



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ballincurrig Care Centre
Name of provider:	Ballincurrig Care Centre Limited
Address of centre:	Ballincurrig, Leamlara, Cork
Type of inspection:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0000197
Fieldwork ID:	MON-0022748

About the designated centre

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

Ballincurrig Care Centre is a family run designated centre and is located in the rural setting of Ballincurrig, a short distance from the town of Midleton, Co. Cork. It is registered to accommodate a maximum of 55 residents. It is a single storey building and bedroom accommodation comprises 41 single bedrooms and seven twin bedrooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional bath and toilet facilities are available throughout the centre. Communal areas comprise the main day room, the quiet conservatory, sitting room by main reception, the family palliative care room, a games activities room, tranquillity therapy room, hairdressers, smoking room, and large dining room. Residents have free access to the main enclosed large courtyard as well as the well-maintained gardens with walkways around the house. Ballincurrig Care Centre 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.

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 October 2019	09:00hrs to 17:00hrs	Breeda Desmond	Lead
15 October 2019	09:00hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector spoke with many residents and relatives and reviewed 10 questionnaires during the inspection. Feedback was positive and people were happy with the care and attention they received. They said that staff were 'excellent, kind, respectful, gentle,' and that care was 'outstanding' and staff were 'alert and attentive to individual needs'. They reported that staff 'created a safe and peaceful environment'. One resident said that 'life is good' and was very complimentary of the 'holistic care approach' taken regarding their care. Several residents complimented and appreciated the courtyard and how well it was maintained with flowers and seating; others reported they loved the views from their bedroom windows of the countryside, the horses, sheep and lambs and rabbits playing in the fields. Residents commented on the encouragement they receive to go outside or attend classes such as baking and flower arranging while many enjoyed the morning newspaper reading.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident led. Overall, a holistic approach was taken to ensure delivery of care was in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service and staff and residents were familiar with these arrangements.

This inspection was undertaken as part of an application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The prescribed documentation was submitted and application fees paid in compliance with the registration regulations.

The person in charge Elaine McGrath was also the registered provider representative (RPR), and Margaret McGrath was the Director of Administration; both were on site most days. The person in charge was supported in her role by the assistant person in charge and staff; the director of administration was responsible for non-clinical areas of the service.

The person in charge demonstrated thorough knowledge of her role and responsibilities relating to person in charge and RPR; including good oversight of residents. The assistant person in charge demonstrated in-depth knowledge of residents to deliver individualised care.

The annual review 2018 was examined; while it demonstrated a good review of quality of care, the report did not reflect the positive findings regarding quality of life evidenced on inspection to give a more holistic picture of life in the centre.

Written policies and procedures as listed in Schedule 5 were in place. The directory of residents, statement of purpose and residents' guide were updated on inspection to ensure compliance with the regulations. A current insurance certificate was evidenced. The incidents and accidents log was reviewed and notifications to the office of the chief inspector correlated with these. A synopsis of the complaints procedure was displayed in the centre and records were maintained in line with the regulations. Residents had contracts of care in accordance with the regulation.

Staffing levels were adequate to the size and layout of the centre. Staff documents specified in Schedule 2 of the regulations were in place in the sample reviewed. All nurse registration certificates were in place. Staff training was up-to-date and further training such as fire safety was scheduled for later in the month.

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 all residents, including residents with complex communication needs. Observation showed that staff were familiar with residents preferences and choices and facilitated these in a friendly, good humoured and respectful manner.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider representative had successfully applied to renew the registration of this centre. Appropriate documentation was timely submitted and fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was also the registered provider representative (RPR). She had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge regarding her role and responsibility both as a person in charge and RPR, and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering care that was resident-led.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. Staffing levels were under constant review and there was significant consideration given to staffing levels throughout the day and evening times to ensure adequate support was available to residents at all times, for example, some staff finished at 21:15hrs, others at 21:45hrs and 22:00hrs.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix demonstrated mandatory training as well as other relevant training completed such as hygiene awareness and dementia-capable care. The system in place enabled oversight of training needs with alerts when training was due. The particular software in place regarding staff training had a training library for staff to avail of e-learning programmes to enhance their training and was in addition to their main training.

Staff appraisals were completed annually and medication administration rounds formed part of the staff competency process.

Quality of Interaction Schedule (QUIS) observations would enhance the quality improvement strategy and identify areas for consideration such as supervision regarding meal times; access to the kitchen via the laundry.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was updated on inspection to reflect the requirements of Regulation 19.

Judgment: Compliant

Regulation 21: Records

A sample of staff files showed that the requirements listed in the regulations were in place in the sample reviewed.

Judgment: Compliant

Regulation 22: Insurance

A current certificate of insurance was in place with the requirements set out in Regulation 22.

Judgment: Compliant

Regulation 23: Governance and management

Minutes of staff meetings showed a set agenda with a wide range of issues discussed such as health and safety, a comprehensive review of clinical and non clinical work practices and new developments. Minutes of previous meeting were discussed and agreed. Governance meetings had a similar set agenda as well as quality improvement plans such as forward planning and staffing.

The annual review of services for 2018 was available. While it demonstrated a good review of quality of care, the report did not reflect the positive findings regarding quality of life evidenced on inspection; this would give a more holistic picture of life in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had contracts of care which identified fees including possible additional fees to be charged; and type of accommodation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to include deputising

arrangements, the size, number and purpose of rooms in the centre and the conditions of registration, to ensure compliance with the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and these correlated with the incident and accident log reviewed. This log contained comprehensive records including follow-ups, whether the care plan was updated and whether the GP was informed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with the person in charge without reservation. The complaints log was reviewed and showed that complaints were recorded in line with the regulations; issues raised were thoroughly followed up by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice.

Judgment: Compliant

Quality and safety

Care and support given to residents was calm and unhurried. Appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs. The activities programme was the responsibility of all staff and activities were scheduled on a daily basis; exercise and balance classes with external facilitators occurred twice a week. One-to-one sessions

were facilitated for residents in their bedrooms in accordance with their preferences. Group sessions included activities such as an exercise programme, news paper reading, games, quizzes, bingo, sonas, baking, flower arranging and pet therapy. Residents reported that they were encouraged to come to the activities but their right to decline was respected. Residents were encouraged to walk around the centre as part of their exercise programme and several were observed 'clocking up their steps' during both days of inspection.

The premises was warm, bright and comfortable. Bedrooms had adequate space for residents' personal possessions and some were decorated in accordance with people's preferences. Flower arrangements displayed in the day room, dining room and main reception were the creation of residents and the flower arranging activity was part of the weekly social programme. The entrance at main reception was decorated for Halloween by staff and residents.

There were assessments and care plans for each resident. Records showed that residents' responses to treatment and interventions were detailed, demonstrating reflective practice which promoted residents' independence and autonomy. Discussions with staff and observation showed a holistic approach to care to enable good outcomes for residents. Relatives spoken with and cards and letters reviewed positively reflected the end of life experience witnessed by next-of-kin. Medical records showed that resuscitation decisions were discussed with residents, and family members when appropriate, and these details were reflected in the sample of care plans reviewed regarding the end of life wishes and preferences of residents. Restrictive practice assessments included 'restraint assessment of need' and 'adult safety rail assessment' which enabled staff to assess the risk of restraint on the resident.

Medical notes showed that residents had timely access to medical care as well as access to allied health professionals such as occupational therapy, dietician, speech and language therapy, specialist consultant specialists including psychiatry of old age and tissue viability nurse specialist. Records demonstrated appropriate observations and interventions that facilitated best outcomes for residents including behavioural support.

Closed circuit television (CCTV) was in place throughout the centre and there was advisory signage indicating its usage.

Certification was evidenced regarding fire safety equipment and testing; daily and weekly fire safety checks were in place. Advisory signage for visitors was displayed in the event of a fire in conjunction with floor plans identifying compartments. Fire training was up to date and drills were undertaken cognisant of night duty staffing levels; an evacuation of a compartment as well as full evacuations were completed with staff and residents to provide assurances that a successful evacuation could be completed in a timely manner; these were timed and records demonstrated efficient practices.

The safety statement was updated annually and the risk management policy and procedures contained a current risk register.

Regulation 10: Communication difficulties

There was good evidence that residents with communication difficulties were facilitated to express themselves independently and were supported with their specific communication needs. People had access to the Internet and were observed using laptops to keep in touch with family and friends as well as read the daily news papers.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling throughout both days of inspection. People were made feel very welcome and were known to staff. Several residents' questionnaires highlighted the welcome their visitors received as well as the refreshments offered.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage.

Residents had access to on-site laundry facilities. There was laundry service seven days of the week. Best practice laundry work flows were described by laundry staff and residents clothing was seen to be ironed and folded and well looked after. Clothing was labelled for ease of identification.

Judgment: Compliant

Regulation 13: End of life

Medical notes evidenced discussions with residents and next-of-kin regarding resuscitation decisions; these wishes were seen in residents' care plans as well. Residents and relatives spoken with outlined the ongoing discussions had regarding care, including end of life care and the continuing support given to them by the

person in charge and deputy person in charge. A list of residents not for resuscitation and whether they wished to be transferred to hospital was maintained in the secure nurses' station for ease of retrieval.

Judgment: Compliant

Regulation 17: Premises

Improvements to the premises included upgrading of flooring, additional low-low beds and enclosed courtyard. While many parts of the centre were pleasantly decorated in a homely fashion, some bedrooms and some corridors lacked decor.

While there was some advisory signage on walls to orientate people, perpendicular advisory signage to orientate residents on long corridors, especially people with cognitive impairment, would enhance the setting and help mitigate possible confusion and disorientation.

Review of the swivel mechanism attached to televisions (TVs) and placement of some TVs was necessary to ensure residents could see the television from their bed as well as when they were sitting in their armchairs; many of the TVs were examined and while it was possible to rotate the TVs from side-to-side, it was not possible to rotate them upwards as the swivel mechanism was not working which meant that they were tilted downwards and screens were difficult to see. This was identified on inspection and the mechanism fixed to enable residents to view screens without difficulty.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals and snack times were observed. Snacks and fluids were offered mid morning, mid afternoon and again in the evening. There were two sittings for dinner and tea from with an hour for each sitting.

The dining room tables were set beautifully and the room was decorated with Halloween wreaths and was warm and welcoming.

Residents had access to specialist services such as speech and language therapy to support dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The statement of purpose and residents' guide were given to residents as part of their admission welcome pack and copies of each were displayed at main reception. The residents' guide contained the requirements as listed in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, the person in charge or deputy ensured that all relevant information was obtained from the discharge service and allied health professionals to enable continuity of care for residents.

Judgment: Compliant

Regulation 26: Risk management

There were several policies in place and a current safety statement to support risk management. The risk register reviewed had clinical and non-clinical risks; this was reviewed annually in line with best practice.

Judgment: Compliant

Regulation 27: Infection control

Good hand hygiene practices were observed throughout the inspection. Each staff member had a miniature hygiene gel dispenser as part of their uniform. Additional hand gel dispensers were available in communal rooms and at the entrance to the centre. There was good oversight of cleaning practices for routine daily cleaning and weekly deep cleaning; there was an additional staff member on three mornings a week to provide extra support to ensure bedrooms were maintained in good order. There were two sluice rooms with bedpan washers and separate hand wash sinks to support infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate certification was evidenced for quarterly and annual fire equipment maintenance and testing. There was a register for daily fire door checks which were routinely completed.

Personal emergency evacuation plans were in place for all residents and available in the nurses' station for ease of access. Photographic identification was being added for ease of identification for external emergency personnel should the need arise.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs were maintained in accordance with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Residents had evidence-based risk assessments to guide care, and relatives and residents reported that they were consulted regarding their care. The sample of care plans and assessments reviewed demonstrated that they were discerning to direct person-centred care. Personal history information, life stories and residents interests were insightful and most were comprehensive and had valuable information to enable individualised care to be delivered. Records demonstrated good oversight of wound care management and preventative measures relating to pressure area care.

The restrictive practice assessments and care plans in place supported a person-centred approach to delivery of care.

The sample of care plans reviewed showed that end of life wishes and preferences of residents were elicited and recorded in line with the requirements set out in the regulations.

Judgment: Compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, the inspector noted that residents had routine access to general practitioners (GPs), psychiatry of old age, dentist, chiropody, optical, speech and language services (SALT) and tissue viability nurse specialist. Residents and family members concurred with this.

Nonetheless, gaps were identified in the sample of assessments reviewed which did not reflect the well-being and other medical histories of the resident on admission.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Effective strategies were observed to support residents with complex communication needs. Care plans to support care were insightful and provided good understanding of the individual needs of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and relatives gave wonderful feedback of all the staff. There was a large white board located outside the main sitting room to show the weekly activities for the morning, afternoon and evening times. There was a range of activities each day of group sessions and individual therapies. External facilitators were on site two days a week and facilitated exercise fitness and balance classes. Staff were trained to deliver classes such as imagination gym, sonas, reminiscence therapy, aromatherapy and meditation. More staff shared their expertise in baking and flower arranging in weekly sessions. Musicians visited the centre on a weekly basis and every six weeks the male voice choir from Midleton entertained residents. Observation demonstrated that residents' independence was promoted and encouraged. Satisfaction surveys returned gave positive responses to all aspects of care such as respecting privacy and dignity, quality of life, promptness, friendliness, comfort and security, for example.

Residents advised that they had access to the Internet and broadband. Daily newspapers and local magazines were seen and residents highlighted that the

mobile monthly library was a great resource. Mass was said in the centre on a weekly basis.

Residents' meetings were held three times a year and minutes from these meetings were given to residents. Feedback from these meetings were reviewed by the person in charge and actioned immediately.

Consent forms were updated on inspection to ensure compliance with legislation and to reflect discussion with next-of-kin when appropriate.

There was key pad access to the dining room and conservatory sitting room; these key pads were identified as a restrictive practice on inspection and the provider had them removed to enable people access these rooms freely.

The inspector sat in on the baking class and observed the inter-activeness of the activity where residents were encouraged to mix the ingredients; and the smells such as the vanilla extract and rinds of lemons and oranges, and textures were highlighted, and the reason for adding ingredients such as baking soda was explained. This was a lovely interactive session with banter and craic between residents and staff.

Meal times were observed and it was identified on the first day of inspection that mealtimes were not protected as medications were administered during meals. This feedback was taken on board and the practice reviewed and discussed with staff and residents, and on the second day of inspection a revised medications' round was trialled to enable residents meal times to be protected; this was successful and staff reported back that it worked well.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
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	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 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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincurrig Care Centre OSV-0000197

Inspection ID: MON-0022748

Date of inspection: 15/10/2019

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 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>I will implement a QUIS(Quality of interaction Schedule) as recommended. To commence 01/12/19.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>I will add some perpendicular signs to facilitate orientation throughout the building. I am hoping to involve the residents from the art class in this endeavour. I feel not only will they really enjoy choosing and making these signs, but it will enhance a feeling of pride and ownership that will contribute to their overall wellbeing. I hope to complete this by 01.03.20</p> <p>The T.V swivel mechanism was fixed on the day of inspection. I have decided to include the checking of T.V's and their mechanism in the weekly maintenance audit to prevent a re-currence of this problem. This has been implemented since the day of the inspection.</p>	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All care plans will be reviewed within the next 3 months and an additional section of social and wellbeing will be added - by 01.02.19.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/12/2019
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	01/03/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Substantially Compliant	Yellow	01/02/2019

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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