



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

Issued by the Chief Inspector

Name of designated centre:	Retreat Nursing Home
Name of provider:	Retreat Nursing Home Ltd
Address of centre:	Retreat Heights, Bonnavalley, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	23 February 2024
Centre ID:	OSV-0000086
Fieldwork ID:	MON-0039491

About the designated centre

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

Retreat Nursing Home is a centre situated in a residential area of Athlone. According to its statement of purpose, it aims to provide its residents with a secure, relaxed, and homely environment in which their care, well being and comfort are of prime importance. The centre provides long term care for up to 37 adults of all levels of dependency, including those with a diagnosis of dementia or cognitive impairment. The service's statement of purpose states that it can also provide convalescent/respite care, palliative care and rehabilitation. The centre is a single storey building, comprising 17 single bedrooms and 10 twin bedrooms, many of which contain en suite facilities. A variety of communal rooms are available for residents, including a spacious living room, sensory room, several sitting rooms and an oratory. The building is situated around enclosed two courtyards, which are fully accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Friday 23 February 2024	09:00hrs to 15:45hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

Throughout the inspection, the inspector spoke with residents and staff and spent time observing practice throughout the different areas of the centre. The inspector noted a calm atmosphere and residents who looked well cared for. Residents who spoke with the inspector reported that they were happy with the service and care provided to them. Residents complimented the staff who cared for them and the food provided.

Retreat Nursing Home is a single storey building located in Athlone, County Westmeath. The centre is bright and spacious and has a variety of communal rooms and areas for residents, including a large sitting room, a sensory room, a sun room, a dining room and secure outdoor courtyards. The communal rooms are decorated in a homely manner. There were 34 residents living in the centre on the day of inspection. The centre is registered for a total of 37 beds.

On arrival to the centre, the inspector met with the person in charge and the provider representative. During the walkabout of the centre, many residents were observed seated in the communal sitting rooms and carrying out their normal routines. Residents appeared to be well-dressed and were neat and tidy in their appearance. The inspector observed positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind and respectful in their interactions with residents. Visitors were observed attending the centre to meet their relatives.

The centre has two internal courtyards which were undergoing refurbishment works on the day of the inspection. The inspector observed that the furniture in a number of bedrooms required replacing as items such as chest of drawers were damaged and their surfaces scuffed. The centre had an oratory for quiet reflection and prayer, however on the day of the inspection this room was not available for residents as it was being used for storage of mobility equipment, such as wheelchairs and hoists.

Residents' bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings. However, the inspector observed that the layout of some twins rooms did not ensure that the resident's bedside chair and personal storage was fitted within their own bedspace. In addition some residents did not have adequate storage in their ensuite bathrooms for their toiletries. Furthermore, the inspector observed that in some twin rooms, one residents ability to access natural light or to see out of the window was prohibited if the other resident had their privacy screen closed.

Residents in some of these bedrooms were required to share a television, which did not facilitate individual residents to choose what they wanted to watch on television.

The inspector observed that staff were working hard to provide care and support to the residents and were kind and empathetic in their interactions with the residents they cared for. Residents who spoke with the inspector said that "staff are lovely" and complimented the activities on offer, saying "we are not bored anyway". Some residents told the inspector that they would like to go out more often. One resident described a trip to a local hotel and told the inspector how much they enjoyed this outing. Another resident told the inspector about an entertainer who had attended the centre the day before and played music for them which they had enjoyed.

Residents were happy with the choice of food provided. The inspector observed that the writing on the menu board was very hard to read and some residents who spoke with the inspector were not aware what the menu options were.

The inspector reviewed minutes of residents meetings and found that there was evidence of consultation with residents about the day to day running of the centre and that their suggestions were addressed.

The inspector observed activities taking place on the day of the inspection including ball games and music and residents in the communal rooms appeared to be enjoying this. The inspector observed that the activities schedule on display was inaccurate as it did not describe the activities that were taking place that week. This meant that residents were not aware what activities were taking place day to day.

While there were some improvements required in relation to infection prevention and control and the oversight of cleaning, for the most part, the centre was clean and tidy.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection found that the governance and management systems that were in place were not effective in ensuring that all areas of the service were safe and appropriate and that standards of care were consistent with best practice.

This was an unannounced risk inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013. (as amended) The provider has applied to renew the registration of Retreat Nursing Home.

Retreat Nursing Home Limited is the registered provider for this designated centre. The designated centre is registered to accommodate up to to 37 residents. The

provider entity is represented by a company director who works full-time in the centre. There was a clearly defined management structure in place. The management team consisted of the provider and the person in charge who was supported in their day-to-day role by a clinical nurse manager. A team of nursing staff provided clinical care and support along with health care assistants. The clinical care team were supported by an activity coordinator, housekeeping, catering and maintenance staff making up the full complement of the staff team.

There were no cleaners rostered to work at the weekends. The rosters and allocation sheets reviewed by the inspector failed to identify which staff were rostered to complete the daily cleaning schedules at the weekends. Furthermore, staff told the inspector that they attempt to "clean as they go" during the weekend in addition to their care duties.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations.

The audit and oversight processes that were in place were not being used effectively to bring about improvements where they were required. For example, not all audits completed had a clear action plan to investigate the findings and implement improvements following these audits.

The inspector reviewed minutes of care staff and nursing staff meetings which evidenced discussion of a variety of topics including hand hygiene, personal care, complaints and infection prevention and control. However, the inspector noted that key clinical areas such as falls management, wound care, responsive behaviours, restraints and safeguarding were not discussed and reviewed at these meetings so as to ensure all staff were well informed about performance and any improvements that were required in these areas.

The inspector reviewed a sample of contracts and found that they required review in order to meet the requirements of Regulation 24.

There was very low level of complaints in the centre. The complaints reviewed had been appropriately managed to the satisfaction of the complainants.

The provider had not ensured that the Chief Inspector had been notified of all incidents of restraint within the service, as required under Regulation 31: Notification of Incidents.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a review of the staff rosters and speaking with staff and members of the management team, the inspectors found that there were not enough cleaning staff available to ensure that there were adequate numbers of cleaning staff on duty seven days each week, taking into account the size and layout of the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that resources were made available to improve storage facilities for resident equipment in line with their compliance plan following the last inspection. As a result, equipment was stored in the resident's oratory which meant that residents could not use their oratory. The usage of this room as a storage area was not in line with facilities set out in the provider's statement of purpose.

Although there were systems in place to monitor and evaluate the service, these systems required review to ensure that the service provided was safe and met the needs of the residents. As a result, the required improvements to the service provided had not been implemented, as evidenced by:

- A medication audit completed in October 2022 identified that there was lack of a second nurse on duty to countersign controlled drugs prior to administration, but no action plan had been implemented by the provider to address this audit finding. The inspector found that the administration of controlled drugs did not contain two nursing signatures on seven occasions since January 2024.
- A falls audit had been completed in October 2023. However, the audit information had not been used to identify any potential mitigating factors that may have impacted on the number and type of falls that had occurred and there was no action plan to improve falls management practices in the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that a number of contracts did not identify the residents' room number or the number of occupants in the room as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the following:

- the use of chemical restraint including psychotropic medicines administered on a PRN (as required) basis. This was a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the inspection.

Judgment: Compliant

Quality and safety

Residents in the centre received a good standard of care and overall their choices and wishes were respected. However, some improvements were required to ensure

that the rights of all residents were upheld and to ensure that all residents received care in line with their assessed needs.

Residents who spoke with the inspector said that they were satisfied with the quality of care they received. Staff who spoke with the inspector were knowledgeable of residents' needs and preferences for care and support.

The inspector observed some visits taking place on the day of inspection and visits were managed in line with infection prevention and control guidelines. Residents and their visitors were satisfied with how visits were facilitated and reported that staff made them feel welcome in the centre and kept them informed about their loved one's health and wellbeing.

The inspector reviewed a sample of resident's care plans and daily care records. While care plans were detailed for the most part, not all residents had a social care plan in place setting out their needs and preferences for social interactions and meaningful activities.

There were adequate arrangements in place for residents to access a range of allied health professionals which included a general practitioner, an occupational therapist and dietician. However, improvement was required to ensure that residents' wound care was managed in line with evidence based practice. This is discussed under Regulation 5, Assessment and care plans. In addition the inspector was not assured that responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were adequately managed in the centre. This is discussed under Regulation 7: Managing behaviour that is challenging.

Residents had access to local and national newspapers, television and radio, along with access to an independent advocacy service.

A review of the activities diary confirmed that activities took place seven days per week. This was validated by the inspectors observations on the day and feedback from residents. Residents were observed enjoying a variety of activities on the day of inspection, such as exercises, ball games and listening to music. However, the activities schedule on display for residents did not correspond with the activities that were being offered on a daily basis. Furthermore, the inspector was not assured that those residents who chose to spend their day in their bedroom had access to appropriate activities and social interactions in line with their assessed needs and preferences.

The inspector reviewed minutes of resident meetings and found that any concerns raised had been addressed and residents' suggestions were listened to.

In general, the centre was clean and tidy. However, the lack of cleaning staff at weekends posed a risk to the management of infection prevention and control and increased the risk of transmission of a healthcare associated infection.

Residents were offered two choices at lunchtime and had adequate quantities of food and drink which was wholesome and nutritious. The food served to residents

met their dietary needs and was in line with their nutritional assessments. There was an adequate number of staff available to assist residents at the mealtime on the day of the inspection. However, the menu choices were not clearly set out for those residents who may have had visual or cognitive impairments.

On the day of the inspection, renovation works were underway in the internal courtyard. A schedule of works was in place for 2024 which included painting and various maintenance works. Overall, the premises met the needs of the residents, however, the lack of appropriate storage for residents' equipment was a repeated finding on this inspection. In addition, the layout of some twin rooms and residents' en-suite facilities required review to ensure these facilities were compliant with the regulations.

Regulation 11: Visits

Visits were facilitated on the day of the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends and that they could meet without restrictions.

Judgment: Compliant

Regulation 17: Premises

- There was a lack of appropriate storage for items of resident equipment. The inspector found that the oratory was being used to store specialised wheelchairs, hoists and comfort chairs. This was a repeated finding from the previous two inspections.
- Some items of furniture in bedrooms, such as residents' chests of drawers, were worn and damaged and required replacing.
- Some residents did not have adequate storage units in their en-suite bathrooms to store possessions tidily. For example, some residents' toiletries were being stored on sinks which hindered the resident's access to their sink and did not support good hand hygiene. The inspector also observed a chest of drawers being used as storage in the en-suite of one resident, which reduced the space in the bathroom for the resident to mobilise safely.
- The layout of some twin bedrooms in the centre did not comply with the regulations and required reconfiguration. For example, residents in these bedrooms did not have sufficient space around their bed to contain a chair.

and personal storage meaning that some residents' wardrobes were located within the other resident's bedspace.

Judgment: Not compliant

Regulation 18: Food and nutrition

While there were two choices of meals available for residents on the day of inspection, the menu board was difficult to read and did not ensure that residents were informed about what choices were available. In addition, there were no picture menus available for residents with cognitive impairment who may not be able to understand the written menu options available.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not ensure that their staffing strategy met the service's infection prevention and control needs.

There was no cleaning staff rostered to carry out the daily cleaning schedule at weekends. This created a risk that cleaning standards could not be maintained at weekends, as the provider expected care staff to complete cleaning tasks in addition to their care duties.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that assessment and care planning required improvement to ensure that the needs of all residents were met and that care plans were sufficiently detailed to guide care delivery. This was evidenced by:

- Social care plans were not in place for all residents. This had a particular impact on those residents who chose not to take part in the planned activities.

- The care plan for a diabetic resident who requires insulin, did not detail blood glucose parameters to guide staff on administration of insulin medication.
- Upon reviewing wound care, the inspector found that wound assessments were not completed at each dressing change. This made it difficult to ascertain if the current wound dressing plan was effective in healing the wound or whether the dressings required further review.

Judgment: Substantially compliant

Regulation 6: Health care

The residents had access to a number of allied health care professionals. For the previous month, the residents did not have access to physiotherapy, however the provider told the inspector that they were sourcing a new physiotherapy service for the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The record keeping of incidents of responsive behaviours were not consistent and did not support effective monitoring of a resident's episodes of these behaviours and of any de-escalation strategies used to decrease the resident's agitation or distress. This information was required in order to monitor and reassess the resident's needs in relation to their responsive behaviours.

Judgment: Substantially compliant

Regulation 9: Residents' rights

- While there was an activities schedule in place, the activities taking place on the day of the inspection was not in line with the schedule on display for residents. Furthermore, there were activity schedules on display in some residents' bedrooms which did not match the main schedule or the activities taking place on the day. This meant that residents did not have correct information about what activities were available so that they could make an informed choice on activities they may like to take part in.

- Residents in twin bedrooms were only provided with one television, which meant that they did not have individual choice of television viewing or listening.
- The inspector was not assured that residents who chose to spend time in their bedrooms were offered the opportunity to participate in meaningful activity. For example, there was no record of residents who chose to spend the day in their bedrooms, being offered the opportunity to participate in meaningful activity.
- The inspector observed a basket of communal socks and underwear and basket of communal clothes which was stored in the laundry. Some of these clothes belonged to residents who had passed away. This was not appropriate and did not ensure the dignity of residents.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0039491

Date of inspection: 23/02/2024

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

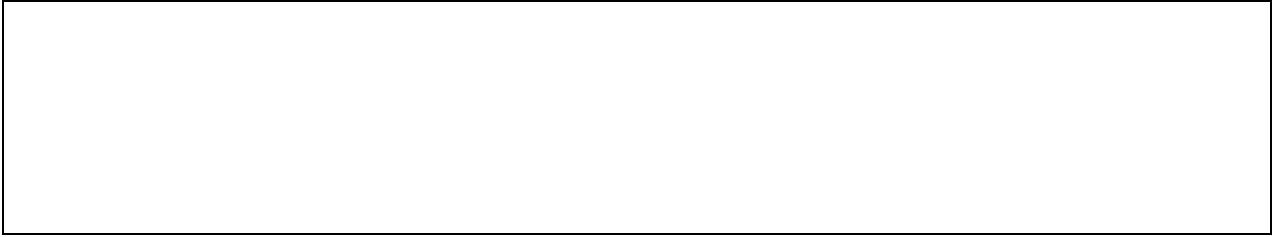
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Cleaning hours have now been allocated over the 7 day period.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have carried out an audit review and will continue to review future outcomes. We will continue our practice of 2 nurses signing the controlled drugs book, however all carers are now undertaking, some have completed, the medication management also.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All room numbers have now been added to the contracts of care.	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Psychotropic medication notification will in future be submitted, if applicable at time of submission</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: <i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>As confirmed to the inspector on the day of inspection, the new storage facility was in place and in use on the day of inspection, but due to ongoing renovations, some items were temporarily stored in the oratory on the day of inspection. All furniture has been removed that may have been worn. The layout of furniture positioning is being reviewed.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Catering staff have been advised to ensure the menu and choice options are clearly legible for all to read and understand.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Cleaning hours have been allocated over the 7day period.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Social care plans are been added to residents care plans. Blood glucose parameters are also been added to care plans that they are applicable too. Wound assessments/notes are being updated at each dressing stage.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Should challenging behaviour be present for a resident, a record of same will be documented and discussed with the relevant MDT members.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i> Clothes no longer required by residents will no longer be stored in the laundry. Residents each day are spoken to regarding the days' scheduled activities, and given the option to exercise their right to choice, and if they so wish for a change this is accommodated. We will, in the future, endeavor to follow the schedule that is present on the notice board. Residents whose wish is to remain in their rooms will have all interactions and activities documented in the future.	



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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Orange	07/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	07/05/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	07/05/2024

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	07/05/2024
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	07/05/2024

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	07/05/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	07/05/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/05/2024
Regulation 9(2)(b)	The registered provider shall	Substantially Compliant	Yellow	07/05/2024

	provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	07/05/2024
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	07/05/2024