



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	18 November 2022
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0038383

About the designated centre

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

St Anne's Private Nursing Home is a two storey premises located in a rural area close to Charlestown in County Mayo. Accommodation is provided on the ground floor in 12 single bedrooms and seven twin bedrooms, each with an en suite toilet and wash-hand basin. The centre provides residential, respite and convalescent nursing care to 26 residents from the surrounding catchment area. St Anne's Nursing home's objective is to provide a high standard of care in accordance with evidence based best practice; to provide a living environment that as far as possible replicates residents' previous life-style; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 18 November 2022	09:00hrs to 17:00hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector spoke with a number of residents and staff. Residents expressed their satisfaction with the care and services they received and told the inspector that they felt safe and comfortable and that their needs were being met.

This was an unannounced inspection to monitor compliance with the regulations. On arrival the inspector was guided through the required infection prevention and control measures for entering a health care facility. These processes included a signing in process, hand hygiene, temperature checks and ensuring an appropriate face mask was being worn.

Following the opening meeting with the person in charge (PIC) the inspector was accompanied on a walkabout of the designated centre during which time they met with residents and staff. There was a calm atmosphere in the centre and staff were observed helping residents to get up and to eat their breakfast. Some residents took their breakfast in the dining room and other residents chose to take their breakfast in their bedrooms. Staff were familiar with each residents preferred morning routines.

The designated centre is a single storey premises with a range of single and twin bedrooms some with en-suite facilities. There is a large communal room where the majority of residents spent their day. The inspector observed that throughout the day there was a member of staff allocated to supervise residents in the main lounge. Residents were seen enjoying a range of activities throughout the day including chair exercises and ball games in the morning and a cinema experience and a quiz during the afternoon. Those residents with higher levels of dependencies and significant cognitive impairment were encouraged to participate in these activities including the ball games and appeared to enjoy the activity. Staff were also seen sat with these residents and chatting one to one as well as using reminiscence and gentle stimulation such as tactile cushions, photographs and board games to stimulate conversation and engagement with the residents.

There was also a dining room and a pleasant oratory. Some residents who preferred a quiet environment chose to sit in the smaller seating areas located around the main entrance hall.

Staff were seen interacting with residents in a respectful and empathetic manner. Residents who spoke with the inspector said that staff were kind and caring and "would do anything for me." Residents who had significant cognitive impairment and who could not talk with the inspector were observed to be comfortable when approached by staff and did not demonstrate any signs of anxiety or discomfort. Staff were seen to knock before entering a resident's bedroom. Call bells were answered and residents said that overall staff were prompt to respond to them and they did not wait to have their call bells answered however after lunch the inspector

heard call bells ringing for longer periods and at one point the inspector had to find a member of staff to answer a resident's call bell that had been ringing for more than five minutes. Nursing staff reported that the delay was due to some staff being on their lunch break and other staff being already engaged in providing care for another resident who was having a dressing changed.

It was evident that routines were flexible and residents could choose what time to get up and go to bed and where they spent their day. Residents could go into the enclosed garden to the rear of the building but no residents were using the garden on the day of the inspection. Residents told the inspector that they had a choice at meal times and if they did not want what was on the menu staff would prepare an alternative meal for them. There were pictorial menus available for those residents who were not able to read the menu. Residents said that they enjoyed their food and that they had plenty to eat including snacks and drinks throughout the day.

The inspector observed the lunch time meal and saw that residents on specialist diets were offered a choice and their meals were served hot and nicely presented. Residents were seen enjoying their food and finishing their meal before being offered dessert. There were enough staff on duty to support those residents who needed prompting or help to eat. Where possible residents were encouraged to eat independently and staff were patient as they encouraged these residents to finish their meal. However the layout of the dining room did not facilitate residents who were using specialist chairs or wheelchairs to sit in at the dining tables which meant that some residents were using over bed tables to eat their meals as no suitable tables were available.

The next two sections of this 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 was a small homely designated centre with well established staff and management teams who knew the residents well. Management systems were in place to review the quality, safety and consistency of care and services provided for the residents however this inspection found that more focus and resources were now required to ensure that residents received care and services in line with their assessed needs and to bring the service into compliance with the regulations.

The provider of St Anne's Private Nursing Home is Kathleen Smyth who is a sole trader. The provider was in the centre on the day of the inspection however it was not clear how often they were available in the centre and as such how they were providing effective oversight and leadership to senior staff. The centre has two person's in charge who share the role and each work three days in the centre each week. They were supported by an administrative team, nurses and care staff. Ancillary staff including housekeeping, catering and maintenance staff report to the

persons in charge.

Communications were largely informal apart from the twice daily handover reports given at the start of each shift. Records showed that staff meetings were infrequent with only one meeting recorded in April for all of 2022. As a result it was not clear how staff were kept informed about the results of quality or safety monitoring reports including any improvements or changes that were required. Staff who spoke with the inspector said that managers were approachable and that they communicated regularly with the persons in charge however on the day of the inspection nursing staff had not informed the person in charge that one resident who had recently returned from hospital had a hospital acquired infection. As a result the person in charge had not ensured that the appropriate infection prevention and control procedures were in place and that all staff providing care for the resident had been communicated with. This was addressed immediately and appropriate infection prevention and control measures were implemented and communicated to all staff .

There was a schedule of clinical and management audits available as part of the provider's oversight processes, however these were not being used to effectively monitor the quality and safety of care and services and as a result this inspection found a number of improvement actions that were required and had not been identified through the provider's own quality assurance checks. The audit schedule was not implemented in line with the time frames required for example records showed that a weekly walkabout audit had only been completed for one week in 2022. Furthermore the audits that had been completed were not always followed up to ensure that any improvement actions identified had been implemented and that standards had improved.

Regulation 14: Persons in charge

There was a person in charge who met the regulatory requirements. The role was managed as a job share. Both individuals were experienced nurses who had worked in the role for more than three years.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with appropriate skills and knowledge on duty on the day of the inspection to meet the needs of the 25 residents who were accommodated in the designated centre.

Rosters showed that there was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff records and found that one record did not include all of the information required in Schedule 2 of the regulations as one staff record did not have two written references in place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place which met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to provide sufficient resources to ensure that the living environment was kept in a good state of repair and met the needs of the current residents. The findings are set out under Regulation 17.

There were management systems in place to monitor the safety and consistency of the care and services however these were not robust. For example;

- A weekly environmental audit included in the quality assurance checks had only been completed once in 2022. Furthermore the report identified a number of actions that were needed but these had not been implemented and followed up at the time of the inspection.
- A sample of the weekly clinical reports in relation to incidents, wounds, restraints, infections and falls was reviewed. The information was collected each week and was discussed at the monthly governance and management meetings but was not being used to inform a management report so that these areas could be monitored and trended to see if any actions were required to reduce incidence and improve the quality and safety of care for residents.
- The oversight of resident's assessments and care plans did not ensure that resident's assessed needs were being addressed in a timely manner. This is discussed further under Regulation 5..

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was respectful of their wishes and choices. There were opportunities available for social engagement and meaningful activities. Staff were observed to be supportive and kind towards the residents who they knew well. Residents said that they felt safe and well looked after. As a result residents experienced positive health and social care outcomes as a result of the person centred approach to the care and support provided to them. However the provider now needed to take a number of actions to ensure residents received a high standard of evidence based nursing care in line with their assessed needs, as discussed under Regulation 5. Actions were also needed to ensure that clinical risks such as infections were managed in line with national guidance and standards. This is discussed under Regulation 27. Furthermore the layout of the centre especially twin rooms 15 and 16 and the dining room impacted on the privacy and dignity of the residents using these rooms. These issues are described in more detail under the relevant Regulations relating to Resident's Rights and Premises.

There were systems in place for the assessment, planning, implementation and review of nursing and care needs of the residents. However a review of a sample of resident's assessments and care plans found that these systems were not robust and as a result residents nursing and care needs were not always identified and appropriate interventions put in place to meet those needs.

Access to the resident's own GP was maintained should the resident wish to do so or residents could access a local GP service who visited the centre on a regular basis. Residents also had access to specialist medical assessment and follow up when required. Residents had access to a range of specialist health and social care providers including a physiotherapist who was in attendance on the day of the inspection. Residents were reviewed by the physiotherapist and were seen mobilising and enjoying light exercises throughout the day. Access to dietician and speech and language therapy was available however improvements were required to ensure that where a resident was referred this referral happened in a timely manner. Furthermore improvements were also required to ensure that where a specialist practitioner recommended specialist equipment for a resident that this equipment or a suitable alternative was sourced for the resident. These findings are discussed under Regulation 6.

Residents who spoke with inspector reported that they felt safe in the centre and that their wishes and preferences were respected by the staff. The inspector found that staff were aware of resident's needs and that this contributed to positive

experiences for the resident. Residents were well dressed and were observed to wear clothes and footwear that was suitable for them. Residents that required support with their personal care or mobility were provided with discreet support by the staff.

While most residents' bedrooms were suitable in terms of size and facilities the size and layout of two twin bedrooms 15 and 16 was not suitable to meet the needs of residents who needed to use large items of assistive equipment such as hoists or comfort chairs. On the day of this inspection one of these bedrooms was occupied by one resident with low mobility needs however the other bedroom was occupied by two residents one of whom used assistive equipment. There was not sufficient space between the beds in this room to allow staff to use a hoist without encroaching on the second resident's bed space which impacted on both resident's rights to carry out personal activities in private.

Some improvements were found in relation to infection prevention and control practices since the last inspection. However significant focus and effort were now required to ensure that staff fully implemented current guidance and that procedures consistent with the Authority's standards for the prevention and control of health care associated infections were implemented by staff in order to protect residents.

Overall the provider had taken adequate precautions to protect residents against the risk of fire. Regular fire drills had been completed however the provider had not ensured that a simulated fire drill with night time staffing levels had been completed. This type of fire drill is important as it reflects the staff's ability to respond to a fire emergency when the staffing levels are minimal. The person in charge completed a satisfactory simulated fire drill and submitted the record following the inspection.

Regulation 17: Premises

The registered provider had failed to ensure that all areas of the premises conformed to the matters set out in Schedule 6 of the regulations. As a result some areas did not meet the needs of the current residents. This was evidenced by;

- The dining room did not meet the needs of a number of residents as the height and design of the dining tables meant that those residents who used wheelchairs or specialist chairs could not sit at the dining tables.
- The en-suite facility in one twin room included a domestic style step in bath that was not accessible for the current residents occupying this bedroom.

There was a lack of suitable storage for larger items of equipment. For example a portable hoist was being stored in the cleaning cupboard.

Some areas of the premises including some bedrooms and en-suite facilities and the domestic style kitchen were in need of refurbishment and redecoration. There was no clear plan in place to carry out this work.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate food and nutrition to meet their needs. This included a range of home cooked nutritious meals and snacks and hot and cold drinks throughout the day.

The catering team provided a range of specialist diets including diabetic and textured meals in line with the residents' assessed needs. There were sufficient staff available at meal times to support residents with nutritional needs. Staff offered discreet support when assisting residents with their meals.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that the procedures consistent with the standards for prevention and control of health care associated infections published by the Authority were implemented by staff. This was evidenced by:

- Mop heads were not changed between rooms. This had been identified as a quality improvement action but had not been implemented.
- Some wall hand sanitisers had not been refilled. This was addressed by the person in charge at the time of the inspection.
- There were no paper hand towels available at wash hand basins. The staff were using a roll of blue tissue paper which increased the risk of transmission of infection. The person in charge reported that the supplier had not delivered paper towels with weekly delivery due to shortage from their suppliers.
- The housekeeping cleaning trolley was visibly dirty and did not have a lid on the waste bin on the trolley. There was no evidence that this had been reported to senior staff and the maintenance team.
- A resident who was diagnosed with a multi-drug resistant organism (MDRO) did not have a clinical waste bin in their bedroom.
- Staff were not aware that a resident had a MDRO infection so that appropriate transmission based precautions could be implemented.

- The clinical team were not monitoring MDRO infection in the centre in line with national guidance.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider could not provide assurance that residents could be safely evacuated using least resources for example at night time.

The provider submitted a satisfactory night time scenario fire drill record following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident's assessment and care records and found that two residents out of the five care plans reviewed did not have a care plan in place to meet their assessed needs. For example;

- One resident who had a diagnosis of a multi-drug resistant organism (MDRO) did not have an appropriate care plan in place. As a result not all staff who spoke with the inspector were aware that the resident had this infection and what transmission based precautions needed to be in place to protect the resident and other residents.
- Another resident who had nutritional needs and had developed a pressure sore did not have an up to date care plan for their wound dressing needs.

There was no clear record that residents and where appropriate their families were involved in care plan reviews.

Judgment: Not compliant

Regulation 6: Health care

.A resident who had been assessed for their mobility and seating needs had not been provided with the recommended specialist seating.

A resident who had significant nutritional needs had been referred for a specialist dietitian assessment. At the time of the inspection the resident had not seen the dietitian and the referral had not been followed up by nursing staff.

Judgment: Substantially compliant

Regulation 8: Protection

There was a comprehensive range of safeguarding policies and procedures in place to ensure that any allegations or safeguarding concerns were reported and managed appropriately.

Staff had attended their mandatory safeguarding training and updates and staff who spoke with the inspector were clear about their role and responsibility to keep residents safe and to report any concerns they may have.

The provider was not a pension agent for any residents. Resident's monies were managed appropriately and there were clear records in place for any personal monies that were held for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of two twin bedrooms 15 and 16 did not ensure that residents who may need to use of assistive equipment such as a hoist would be able to use this equipment safely and in private without impacting on the second resident in the bedroom.

Resident meetings had not been held since March 2022 and it was not clear that residents were adequately consulted about and facilitated to participate in the organisation of the designated centre.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Anne's Private Nursing Home OSV-0000387

Inspection ID: MON-0038383

Date of inspection: 17/11/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An assigned member of staff has been delegated to carry out the weekly environmental audit. The audits will be reviewed at the monthly managers governance meeting. • All clinical reports are discussed at the monthly managers governance meeting. • A care plan audit will take place monthly or more often if needs change to ensure all care plans and assessments identify and implement assessed needs. Nurses have been delegated link roles (i.e pressure area care, nutrition) to ensure that all residents have timely care plans. • Referrals made to external agencies will be followed up within 3 days if there has been no response. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The replacement of the dining room table and chairs forms part of our 2 year replacement and renovation plan • The en-suite bathroom containing a bath is due to be converted to a shower wet room and is included in our 2 year plan. • Refurbishment and redecoration of the kitchen and bedrooms forms part of the cyclical maintenance programme included in the 2 year plan. • Alternative storage for larger items is being appraised. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Mop heads have been purchased and will be changed for each room • The difficulty getting hand towel supplies was resolved by changing suppliers and have been satisfactory since the inspection • A lid is now on the cleaning trolley and the condition of the trolley is included in the weekly environmental audit. • A nurse has been delegated as the infection control lead and will ensure that all other staff are aware and have knowledge of MDRO infections. They are also responsible for ensuring care plans for MDRO are up to date. This will be monitored by the management team at the monthly management governance meetings. • Clinical waste bins are in the identified residents room. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The night time fire drill has been completed and was submitted to HIQA.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A nurse has been delegated as the infection control lead and will ensure that all other staff are aware and have knowledge of MDRO infections. They are also responsible for ensuring care plans for MDRO are up to date. Nurses have been delegated specific roles in ensuring that nutritional and pressure area care plans are up to date and implemented. This will be monitored by the management team at the monthly management governance meetings • All residents and/or representatives are included in the 4 monthly reviews and this is documented on the consent forms in the care plan folders. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The specialist seating initially recommended for a resident was following further assessment deemed unsuitable to their changing needs. • Referrals made to dieticians will be followed up within 3 days if there has been no response. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Individual assessments of residents requirements and the use of specialist equipment in shared rooms will be carefully monitored to minimise any impact on the other resident. • Residents consultation and information sharing did occur in 2022 but due to the informal and individual nature was not evidenced by documentation, however the meetings have re-commenced on a bi-monthly basis as determined by residents at the January meeting and are timetabled for the year. 	

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	31/05/2023
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	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	28/02/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	28/02/2023
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.	Not Compliant	Orange	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/02/2023
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	20/11/2022

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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 than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/02/2023
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Yellow	18/11/2022
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a	Substantially Compliant	Yellow	30/11/2022

	resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	16/02/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	16/02/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	16/01/2023