



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

Issued by the Chief Inspector

Name of designated centre:	Santa Sabina House
Name of provider:	Santa Sabina House Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0038620

About the designated centre

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

Santa Sabina House is a purpose built nursing home, with accommodation for 40 residents, both male and female. The centre is located on the Navan Road, Dublin 7 and the registered provider in Santa Sabina House Limited. There are 36 single and 2 twin bedrooms, with en suite or shared bathroom facilities. Residents with low, medium, high and maximum care needs can be accommodated in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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How we inspect

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
Wednesday 7 December 2022	09:00hrs to 16:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed during the day, the designated centre was a friendly and homely pleasant place to live. Residents' preferences were obtained by staff and their rights were respected in how they spent their days. Throughout the day, the inspector observed that the atmosphere throughout the centre was tranquil.

On entering the reception area, the inspector was required to complete infection control measures, such as a temperature check, the completion of a health questionnaire, mask wearing and hand sanitising, before entering to the centre.

Following an opening meeting, the inspector was accompanied on a tour of the premises by a member of staff. The designated centre provided accommodation to 40 residents in single and twin occupancy rooms located over two floors. All bedrooms within the centre had en-suite facilities. The inspector was told that the twin bedrooms were being occupied by one resident. One resident told the inspector that their bedroom was 'very comfortable'. Each bedroom was personalised with memorabilia and photographs. The bedrooms were also observed to have sufficient storage for residents' personal possessions.

The person in charge and staff team were committed to providing quality and appropriate care while respecting residents' choice and independence. Early in the day, the inspector observed many residents up and dressed for the day, and relaxing in communal areas.

The design and layout of the centre promoted a good quality of life for residents. The centre was clean, warm and well-maintained throughout. Residents had access to a number of communal spaces including a sitting room and a dining room, which were clean and tidy and furnished comfortably for residents' use. There were board games, books and a TV available for residents' use outside scheduled activities.

Residents had access to a number of safe enclosed gardens with seating. The inspector was told that during good weather, residents had walking groups and gardening clubs within these areas, where residents participated in planting flowers.

The inspector spoke with four residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were 'great', 'lovely' and 'so kind'. The inspector observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors and activities. The rapport and interaction between the person in charge, staff and residents demonstrated a familiarity with each other, and interactions appeared effortless.

The inspector observed a mealtime within the centre and saw that the majority of residents chose to eat their lunchtime meal within the dining room. Residents were presented with two options of what they wished to eat at both the lunchtime and

evening meals. Some residents told the inspector that the meals provided to them were top quality. Hand hygiene was incorporated into the mealtime routine and staff were observed to remind residents to clean their hands and to assist those who needed help. Menus were displayed outside the dining room and on each table inside. Food was freshly cooked on site and looked appetising. Residents who requested assistance received help from staff in a kind and caring manner, with staff chatting to residents as they enjoyed their meal. The mealtime was seen to be a social occasion with residents sitting at tables of three to four people. A small number of residents preferred to eat their meal within their bedroom accommodation and they were supported with this preference. A supply of fresh water was available to residents throughout the day.

There was good evidence that residents were kept informed regarding the running of the centre and that their views were welcomed. The inspector observed that feedback from residents was used effectively to improve their overall quality of life in the designated centre. For example, residents were involved in choosing the meals available on the menu.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This is a well-managed designated centre, with a management and staff team who are focused on providing a quality service to residents and on improving their wellbeing while living in the centre. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. There were management structures and resources in place that ensured appropriate care was being provided to residents.

Santa Sabina House Limited is the registered provider for Santa Sabina House. The management structure was clear with the management team consisting of a general manager and person in charge. The person in charge worked full time in the centre and was supported by the general manager who reported into the board of directors.

The person in charge reported, and the inspector observed, that the registered provider had allocated adequate resources to the centre in terms of staffing, equipment and facilities. The person in charge was also supported in her role by two

clinical nurse managers (CNMs), the pastoral care team, nurses, healthcare assistants, activity staff coordinators, housekeeping, catering, maintenance and administrative staff.

The management team used a number of systems to monitor the quality and safety of the service, such as the operational audits. The inspector observed that action plans were developed for areas requiring improvement, for example following a review of falls audits it was identified that there was a need for a staff evening shift. This was introduced into the December roster. A review of staffing rosters showed that there were sufficient staff available to support the needs of residents day and night.

Governance and management meetings were also held regularly to discuss, staffing levels, risk management, complaints, the facilities and areas of the service requiring improvement. A range of quality assurance checks were being used in the centre to provide information to the provider about the quality of the service. This included key performance indicators gathered through clinical surveillance weekly reports, analysis from audits and relevant committee meetings. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life. There was insurance in place against injury to residents and against other risks including loss or damage to a residents property.

While the statement of purpose included the organisational structure, the provider had not updated this document with all the information set out in the certification of registration.

Written policies and procedures to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed. The inspector observed that staff were informed of a recent update in policies on the staff notice board.

At the time of the inspection, the person in charge reported that restraints were not used in the designated centre. However sensor alarms and bed wedges were seen to be in use, these had not been reported to the Chief Inspector in the quarterly notifications.

The inspector reviewed three contracts for the provision of services and found that they were in line with the regulations. Each clearly specified the terms and conditions of the residents' residency in the centre. Currently twin rooms are being occupied as single rooms, and residents are informed on admission that that they may have to share in the future if they choose a twin room. Contracts for residents reviewed residing in twin rooms also stated that the bedroom occupied was a twin room. The Registered provider informed the inspector that on the next registration of the designated centre, the two twin rooms would be reduced to single rooms.

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was good governance and management systems identified within Santa Sabina with clearly-defined roles and responsibilities set out. Staff were aware of the line management reporting protocols within the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2021. The inspector saw evidence that the review was completed in consultation with residents and their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Three contracts of care between the resident and the provider were reviewed, and each clearly set out the terms and conditions of their residency in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

While the registered provider had a written statement of purpose available for review, it did not reflect the current service. For example:

- Five conditions of registration were listed instead of the three conditions attached to the centre's current registration.
- There was no record of resident's access to the national screening programme.
- The designated centre catered for female residents only, the gender of the residents was not specified in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider failed to notify the Chief Inspector of all occasions where restraint was used. Sensor alarms and bed wedges were not included in the quarterly reports returned to the Chief Inspector.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had all been updated to reflect the practices and procedures in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Quality and safety

This was a good service that delivered high quality care to the residents. Residents' independence, privacy and dignity were upheld through staff policies and practices. There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

In the sample of care plans reviewed, the inspector observed that resident's needs were comprehensively assessed prior to admission. Care staff used a variety of accredited assessment tools to regularly assess each resident's risk of falling, skin integrity, unintentional weight loss and social and recreational needs. These assessments informed residents' care plans. However two care plans reviewed by the inspector were not prepared within 48 hours of admission. This is further

discussed under Regulation 5: Individualised assessment and care plan.

Residents had access to appropriate medical care, with a General Practitioner (GP) attending the centre weekly or as required. Referrals to both public and private allied health care professionals, such as the physiotherapist, dietitian and Psychiatry of Old Age, were offered to residents as required. Residents were also supported to avail of the National Screening Programme.

Residents' rights were respected and upheld in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Televisions, newspapers, telephones and computer facilities were available for residents' use. Residents had access to a pastoral care team seven days a week and an additional advocate who assisted and supported residents with advocacy.

The person in charge had made arrangements to ensure residents had access to and retained control over their personal property, possessions and finances. All residents had access to secure storage for their possessions.

There was a variety of social activities available to residents to occupy their day. A resident told the inspector that they were knitting blankets for a maternity hospital. The inspector observed conversations with staff and residents throughout activities which involved plenty of friendly chat. It was evident that there was a sense of community in the centre and that these positive interactions contributed to the calm atmosphere in the centre.

Overall the premises was found to be clean and efforts to create a homely environment were evident. However, the inspector observed a number of storage issues and, as a result, some rooms were used to store resident equipment and personal protective equipment (PPE). For example a bathroom was not in use, this room was locked and staff were unable to open it on the day of inspection. Staff reported that this room was used to store equipment. A sitting room and a pantry were also seen to inappropriately store boxes of PPE on the floor and furniture that was no longer in use.

Floor plans used to guide staff and residents in the event of a fire were displayed in the designated centre, however the plans did not contain the required information. This is discussed further in Regulation 28: Fire precautions

The inspector observed a mealtime within the centre and saw that menus were displayed outside the dining room and on each table inside. Choices were available for the main meal, dessert and at supper time. The mealtime was seen to be a social occasion with residents chatting among themselves. Residents who required assistance received help from staff in a kind and caring manner. Three residents spoke very highly about the food and described that they had a choice of daily meals on offer. A resident who was identified as losing weight had been referred to a dietitian. Their recommendations were updated into their care plan and staff spoken with were knowledgeable on residents needs and preferences.

There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walkarounds by

management. The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems. Staff were observed to adhere to good hand hygiene practices and to be compliant with wearing appropriate personal protective equipment, to minimise the spread of infection in the service. There were strategically placed alcohol hand gels within the centre. However, the clinical hand wash sinks available did not conform to HBN 00-10 specifications. The registered provider informed the inspector that a quotation for six sinks had been received. However a review of plumbing and works associated with same is underway, to confirm actual number of sinks required, with works commencing early 2023. The registered provider informed the inspector that eight new wall hand sanitiser dispensers had been ordered. On the day of inspection two medication fridges were not in proper working order. This is further discussed under Regulation 27: Infection Control.

A visiting policy was in place, which included the most recent public health guidance on each resident having a Nominated Support Person in place. Infection prevention and control procedures were applied to all visitors, and included completing a health questionnaire, hand hygiene and the wearing of masks.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. Residents were able to receive visitors in a variety of locations both inside and outside the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage space in their bedrooms including a lockable space for their valuables. Appropriate systems were in place to ensure the transparent management of residents' finances.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure that the centre was run in accordance with the Statement of Purpose and conformed to matters as set out in Schedule 6. For

example:

- Inappropriate storage was found in a bathroom, sitting room and pantry. These rooms were not being used in accordance with the Statement of Purpose.
- Moss was seen to be growing on paving in the enclosed garden areas, which may result in a risk of slipping.
- Bedrooms did not all have room numbers.
- A bathroom was locked, staff were unable to open the room on the day of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured there was access to a fresh supply of drinking water and there was a choice offered at all mealtimes. The inspector was assured that residents were provided with adequate quantities of food and drink having spoken with residents and observed a mealtime. There was adequate staff available to assist residents at meal times

Judgment: Compliant

Regulation 27: Infection control

There were issues in relation to good infection prevention and control practices which required improvement:

- The laundry room was not segregated into clean and unclean areas, as a result this could lead to cross contamination.
- The inspector observed evidence of manual sluicing of laundry. Laundry was seen soaking in a basin of water which posed a risk of cross infection.
- A sharp's box lid was not securely attached, another box was not signed and dated.
- While a log of medication fridge temperatures was maintained, the temperature of one fridge was frequently below the recommended temperature. No action was taken to address the issue. On the day of inspection another fridge contained medication items which were wet. As a result the effectiveness of items being stored in both fridges may have been impacted.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The procedures to be followed in the event of a fire were not displayed clearly in prominent places, for example:

- Fire plans were faded and unclear, with no room numbers, exit or assembly points shown on the fire floor plans.
- Floor plans had no clear indication of fire compartments.
- The fire map was not positioned beside the fire panel at a nurses station which could delay the response to a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Two care plans reviewed by the inspector were not seen to be prepared within 48 hours of admission within 2022.
- A resident's care plan did not clearly reflect their current mobility status.
- A nutritional care plan for a resident did not indicate that the resident required assistance with their meals as reported by staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services, with one GPs visiting the centre weekly

When required, residents were referred to allied health professionals through the general medical services (GMS) scheme. Residents were also offered referrals to private allied health care professionals. Health care interventions were documented, and residents care was recorded in daily notes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Santa Sabina House OSV-0000159

Inspection ID: MON-0038620

Date of inspection: 07/12/2022

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose updated 9/1/23, to include the current 3 conditions, and the list of National Screening Services available.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We are committed to a restraint-free environment, and we always ensure that residents' rights are promoted and respected. We don't have any bed rails in use; motion sensors in use would not sound in the resident's bedroom, but staff would be notified via a pager alert; therefore, the resident would not be aware that their movement was monitored. Bed wedges were in place are placed on the upper part of the bed for support and as a falls reduction method. These are implemented as alternatives to restraints. This practice is monitored regularly to ensure that it does not adversely impact residents' freedom of movement.</p> <p>Quarterly restrictive practices notifications include bed wedge/motion sensor with effect 4/1/23. These are now reflected in the restraint register which will be reviewed on a weekly basis, and a separate care plan is in place for all alternative restraints from 4/1/2023.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An annual survey of the building, furniture, flooring and any items which require attention is completed and a refurbishment plan is put in place to address the issues. Corrective actions are planned in stages. The need for extensive storage has been discussed with the board and a plan is in place to complete the work in 2023.</p> <p>Conversion of an unused therapeutic bathroom will commence January 2023 to convert the room to a dedicated shelved storage facility. Lock on this room repaired 17/1/23.</p> <p>Treatment of moss commenced 12/1/23. For constant review.</p> <p>Bedroom numbers checked and all numbers clearly visible 9/1/23.</p> <p>A review of the sinks in the nursing home is underway to take into consideration the recommendations of the Department of Health, Health Building Note 00-10, Part C: Sanitary Assemblies. Replacement sinks where required will be installed by 30/4/23.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Laundry Room – A review of the laundry area and systems taken place on 09/01/2023 to review segregation. Plan to alter location of washer and dryer to ensure sorting and segregation comply and place clear signages. All staff will be educated on the new layout and proper segregation.</p> <p>Sinks – Replacement project for completion end April 2023 on consultation with building maintenance service contractors.</p> <p>Fridges – A temperature audit of the fridges is in place, with management oversight, commenced 7/12/22. Weekly maintenance checks on both fridges commenced 14/12/22.</p> <p>Sharp Box – Staff nurses reeducated on sharps management and IPC. Clinical management team will be continually auditing this under IPC audit.</p> <p>Sluicing – All staff informed regarding impact of manual sluicing, with immediate discontinuation.</p> <p>Clinical management Team will ensure the continued implementation of educational sessions regarding IPC.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: External fire company engaged 9/1/23 for floor plans with the following:</p> <ul style="list-style-type: none"> – Identification of 60 minute fire compartments for use during progressive horizontal evacuation – Bedroom door numbers – Room descriptions. e.g. kitchen, dining rooms, nurse's station, etc. – Fire action notice – Location of oxygen store – Location of fire alarm control panel – Location of external fire assembly points <p>Estimated completion February 2023.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A review of residents' assessments and care plan has been completed. There is a process in place for the allocation of residents' assessments and care plan to the nursing team.</p> <p>The Clinical Management team will continue to review the residents care plans on a four monthly basis. The Clinical management team will continue to complete care plan audits each month to ensure that they are personalized, updated and meet the requirements. Each nurse will be provided with feedback from the audit with support and supervision provided as part of follow up.</p> <p>Residents' assessments and care plan will be checked by a member of the clinical management team to ensure it meets the regulations with a comprehensive assessment completed within 48 hours post admission.</p> <p>Individual care plan issues noted on the day of inspection updated on 7/12/22.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	09/01/2023
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	31/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	30/04/2023

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	28/02/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/01/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	04/01/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	09/01/2023

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/12/2022