



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

Issued by the Chief Inspector

Name of designated centre:	St. Brendan's High Support Unit
Name of provider:	Mulranny Day Centre Housing Limited
Address of centre:	Mulranny, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	12 July 2024
Centre ID:	OSV-0000389
Fieldwork ID:	MON-0042408

About the designated centre

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

St. Brendan's High Support Unit is a purpose-built facility which can accommodate a maximum of 25 residents. It provides care to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. This centre is situated in the village of Mulranny on the N59 Newport to Achill road and just off the Great Western Greenway. It is part of a supported housing complex and day care service operated by Mulranny Day Centre Housing Limited. The building is split level over two floors with lift access to the upper floor. Bedroom accommodation for residents is available on both floors with all bedroom accommodation provided as single rooms. A variety of communal space is available for residents to use during the day and includes two sitting rooms, a dining area and a visitors' room. The centre is set in spacious grounds and overlooks the sea.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 12 July 2024	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were well cared for and were very happy to continue to live in their local community with additional nursing and care support. Residents were given choice in how they wished to spend their days and the care provided by staff was observed by the inspector to be kind, patient and person centred.

The inspector arrived at the designated centre unannounced and was greeted by the administrator on arrival. The inspector was informed that the person in charge was on their way to the centre and they arrived a short time later. The provider representative also attended the designated centre on the day. Following a brief introductory meeting with the person in charge the inspector did a walk around of the centre to see recent changes made to the premises and to observe care practices during the morning routine. This gave the inspector the opportunity to meet with residents and staff and to observe the quality of care and services the residents received in the designated centre.

The centre was bright, warm and inviting and staff were busy assisting residents with their morning routines. The inspector spoke with eleven residents, seven staff and three relatives during the day of inspection.

At the time of this inspection there were 24 residents living in the designated centre. All residents were accommodated in single bedrooms, some of which contained wash hand basins and others which had en suite facilities. Residents' bedrooms were clean, mostly well-furnished, and found to be personalised by the residents with items of individual interest such as personal photos and other items. All resident rooms were spacious and suitable for the assessed needs of the residents.

A number of residents and relatives who spoke with the inspector during the day were from the local area and told the inspector how pleased they were living in Mulranny how it allowed them to remain in touch with families, friends and neighbours from the local area.

The inspector observed that building works were underway in the upper ground floor of St Brid's wing. The provider was in the process of increasing the size and improving the layout of bedroom 18. This was to ensure that a resident living in this room had adequate space and storage available to them for their personal possessions. Residents told the inspector that they had been informed about the works prior to their commencement and the inspector observed that there was minimal disruption to the residents in close proximity to these works as they had an external exit to and from the rooms in question. These works were at the final stages and due to be completed in the coming weeks.

The decommissioned laundry room was in the process of being converted into a bedroom with an en suite and the laundry service was outsourced to an external

laundry service provider within the community. Standard operating procedures were in place and the designated centre has a service agreement in place with the laundry service supplier.

The provider had recently completed some works which included the refurbishment and relocation of the sluice room to a central area within the centre. The new sluice room was well laid out and equipment had been installed and recently serviced. The inspector observed staff using this facility on the day of inspection.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors. Although the provider had installed a hand wash basin in the communal day room and the house keeping room the only clinical hand washing sink available to staff to perform hand washing was located in the treatment room which was securely locked and was not readily accessible for staff to use. The inspector did not observe staff performing hand washing during the day but did observe staff using alcohol hand gel.

The inspector observed an activity coordinator providing activities for residents in the communal room and also observed one to one activities taking place which included pedalling exercise and boxercise activities. A schedule of activities was also on display for residents information in the communal area. The inspector observed one resident going for a walk with a member of staff outside on the grounds of the centre during the afternoon.

The designated centre had a terraced garden area at the side of the premises which had scenic views of Clew Bay and the surrounding area. It contained wooden seating and planted flowers and was securely enclosed with a gate and fencing. Access to this garden was from a doorway that contained a key code lock which meant that the area was not easily accessible for the residents. This is discussed under the quality and safety section of the report.

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

Capacity and capability

This inspection found that there was good management and oversight of the quality and safety of the service by the provider and that the care and services provided were safe and appropriate.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on on actions the registered provider had agreed to implement in order to achieve compliance with the

regulations arising from the last inspection carried out in June 2023. The provider was also in the process of completing internal construction works in the centre to increase its occupancy from 25 to 26 long term care beds.

The registered provider of St Brendan's High Support Unit is Mulranny Day Centre Housing Limited. The registered provider representative attends the centre regularly to meet with residents and staff.

The person in charge of the centre is an experienced nurse with the required experience and management qualifications and works full time in the designated centre. The inspection was facilitated by the person in charge. The management team consists of a person in charge, a clinical nurse manager supported by an experienced team of nursing staff, health care assistants, household and catering staff. There is also an activity co-ordinator, an administrator and a maintenance person in the centre.

On the day of this inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents. Staff were observed assisting residents with their individual care needs in a timely manner. The inspector reviewed the rosters in the centre and was assured that there was a consistent and sufficient level of staff resources provided to support residents care needs.

The centre has an established governance and management structure in place. The inspector found that the oversight and management of the service was robust and that adequate resources were provided. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service improvements were identified and acted upon, through the use of a comprehensive audit schedule which included audits of residents' falls, medication management and fire safety. There was a well-established audit schedule in place to monitor the standards of care provided. There was a low level of restrictive practice in place which was in line with national standards. The provider had completed a comprehensive annual report on the quality and safety of care for 2023 which also included residents views and an improvement plan for 2024.

A review of training records found that most staff were up to date with their mandatory training except for a few, this is discussed further under Regulation 16: Training and staff development. Staff clearly demonstrated their knowledge on safeguarding residents from abuse and fire safety and emergency procedures when talking with the inspector. There were clear lines of reporting in place and staff were clear about what was expected of them in their roles.

Incidents were recorded appropriately and notifications were submitted in writing to the office of the Chief Inspector as required and in line with the regulations.

A directory of residents was maintained and referenced all required information regarding each resident admitted to the centre.

A review of records confirmed that complaints received were fully investigated in a timely manner and residents had access to independent advocacy services if needed. However, the complaints policy and statement of purpose required updating

to reflect the recent legislative changes to Regulation 34 which came into effect in March 2023. This was discussed with the person in charge and provider representative at the feedback meeting.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Although the person in charge had ensured that staff had access to training and staff were appropriately supervised 10 staff required infection prevention and control training and four staff required cardiopulmonary resuscitation training. This training was scheduled to take place the week after the inspection was carried out.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files viewed by the inspector were assessed against the requirements of Schedule 2 of the regulations and were found to be complete. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without having satisfactory Garda vetting in place. All other records requested during the inspection were made available to the inspector on the day. Records were found to be maintained in an orderly and confidential manner.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

An annual review of the quality and safety of care delivered which included residents feedback had been completed for 2023 and was made available to the inspector to review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of four contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. All contracts of care reviewed had been appropriately signed and included the residents room number.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the Chief Inspector notice in writing within three working days of its occurrence.

Judgment: Compliant

Quality and safety

Overall residents received a high standard of nursing and medical care to meet their assessed needs. There was a commitment in delivering person centred care with residents supported to maintain their independence, their self care abilities and to

lead a full life. The inspector observed that staff communicated respectfully and patiently with residents, while promoting their choice and independence. It was evident from residents' feedback to the inspector that staff in the centre had developed good relationships with the residents and that residents trusted staff and valued their kindness and concern for them.

The centre was calm on the day of the inspection and residents' needs were being met.

The provider had made significant improvements to the premises since the previous inspection. New flooring was in place throughout the centre, bedrooms and communal rooms had been repainted, a new sluice facility was centrally located and additional seating and plants had been added to the terraced garden in the designated centre. An additional hand washing sink had been installed in the communal room but it was not adequate or large enough for performing appropriate clinical hand washing.

The premises was clean and comfortable for the most part and residents could walk freely around their home and were observed using their communal rooms or bedrooms during the day. However, residents could not access their terraced garden area without assistance from staff and the inspector did not observe any residents using this area on the day.

The ongoing building works were being effectively managed to minimise disruption to residents. In addition to the works described earlier in the report the provider had plans to add an additional shower room to the West wing and renovation works to this room were taking place at the time of the inspection.

Improvements had been made in the storage arrangements in the centre and on this inspection it was observed that clinical supplies were appropriately segregated and stored in shelving units. The general upkeep and maintenance of the centre was satisfactory and there was a maintenance person employed within the centre.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. residents and visitors could access a kitchenette beside the dining room if they wanted to avail of tea, coffee or snacks in between meals. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary requirements. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered in a discreet and sensitive manner.

The inspector found that some improvement was still required in relation to infection prevention and control measures in place. The risk of infection spread within the centre was increased due to a lack of appropriate hand hygiene sinks made available to staff at the point of care to residents. These measures were not in line with the National Standards for Infection prevention and control in community services.

The registered provider had taken adequate precautions against the risk of fire, and

did provide suitable fire fighting equipment, suitable building services and suitable bedding and furnishings. The registered provider had ensured by means of fire safety management and fire drills at suitable intervals, that the persons working in the centre are aware of the procedure to be followed in the event of a fire.

The inspector reviewed fire safety arrangements in the centre and found that the provider had made significant improvements in relation to fire safety since the last inspection. Measures were in place to ensure residents were protected from the risk of fire and the provider had completed the actions outlined in their compliance plan.

Medication practices were found to be safe and well managed. Medication systems were in place and staff spoken to were knowledgeable of their regulatory responsibilities when administering medicines. There was appropriate and safe storage of medications in the designated centre. Medication charts reviewed included the correct prescribing details and instructions for each medication.

The inspector found that there were sustained improvements in the management of residents' care records and in the development of person centred care plans. Care interventions were specific to the individual concerned and were updated as and when residents needs changed or on a four monthly basis in line with the regulations. There was evidence of family involvement in the care planning process.

Assessments such as skin integrity management, nutritional care, wound care, psychological and social well being assessments, had been completed and reviewed in line with regulatory requirements. Care plans were clearly and consistently detailed for the most part and guided care interventions for nursing and care staff. Dedicated care plans for residents who exhibited 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 in place. These care plans identified triggers and distraction techniques that were in place to support each resident and contained information that was person-centred in nature.

Residents had access to health care services including general practitioner (GP) services, physiotherapy, dietitian, vascular clinics and chiropody to name a few. These services were accessed through the General Medical Service (GMS) service, where possible. Services that could not be accessed through the GMS were available to residents at an extra cost that was clearly laid out in their terms and conditions.

The centre had dedicated staff responsible for the provision of activities. There were suitable facilities available for residents to engage in recreational and occupational opportunities. The inspector observed one to one activities and group activities taking place on the day of inspection. Resident meetings were held on a regular basis and provided residents with the opportunity to give feedback on the service provided. These meetings covered a range of topics that were important to residents and included items such as catering, activities, service improvements, outings and upcoming events in the centre and local community. There was information available for residents on how to access independent advocacy services if needed. Residents were observed meeting with their visitors and there were no restrictions on visiting in the centre.

An enclosed terraced garden area with outdoor seating had been developed for residents however as this door had a key code lock this area was not accessible to residents without the assistance of staff to open the doors. The inspector did not observe any residents or visitors using this outdoor garden area on the day of inspection. Furthermore, the doorway out to this garden area was at the top of an inclining ramp corridor which did not provide ease of access or entice residents to go out and use this area.

Regulation 17: Premises

Although building works were underway, the registered provider had ensured that the premises of the designated centre was appropriate to meet the needs and number of residents living in the centre.

The registered provider had provided a premises which conformed to the matters set out in Schedule 6 of the regulations. Bedrooms and communal rooms were of a suitable size and layout for residents. There was adequate space and suitable storage facilities for residents to store their personal belongings including a lockable press in each bedroom. The premises was kept in a good state of repair internally and externally and it was clean and suitably decorated. The provider had improved the storage arrangements in the centre and store rooms had been fitted with shelves to store supplies appropriately.

There was equipment available for residents use and it was in good working order. Each bathroom, toilet and shower facility inspected had appropriate grab rails installed and there was handrails along the corridors including the ascending corridor to St Brides wing.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful and patient manner.

Judgment: Compliant

Regulation 27: Infection control

Although the centre was clean throughout the inspector could not be assured that hand hygiene practices were effective or in line with National Standards for Infection prevention and control in community services. Staff did not have easy access to clinical hand washing sinks within close proximity to providing direct care to multiple residents. Staff had to return a distance to the treatment room or the day room or a communal toilet, all of which had closed doors, to wash their hands in between points of care.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. For example, records reviewed in the fire register provided evidence that;

- fire exits were checked twice daily and had been signed by a member of staff consistently. All fire exits were clear from any obstruction on the day of inspection.
- a new fire door record included evidence that weekly checks of fire doors, attic doors and emergency lighting had been completed and signed by staff.
- the inspector observed that fire fighting equipment was located throughout the centre and was found to be well-maintained and serviced regularly.
- there was evidence that the fire alarm system was checked weekly every Wednesday and it had been serviced on the 11/1/24.
- an external fire exit door had been widened outside bedroom 23 to accommodate a safe evacuation of residents with reduced mobility in the event of a fire emergency.
- fire maps outlining the compartments during an evacuation procedure were displayed throughout the centre.
- all staff had completed their yearly mandatory fire training and staff spoken with on the day could clearly explain what they would do in the event of a fire.
- fire drills that simulated evacuations of different fire compartments within the designated centre had been recently completed.
- residents personal emergency evacuation plans (P.E.E.P's) were updated at regular intervals and easily available to staff. P.E.E.P's reviewed found that they were reflective of the residents current mobility and dependency levels.
- a fire safety officer has been appointed in the centre and has received additional fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was robust systems in place to support the prescribing, dispensing and administration of medicines safely in the centre. The inspector observed safe practice by nursing staff administering medication during the day. They explained their process and could clearly indicate and demonstrate how they cross checked medication charts with blister packets dispensed for individual residents. Medication was stored safely and the medication trolley was attended at all times. Medication audits had been carried out and each drug kardex reviewed had clear prescribing instructions documented. The centre had access to the support of a local pharmacy and medicines were received and recorded appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plan's and assessment were reviewed by the inspector and evidenced that all residents were assessed by a registered nurse on admission to the nursing home. There was evidence that validated assessment tools were used to assess each resident's condition and their dependency level. Care plans reviewed included comprehensive wound care assessments, details of their current treatment plan, photographs of the wound and condition of the wound at each dressing change.

Residents diagnosed with responsive behaviour had a person centred care plan in place that was reviewed regularly based on ongoing assessment. Staff were aware of residents individual needs and referenced the residents care plans to guide the care provided to residents.

Care plans were reviewed regularly and in consultation with the resident and their family and documented in the residents records.

Judgment: Compliant

Regulation 9: Residents' rights

Although significant improvements had been made to the enclosed garden area of the centre which included seating and flower planters, access to this area was restricted by a keypad and residents could not exercise choice to access this area without the assistance of a staff member to unlock the door.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Brendan's High Support Unit OSV-0000389

Inspection ID: MON-0042408

Date of inspection: 12/07/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> - All Staff will have completed IPC training by 31st Aug 2024 - All nursing staff will have completed BLS training by 30th Sept 2024. - Full Training schedule plan in place for 2024/5 to develop staff roles and responsibilities. - By doing this the registered provider & Person in Charge will be compliant with Regulation 16. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - IPC Link Role established. This practitioner will continue to provide ongoing Handwashing workshops regularly. 31th AUG 2024 - Current Handwashing sinks at point of care: Day Room, 7 communal bathroom/toilets, Clinical room, 2 Sluice rooms, Dirty Linen Store & Housekeeping room have all been provided with a sign to show location of Handwashing facilities. 31th AUG 2024 - Clinical hand washing sinks to be fitted to 1. the West Wing corridor 2. Front Day Room 3. Link Day Room - to provide easy access to clinical Hand washing sinks for all staff, residents & visitors. The provider aims to be compliant with Regulation 27 by 31st DEC 2024 	

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">- Keypad to the external enclosed garden has been provided to all residents who have been risk assessed and not at risk of lacking safety awareness. 31th AUG 2024- New picture signage has been provided throughout the building promoting the garden and accessibility to entice resident to utilise the garden facilities. 31th AUG 2024. In doing this the provider is compliant with Regulation 9.- A new proposed garden area to the front of the building is being designed. This will afford multiple accesses to both existing and planned garden areas.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2024
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.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other	Substantially Compliant	Yellow	31/08/2024

	residents.			
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