach to the living environment as well as not conforming with the matters set out in Schedule 6. The refurbished day room had a lot of assistive equipment and other paraphernalia deposited here which negatively impacted visiting and resident's ability to receive their visitors in private; communal shower and bathrooms had inappropriate items stored in them. Residents were not afforded a salon experience when getting their hair done as the only facilities available was the communal shower room. While most of the centre had framed pictures and residents art displayed, one corridor in the new wing had nothing on the walls, which did not convey a homely feeling. Some of the twin bedrooms were noted to be small in size and didn't have the room to ensure residents could have room for a locker and a comfortable chair by their beds. It would also not be possible for the staff to use any assistive equipment in these rooms if required. The layout of some bedrooms required attention to enable a resident have their locker close-by when they were in bed and have a chair alongside their bed. The privacy

screens in three twin bedrooms did not assure privacy and the privacy curtain in one twin room enclosed the access to the en suite toilet and shower. Two single bedrooms did not have hand-wash basins.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents praised the quality and variety of the food. Tables were tastefully set with table clothes, cutlery and condiments. Residents were offered a choice with all meals. Some residents chose to stay in their bedrooms for their meals, while others dined in the dining room and more in the day room. The inspector observed that residents came to the dining room for breakfast throughout the morning until 10:45hrs and people were facilitated as they came for breakfast. Dinner and tea times were social and residents chose where they sat in the dining room. The environmental health reports were available and showed compliance. The inspector spoke with the chef and she outlined that she liaised with the dietician and speech and language therapists when they reviewed residents. She regularly met with residents and took feedback from them and changed the menu accordingly.

Judgment: Compliant

Regulation 27: Infection control

Many procedures were not consistent with the standards for the prevention and control of healthcare associated infections. For example, there was inadequate storage rack facilities in the sluice room for urinals and commode inserts; there was no hand hygiene dispenser at the entrance to the centre and some were broken; advisory hand hygiene signage was inadequate to demonstrate effective hand hygiene techniques. Flooring in linen presses were in a poor state and items were stored on the floor so cleaning could not be assured. The clinical room did not have a hand-wash sink and items were stored on the floor so adequate cleaning could not be assured. Communal slings were in use for hoisting residents.

Judgment: Not compliant

Regulation 28: Fire precautions

There were precautions taken to ensure fire safety, and certifications for testing and maintenance of fire safety equipment. Fire drills and evacuations were conducted on a monthly basis, both day and night time, and these included absconson. Personal emergency evacuation plans were in place for all residents with the necessary evacuation ski sheets. Assessments were completed on people who smoked; there were protective aprons, fire blanket and extinguishers by the smoking room. Staff who had signed and dated they had read the emergency plan. The daily duty roster highlighted the staff member assigned the responsibility of fire warden on a given day.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Appropriate assessments including risk assessments were completed and updated in accordance with regulations. In the sample of care plans reviewed life-stories of residents' informed care planning. Care plans were person-centred and had lovely information to inform care. Care plans have an additional element of 'Quality of Life' that was resident specific and reflected the things that were important to the person. Wound management discussed with the person in charge who demonstrated good oversight of wound care including prevention and treatment. Access to the tissue viability nurse was facilitated when indicated.

The inspector observed the 12mid day catch-up where each member of staff relayed the status and care given for each resident which was comprehensive and person-centred.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner of their choice and out-of-hours medical cover was available. Residents had timely referrals and access to specialist services and allied health professionals. Medications reviews were undertaken regularly and this was documented on the kardex prescription.

Work-flows regarding prescriptions were discussed with the person in charge and the regional manager and practice was changed on inspection to ensure that prescriptions were delivered the same day so that possible prescription changes

would be implemented without delay.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Assistive equipment was observed to enable the well-being of a resident regarding their communication needs. Observation demonstrated that staff knew residents really well. Behavioural support plans were in place when necessary. Medication management audits demonstrated good oversight with the use of anti-psychotic regular and PRN (as required) medication with improved outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Staff had received training on protection and the inspector observed that this was implemented in practice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to local and national news papers. They gave positive feedback regarding the activities programme and this was discussed at residents meetings to ensure that it suited everyone. There was a large whiteboard on the corridor leading to the day room with the days' activities, and the activities person walked about in the morning to bedrooms to inform residents of what was happening for the day. One resident loves feeding the birds every morning and this was facilitated; others loved the 'trip down memory lane' looking at old photos, books and pictures of Limerick and the activities person said that residents enjoyed this.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	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	Compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0023143

Date of inspection: 22/01/2019

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • All assistive equipment has been removed from the visitor's room and an appropriate alternative space has been located to store this equipment. • Corridor on new wing to be upgraded with pictures and photos to create a warmer environment. • A plan is in place to provide appropriate hairdressing facilities in the home. • The twin rooms will be reconfigured and updated to ensure adequate room for locker and chair adjacent to each bed and to facilitate the use of any assistive equipment that individual residents may require. • Curtain screens in multiple occupancy rooms will be fitted appropriately so as to ensure that the privacy and dignity of each resident is maintained at all times. • The Clinical room will be upgraded to include the provision of handwashing facilities. • There are appropriate emergency 'break glass' mechanisms in place on all exit doors in the building. These mechanisms have an individual key incorporated into them and there is an additional master key held by the nurse in charge as a back-up at all times. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Shower rooms are now free from storage of all inappropriate items. • There are now appropriate storage racks in place for bed pan and urinal storage in the sluice room. • Hand hygiene signage has been replaced by the '5 moments of hand washing' visual aid throughout the home. • All hand hygiene dispensers have been serviced and are in working order. • The flooring in the linen cupboards will be replaced to ensure all items are stored 	

hygienically and to facilitate ease of cleaning of the area.

- Extra hoist slings will be sourced to ensure individual resident sling use.
- An Bord Altrainais certified infection control training (theory and practice) has been provided for all staff on 01/02/2019.

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.	Not Compliant	Orange	31/12/2019
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.	Not Compliant	Orange	30/06/2019