



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Carlow District Hospital
Name of provider:	Health Service Executive
Address of centre:	Athy Road, Carlow
Type of inspection:	Unannounced
Date of inspection:	22 August 2018
Centre ID:	OSV-0000553
Fieldwork ID:	MON-0023497

About the designated centre

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

The following information has been submitted by the provider representative and describes the service they provide. The registered provider of the centre is the Health Service Executive (HSE). This centre is a single storey premises that was originally opened in 1975. The premises is located on a large health campus on the Athy road in Carlow town. The centre was temporarily closed in August 2016 for renovations and premises improvements. These included improved palliative care facilities with an upgrade of four palliative care rooms each with ensuite facilities. Additional premises improvements were made to include the oratory, family area/kitchenette, medication room, bathroom and an upgrade the rest of the existing premises. There are six single bedrooms, one three bedded bedroom and two four bedded bedrooms. The centre is registered to accommodate 17 residents and provides care and support for both female and male residents aged 18 years of age. However, the centre does not provide long stay residential care. The centre provides the following categories of care and support: respite care: seven beds (not exceeding 30 days), transitional care: 6 beds (not exceeding 30 days) and general palliative care: 4 beds (not exceeding 90 days). Admission to this centre is via the multidisciplinary team committee. Referrals come from bed managers in acute hospitals, home care teams, public health nurses and General Practitioner's (G.P's). Admissions to the centre are coordinated through the liaison public health nurse for elderly services at a weekly meeting. Beds are allocated on a needs basis. The centre currently employs approximately 23 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff. The discharge plan is initiated with the resident/family either prior to admission or on admission and is discussed and documented on an on-going basis. If a resident requires long term nursing care, the Common Summary Assessment Report (CSAR's) form is completed and submitted following consultation with the resident/representative. Following discharge by the Medical Officer, the resident is placed appropriately and the necessary services are informed.

The following information outlines some additional data on this centre.

Current registration end date:	22/11/2020
Number of residents on the date of inspection:	11

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
22 August 2018	09:00hrs to 17:30hrs	Vincent Kearns	Lead
23 August 2018	07:00hrs to 15:30hrs	Vincent Kearns	Lead

Views of people who use the service

The vast majority of residents appeared to be able to self advocate. Residents were complimentary about the care they received and felt happy and safe in the centre. Residents gave positive feedback about staff and were aware of who was in charge and how to make a complaint. Residents said staff kept them informed and up to date about any changes to their health and social care needs. Residents spoke highly of the quality of the food and food choices. Residents spoke about their local connection to the centre and the sense of belonging within the local town and the community. Residents expressed the importance of the service in the context of convalescing and respite as being hugely important in maintaining their independence and relieving carers at home. Residents informed the inspector that they know many of the staff well and that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. All of the returned residents questionnaires issued as part of the centre's ongoing quality improvement programme; identified staff as being very supportive and caring to residents. All residents spoken to informed the inspector that they were staying in the centre for short periods and confirmed their overall satisfaction with the centre. Residents spoke positively about how they were able to exercise choice regarding all aspects of living in the centre. For example, residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available.

Capacity and capability

Overall, the inspector found that the centre was well managed with evidence of good governance and oversight arrangements in place. The center was operated by the HSE who was also the registered provider. The day to day management of the centre was managed by the person in charge who was the acting Director of Nursing (DON). She was an experienced manager having worked as an Assistant Director of Nursing (ADON) since 2007. The person in charge also managed a second centre that was located on the same campus. She took on the additional role of the person in charge for this centre in August 2013. The person in charge attended the morning handover meeting each day and was supported by an experienced Assistant Director of Nursing (ADON). In addition, there was an experienced Clinical Nurse Manager 2 (CNM2) and as well as a CNM1, who were both based in the centre. Since the previous inspection, the management team had made a number of improvements. For example, in areas such as enhanced governance and oversight of the centre, improved medication management and complaints management. The provider representative was recently appointed

and she outlined how she was in close and regular contact with the person in charge. The provider representative regularly visited the centre and met the person in charge at senior management meetings. They were also in regular contact by email and phone. The management team was also supported by senior staff nurses and care staff. The inspector noted that many of the staff had worked in the centre for a number of years, and were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose. They had good oversight of the centre and were therefore well positioned to provide suitable and timely managerial support, when required.

Improvements were noted in relation enhanced clinical governance and oversight in the centre. For example, there had been improvements in the clinical auditing, incident reporting and care planning documentation. There were records of completed audits in areas such as falls, hygiene and infection control, and medication management. The person in charge and her management team were very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents with whom the inspector spoke agreed that nurse management were well known to them, and both residents and staff confirmed that the person in charge was an effective manager and readily available to provide support. Overall, the inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff.

In relation to staffing, the inspector observed that there were sufficient staffing resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also for example, sufficient resources such as appropriate assistive equipment available to meet residents' needs including electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to ensure on-going safe and suitable care provision.

There was a comprehensive complaints process, in place, should residents, relatives or visitors wish to raise any issues they might have. This system also included an option for a complainant to make an appeal. There were copies of the HSE national complaints policy "Your Service Your Say" in leaflets available in a number of locations in the centre. There was a centre specific complaints policy that had been most recently reviewed in March 2018 and, a summary of which was prominently displayed and met the regulatory requirements.

There was evidence of consultation with residents and or relatives in relation to their care and support provision. There was evidence for example, in residents care plans that residents were consulted on an ongoing basis. In this small centre, management were able to regularly speak to each resident in the centre. All residents spoken to by the inspector were able to self advocate, and there was a

independent advocate service available, if required. However, due to the short length of time that many residents stayed in the centre there were infrequent structured residents meetings to ascertain residents views. The inspector requested management to review these arrangements to improve the opportunities for residents to give ongoing feedback. An annual review of the quality and safety of care delivered to residents had taken place for 2017. Resident satisfaction survey with a small survey population had been completed, the results of which indicated good satisfaction levels with the service provided.

Regulation 14: Persons in charge

The person in charge was suitably engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was a suitably qualified registered nurse who worked full-time. She had many years experience of nursing care of the older person and had completed a number of relevant post graduate courses including a management qualification. The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge also demonstrated comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre on the days of the inspection was sufficient to meet the assessed needs of the residents having regard to the size, design and layout of the service. A minimum of two registered nurse's were on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were appropriately inducted, trained, supervised and supported. There was an induction programme for newly recruited staff, and annual appraisals of staff were carried out. A range of training was completed by staff that was relevant to the care and support needs of residents. This included fire safety, dementia care, moving and handling practices, person-centred care and cardiopulmonary resuscitation (CPR). Refresher training was available in a timely manner to ensure

staff knowledge remained up to date.

Judgment: Compliant

Regulation 21: Records

Overall records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 23: Governance and management

The management systems were in keeping with the centres statement of purpose. These management and governance arrangements were effective, as evidenced by the ongoing improvements within the centre. There were adequate resources provided for the continuous professional development of staff.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and or their relatives and the contracts were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to the resident and the fees to be paid. The contracts also identified details in relation to the residents bedroom accommodation.

Judgment: Compliant

Regulation 3: Statement of purpose

The ethos of care as described in the centre's statement of purpose was actively promoted by staff. The statement of purpose detailed the aims, objectives and the facilities and services that were to be provided for residents. The statement of purpose was made available for residents, visitors and staff to read and had been most recently reviewed in August 2018.

Judgment: Compliant

Regulation 31: Notification of incidents

There were adequate arrangements in place for any incidents as described in the regulations to be reported to HIQA in accordance with the requirements of the legislation. The inspector followed up on a small number of notifications received from the person in charge and saw that suitable actions had been taken regarding each accident or any adverse event.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints could be made to any member of staff and there was a named designated complaints officer. The complaints log evidenced that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and the complaint log recorded whether or not they were satisfied.

Judgment: Compliant

Quality and safety

The centre was a single-storey building which was located on a large health care complex that included facilities for example, Caredoc, a physiotherapy department and a number of out-patient clinics. The centre was seen to be clean, spacious, bright and benefitted from ample use of natural light. There were grab-rails in assisted toilets and safe flooring in toilets and bathrooms. In the shared bedrooms there was adequate spacing and screening between beds provided to safeguard

residents' privacy and dignity. There were privacy glass vision panels also inserted in bedroom doors which further enhanced privacy and dignity for residents. There was ample personal storage in bedrooms for residents' belongings as observed by the inspector. Given the short average length of stay for residents in the center; the design and layout of the premises was adequate to meet the needs of residents and protect residents' privacy and dignity. In addition, occupancy levels had been managed allowing some flexibility in giving residents some choice of bedroom accommodation. However, there were some improvements required in relation to the premises. For example, improvements were required in relation to the signage available to support residents, the absence of a bath or assisted bath and some rooms used by residents did not have emergency call bell facilities, as required by regulation.

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom the inspector spoke felt that they received good care from all staff, including nurses, doctors and allied health care staff. The inspector observed that residents had good access to general practitioner (GP) services. The centre had a total bed capacity for 17 residents and only provided short stay care for residents. The inspector was informed by nurse management that admissions to the centre were carefully managed to ensure compliance with the centres' statement of purpose. On the days of inspection, there were six vacancies and 11 residents who had been assessed as having the following levels of dependency needs: one resident had low dependency needs, six residents had medium dependency needs, and three residents had high dependency needs. The one remaining resident had been assessed as having maximum dependency needs. The inspector noted that all residents were recently admitted for short term care, and each had a clear discharge plan in place which had been initiated either prior to admission or on admission.

Throughout the inspection, the inspector saw that residents were served a variety of hot and cold meals. Meal times were seen to be a social occasion with a good level of banter noted between residents. Meals were not prepared in the premises, but on the same campus and transported in a heated trolley to the centre. There was adequate arrangements to ensure that information relating to specialised diets for residents was communicated promptly to the catering team. These arrangements ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences.

Overall, management and staff within the centre respected residents' rights, choices and wishes, and supported them to maintain their independence, where possible. In relation to residents' financial transactions, the inspector noted that the centre did not manage any monies on behalf of any resident. The provider representative did not manage any pensions on behalf of any resident. There appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to be supportive, positive and respectful in their interactions with residents. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. There was a programme of activities available in the

centre. Activities were carried out by health care staff and an activities coordinator who was seen leading activities. For example, the inspector noted that bingo as well as individual one to one activities were provided. However, the inspector requested that a review of the support and provision of activities being provided; to ensure their suitability to meet the identified needs of residents. The inspector saw that there was good access to televisions, newspapers and magazines. There was a number of areas and rooms for residents to spend time or meet visitors. For example, there was a well designed peaceful oratory, a sitting room, a quiet room and a family area/kitchenette room available for residents use. There was access to an enclosed garden area with seating which residents could access from a number of rooms in the centre, when weather permitted.

Regulation 13: End of life

On the days of this inspection, there were no residents receiving end of life care. However, from a review of residents care plans, from speaking to staff and management; there was evidence that appropriate end of life care and comfort was provided to residents. Such support which addressed resident's physical, emotional, social, psychological and spiritual needs. There was four designated palliative care rooms that had private outside garden areas. Staff confirmed that family members who wished to remain overnight were supported and made comfortable. The inspector noted that there were overnight facilities and a separate family room that was available for visiting family members.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were seen to be of a good standard and in keeping with the centre's statement of purpose. However, there were a number of issues that required improvement including:

- there was no bath or assisted bath available for resident use
- not every room used by residents had an emergency call facility including the oratory, the quiet room or the family room
- there was inadequate storage facilities and inadequate lighting in the dry food store room
- there was inadequate signage to support residents find their way around the centre
- there was no wash hand basin in the clinic/medication room
- a number of bed room doors required review for example, some bedroom doors were seen to be very heavy and difficult for residents to open and

some bedroom doors would not stay open without being wedged.

Judgment: Not compliant

Regulation 18: Food and nutrition

Overall residents nutritional and hydration needs were adequately met. Residents weights were monitored on a regular basis as appropriate. A recognised nutritional assessment tool was used and there were corresponding nutritional care plans in place. Appropriate referrals to allied health were documented. For example, referrals to dietitian, speech and language therapy and GP's. Residents confirmed that snacks and drinks were provided at regular intervals and also available on request, at any time.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment: Compliant

Regulation 26: Risk management

An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate most risks identified in the centre. These included for example, risks associated with falls, fire safety and pressure sore development. However, some improvements were required in the hazard identification and assessment of risks in the centre, including risk assessment for the following potential hazards:

- unrestricted access to the kitchen/pantry area
- unrestricted access to the staff changing room
- the intermittent unrestricted access to cleaning liquids stored on the cleaning

trolley

- unrestricted access to the staff rest room
- the unrestricted access to the kettle in the family room
- the intermittent unrestricted access to the centre via the front and rear doors

Judgment: Substantially compliant

Regulation 27: Infection control

The premises appeared to be clean and there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire fighting equipment and means of escape available, and these were regularly tested, serviced and maintained. However, improvements required in relation to fire safety including the following:

- The risk assessment in relation to residents who smoked cigarettes required improvement to include for example, the identification of the level of risk associated with smoking, the arrangements for the safe storage of cigarette lighters and the supervision requirements of residents when smoking.
- The fire safety alarm and emergency lighting system were serviced every six months however, quarterly servicing was required.
- All staff had up-to-date fire safety training including attendance at fire evacuation drills in the centre. However, the records of the fire safety practice drills required improvement. For example, to record the fire scenario being practised, the time taken for the evacuation, any problems or learning identified during the drill and some drills need to have been conducted either at night or simulating night time conditions in order to ensure night time staffing levels were sufficient for evacuation purposes.
- Improvements were also required in relation to making adequate arrangements for the safe evacuating of residents from the centre, including the provision of Personal Emergency Evacuation Plans for each resident.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Overall, medications were stored, administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007). Medication records reviewed were adequate. Staff were observed adhering to appropriate medication management practices. The medication trolleys were suitably secured and the medication keys were held by the nurses on duty. Controlled drugs were stored and managed in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the care plans seen reflected the overwhelming majority of residents' assessed needs. Comprehensive nursing assessments of each resident's health, personal and social care needs were carried out by an appropriate health care professional following admission to the centre. Due to the short stay nature of the centre; care plans were reviewed every week or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

There was appropriate medical and health care, including a good standard of evidence-based nursing care provided for residents in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais. There was also evidence of good access to other specialist and allied health care services to meet the care needs of residents. For example, speech and language therapist, dietetic services, occupational therapy, physiotherapy services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents with behaviours that challenge in the centre on the days of inspection. However, there were effective supports in place such as staff knowledge

and suitable policies for the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

Overall, there were systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. Training records indicated that all staff had completed initial or up-to-date training in the prevention, detection and response to abuse. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that on admission each resident was assessed using the meaningful activity care assessment and then the pool activity checklist was completed to determine the level/ability of each resident. The inspector saw that there was a weekly activity planner in place. Individual one to one therapies were carried out for those residents who did not wish to participate in group activities.

Judgment: 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 21: Records	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
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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	Compliant

Compliance Plan for Carlow District Hospital OSV-0000553

Inspection ID: MON-0023497

Date of inspection: 22 - 23/08/2018

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Emergency call bells have been requested on 24 th August 2018 as a matter of priority in the Quiet room, oratory and family kitchen. A quote has been received for the assisted bath and same will be in situ by 31 st Dec 2018.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk assessments are now in situ for electrical equipment in the family room. Key pad lockable systems have been requested for the following areas: kitchen/pantry, staff changing/staff rest room by Friday 7 th September 2018.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire equipment is serviced quarterly. All fire fighting equipment is tested quarterly as per regulation. A fire drill and evacuation was simulated on Monday 10 th September 2018 and will be rescheduled to ensure that all staff are familiar with this process.	

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	Yellow	31 st December 2018.
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	24 th August 2018
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.	Not Compliant	Yellow	24 th August 2018

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Yellow	24 th August 2018
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Yellow	24 th August 2018
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.	Not Compliant	Yellow	10 th September 2018