Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Maynooth Lodge Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Rathcoffey Road, Crinstown, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	15 October 2021
Centre ID:	OSV-0004593
Fieldwork ID:	MON-0033914

About the designated centre

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

Maynooth Lodge Nursing Home is single storey purpose built nursing home that is spacious and laid out in three parts one of which is a separate unit referred to as the dementia friendly area. Eleven residents were being accommodated in this secure unit that had a combined area divided by a corridor as the residents' day and dining room. The centre is registered to accommodate 79 residents. All bedrooms (75 single and two twin bedrooms) have full en-suite facilities that are wheelchair accessible with suitable assistive devices, call bells and aids. The main dining room adjoined the kitchen where meals were prepared and cooked. There was ample communal space throughout which included day spaces and sitting rooms, a smoking room, an equipped hair salon, an oratory, laundry, staff and visitor facilities. Residents and visitors had access to a variety of secure well maintained outdoor garden courtyards with raised beds, paved patios and seating areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 15 October 2021	09:40hrs to 18:00hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spent time in each of the units in the centre to see what life was like for residents living here and spoke with approximately 11 residents during the day. The inspector found that although the residents were content with the care they were receiving they were not receiving the level of service required to ensure their needs were met in a holistic or safe manner.

There were sixty one residents living in the centre, some of whom could not advocate for themselves due to their medical diagnosis. Fifteen residents were living with a physical and or intellectual disability, and fourteen were living with dementia, in the dementia unit. Five of the fifteen residents living with a physical and or intellectual disability required 1:1 supervision during the day and four required 1:1 supervision during the night.

The inspector observed residents eating their lunch in the main dining room. Residents spoken with said they enjoyed the food served to them. They said that if they did not like their meal they were offered another choice. Staff were available to provide assistance to residents however the inspector observed one healthcare assistant providing assistance to two residents at the same time, both residents were supposed to be having 1:1 care. The inspector was informed the second healthcare assistant was delivering meals to residents having lunch in their bedroom due to staff shortages.

The inspector observed some good staff and resident interactions during lunch service. These interactions were respectful, empathetic and staff appeared to be patient with residents.

Residents described the staff as great. They said the staff were kind and caring towards them, a number referred to how busy they were. The inspector observed that staff were moving from one task to another with little time for interaction with residents. Staff spoken with were genuinely committed to delivering the best care they could and were stressed that they could not do that with limited resources; a number of staff informed the inspector that there were not enough staff. Some said they found it difficult to come to work everyday knowing they would be short staffed.

The inspector observed residents living in the dementia unit were left unsupervised for prolonged periods of time while the qualified member of staff administered medications to residents on the adjoining unit. One resident living in this unit was observed smoking at the end of an internal corridor. The resident was not being supervised at the time.

Residents said that the only activity they knew about was Mass and some said they did not want to go to Mass. The inspector did not observe any other activities

occurring in any of the units over the course of this inspection.

The governance of the centre will be discussed under the following two sections,capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. It was a risk inspection triggered as a result of increased number of unsolicited information brought to the attention of the inspectorate. There had been five unsolicited concerns received since the last inspection of 30 April 2021. The issues highlighted in each of these concerns were followed up on during this inspection and most of the issues identified were upheld. The inspector found that the provider had addressed most of the issues identified during the last inspection. However, further non-compliance's were identified on this inspection with the governance and management of the centre, staffing and infection prevention and control.

The provider had submitted an application to renew the registration of the centre. The application was not received in a timely manner and when it was received it was incomplete. It was then returned to the provider.

The governance of this centre required strengthening. The provider is The Brindley Manor Federation of Nursing Homes Limited. The company has two directors, one of whom is the named provider representative. The person in charge was supported by a senior management team which included the provider representative, a regional manager and an associate regional director both of whom were new in their role. On site the person in charge was supported by a clinical nurse manager the second clinical nurse manager post was vacant. The person in charge did not have enough senior staff to support them in their operational role.

The centre was not adequately resourced. The provider had failed to address the ongoing staff vacancies in a timely manner. This had resulted in residents not having their care needs met in a holistic manner. The inspector requested that urgent actions to be taken to address the staff shortages due to the negative impact these shortages were having on residents. The provider submitted an outline of measures they planned to take this included suspending admissions until an appropriate number of staff were employed to meet the needs of the residents. The governance and management team were invited to a cautionary provider meeting following this inspection.

The processes in place to oversee the quality of care being delivered to residents were not always leading to improvements in practices. For example the infection

control audit completed in September 2021 identified issues with the cleanliness of the centre. The issues identified had not been addressed and therefore continued to negatively impact residents.

Residents living with dementia and displaying 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 left unsupervised for long periods of time. This put other residents at risk as outlined in this report.

Staff had been provided with additional training since the last inspection and the inspector saw that staff had completed training on the following topics: wound management, management of behaviours that challenge, fire training and meeting the nutritional and hydration needs of residents however further staff training needs were identified during this inspection, as further detailed under regulation 16.

A number of documents reviewed did not meet the legislative requirements these included the statement of purpose, residents records and the directory of residents.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was not made in a timely manner. The application was due to be received on the 14 October 2021 and was not received until the 15 October 2021. The pack received was incomplete and was therefore returned to the provider.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the 61 residents present in the centre on the day of inspection. Agency staff were employed to cover staff deficits however some agency staff had not reported for duty on the day of this inspection and the inspector found that the nursing home was short staffed across all disciplines.

For example:

- Two twelve hours healthcare assistant posts were unfilled for the day shift.
- There was only one housekeeper on duty. This person finished at 16:00 hours and there were no staff rostered to take over.
- There were two staff nurses on duty, one of whom finished duty at 14:00hrs. The inspector was informed that the Clinical Nurse Manager (CNM) on duty was taking over the staff nurses duties at 14:00hrs as there was no other

nurse available. This meant that there was no one available to support or supervise staff. This was of particular concern as some agency staff were working in the centre for the first time and some of these were providing 1:1 care to residents with complex care needs for the first time.

The inspector was informed of the following staff vacancies: 20 health care assistants, 4 house keeping staff, 1 laundry assistant, 1 social care facilitator, 1 activities person, 2 kitchen assistants and a part-time receptionist.

The staffing levels outlined in the statement of purpose (SOP) dated 13 October 2021 were not adequate to meet the needs of 79 residents. For example, on page ten of the SOP it referred to having 9.7 whole time equivalent staff nurses employed.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff nurses required further training on nursing documentation and the management team required further training on auditing procedures.

Staff were not appropriately supervised. The housekeeping supervisor was the only house keeper on duty and was therefore working as a housekeeper, she reported she had no one to supervise. The groups catering supervisor was working as a chef in the kitchen.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There were gaps in the marital status of residents and the religious status of each resident was not included in the directory of residents provided for review.

Judgment: Substantially compliant

Regulation 21: Records

The daily record for each resident did not accurately reflect the care provided. For example, one resident was contracted to receive six hours of activities each day however the last entry made in this residents daily activities record was on the 30 August 2021. The clinical nurse manager said the resident was receiving these daily

activity hours however this was not reflected in their activity records or their daily care records.

Judgment: Substantially compliant

Regulation 22: Insurance

A new contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The senior governance team had not responded in a prompt manner to address the ongoing issue of staff shortages. The provider was continuing to admit residents into the centre the last admission to the centre was the Monday prior to this inspection.

The oversight procedures were not robust enough. For example:

- They failed to identify all the areas requiring improvement highlighted in this report.
- Some monthly audits had not been completed, for example there had been no audit completed on the petty cash held on behalf of residents since December 2020.
- The audit tools used for some audits were too basic to identify any issues. For example, the quarterly call bell audit identified that staffs response times to two call bells being called at random every three months.
- The inspector reviewed some proposed new bedrooms and found that some had no blinds on the windows and the screening in one twin bedroom did not ensure the privacy of both residents.
- There was no indoor or outdoor smoking facility available to residents who smoked and were living in the dementia unit.
- The secure safe where petty cash was held was stored in the medication room which an unregistered member of staff had access to; a number of medication storage cupboards within this room were not locked.

Judgment: Not compliant

Regulation 3: Statement of purpose

A revised statement of purpose dated 13 October 2021 was provided to the inspector on inspection. It did not reflect the service and facilities provided. For example, in several areas of the document it referred to the centre being an 85 bedded nursing home however the centre has 79 registered beds. In addition, the certificate of registration referred to on page three of the document did not reflect the current certificate of registration.

Judgment: Not compliant

Quality and safety

While there were examples of some kind and caring interactions between staff and residents, the standard of care being delivered to residents was not holistic and did not enhance the lived experience for the residents living in the designated centre. This was of particular concern for the cohort of residents under the age of 65 years of age, who did not avail of the assessed support hours required to meet their needs.

There were a number of improvements needed to ensure that residents health and social care needs were consistently met across the service. These included areas of infection prevention and control as discussed under Regulation 27, the provision of activities and issues with the premises.

The inspector observed that residents did not have access to a range of meaningful activities and social opportunities in the centre. There were no activities available to a large cohort of residents other than Mass. Although there was a dedicated activities person rostered this person was facilitating health care assistants to provide basic care to residents. There was nobody else facilitating the provision of activities to residents and therefore the only residents receiving any form of activity were those in receipt of 1:1 care.

A sample of daily care notes reviewed found that they did not accurately reflect care interventions in a person centred manner and did not accurately reflect what if any activities each resident was participating in.

The designated centre had procedures in place for the prevention and control of health care associated infections which included a COVID-19 contingency and preparedness plan. However, the plan in relation to the provision of staff during a COVID-19 outbreak required review.

The inspector observed some good examples of hand hygiene practices, social distancing at meal times and the proper use of personal protective equipment (PPE). However, it was observed that social distancing was not practiced between residents during Mass. A number of other improvements to enhance the effectiveness of the

centres infection prevention and control measures are discussed under regulation 27.

Improvements had been made to fire safety measures and the storage of medicines since the last inspection and the registered provider had come into compliance with both these areas.

Regulation 17: Premises

The premises reviewed on the day appeared to be meeting the needs of the 61 residents.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

- the COVID -19 contingency plan did not provide the appropriate level of detail to ensure staff would be available to care for residents in the event of an outbreak of COVID-19
- bedrooms were not being cleaned on a daily basis. There was a six day gap between some occupied bedrooms being cleaned.
- bedrooms (five per day) were recorded as having had a deep clean. These bedrooms were viewed and were not clean.
- occupied bedrooms had unclean floors, bedside tables and delph within them.
- some wash hand basins in residents' ensuites were not clean.
- frequently touched surfaces were only being cleaned once per day.
- staff were observed not wearing face masks correctly on four separate occasions
- 15 residents were observed attending Mass in the small windowless oratory. There was no social distancing. Neither the priest celebrating the Mass, nor any of the 15 residents were wearing a face mask. Two relatives sitting in the front row were wearing a mask but were not practicing social distancing.
- the storage of boxes of supplies on the floor of the cleaners room meant the floor could not be cleaned.
- the storage of clean equipment in the dirty sluice room required review.
- the small area of worktop surface available to staff in the medication room was cluttered with items leaving no space to prepare medications.

Judgment: Not compliant

Regulation 28: Fire precautions

The majority of staff had received fire training which included the role of a fire warden. The seven outstanding staff were booked to attend this training on 21 October 2021.

The bolts identified on two fire doors on the last inspection had been removed. Fire doors were included in daily and weekly fire checks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Procedures had been developed and implemented to ensure all out of date medications were returned to the pharmacy in a timely manner. The inspector saw that there were no out-of-date medications being stored in the designated centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

The process in place for managing residents' petty cash required review.

The provider was a pension agent for a small number of residents. The inspector received assurances that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

A high number of residents did not have the opportunity to participate in activities in accordance with their interests and capabilities.

Judgment: Not 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	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Maynooth Lodge Nursing Home OSV-0004593

Inspection ID: MON-0033914

Date of inspection: 15/10/2021

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**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: A revised application for renewal of the registration of the centre has been compiled and will be submitted together with an updated Statement Of Purpose and Floorplans by 19th November 2021.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: While recruitment for the centre has been ongoing, this has recently been accelerated to fully ensure staff are being recruited in sufficient numbers and skill mix so as to reduce the use of agency staff within the centre. Recruitment of staff is supported by the Chief Human Resources officer and the Senior Executive team. To assist with recruitment and retention, salary scales have been revised and staff incentives introduced. In parallel with the recruitment drive, service agreements are in place with a number of agencies to support gaps in the roster. Management have been working closely with the agencies to provide for continuity of staff deployed to the centre. However, in the event that these staff are unavailable, the agencies will deploy another person in their place. Staffing within the centre and the utilisation of agency is reviewed daily by the PIC, RPR and Regional Director. An in-house staffing ratio tool is used which provides assurance that staffing takes into consideration residents' needs, dependencies and the size and layout of the building. Gaps in roster filled by agency - actioned immediately at time of inspection	

(15th October 2021) Vacancies are being robustly recruited – plan for full staff quota 31st December 2021

Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: On-line training on 'Nursing Documentation' and 'Auditing' will be provided to Nursing Staff on 17th November followed by in-person training on 30th November 2021. A Services Manager was appointed on 10th November 2021. The role involves the management and supervision of all non-clinical areas, including dedicated responsibility for cleanliness and ensuring excellent IPC standards throughout the centre. Housekeeping staff are now supported by agency colleagues. Staff have been seconded to centre on a full-time basis to ensure continuity until a time when we have recruited our full team. Housekeeping is now being managed and governed by the PIC and Services Manager	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents is now being held on EpicCare and includes all the information required by regulation for every resident. Completed – 31st October 2021	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Separate documentation held outside EpicCare had been used at the time of inspection to evidence the activities provided for residents in receipt of 1:1 care. However, internal audit identified gaps in the information being recorded. New documentation has been developed to taking into account internal audit and inspection findings. In tandem with the roll out of the new documentation, staff are to receive training on how to use it. The target date for full implementation is 30th November 2021.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Recruitment is actively ongoing to address all areas highlighted. Admissions to the centre had been paused prior to inspection and will resume when the number and skill mix of staff are in accordance with the centre's Statement of Purpose. Staffing levels are reviewed weekly by the PIC, RPR and Regional Director.

Petty Cash Audits are now undertaken monthly – completed 31st October 2021

A new Call Bell Audit has been introduced – completed 31st October 2021

Dedicated window blinds will be in place and curtain screen changed to ensure privacy of both residents in twin rooms prior to rooms being registered – to be completed by 31st January 2022

The arrangements in place for residents who smoke is under review. This review will be caried out in conjunction with residents and will examine internal and external smoking areas – to be completed by 31st January 2022

Safe to be relocated outside the medication room – to be completed by 30th November 2021

A new Nurses station is being added to the Dementia friendly unit to enhance supervision and management in the unit, Nurses are now allocated to supervise and manage Oghill – to be completed by 30th November 2021

There will be three registered nurses on day duty daily in the centre (this was previously two) - completed 1st November 2021

Nursing roster has also been reviewed for night-time and registered nurse staffing levels will increase from 2 to 3 when occupancy increases as per our revised Statement of Purpose and staffing ratio tool as agreed with the Authority. To be completed by 31st December 2021

All of the above will be audited on a monthly basis and discussed at the monthly governance management meeting chaired by the PIC and supported by the senior management team.

Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A revised Statement of Purpose will be submitted – To be complete by 19th November 2021	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The Contingency Plan has been revised to ensure it reflects the staffing levels for the centre – completed 31st October 2021 Agency staff have been employed for housekeeping and recruitment continuing for full time staff to the centre – to be completed by the 31st December 2021 Mass has been relocated to the large day room allowing for greater social distancing – actioned immediately on day of inspection (15th October 2021) Boxes in the storage room have been removed from the floor – actioned immediately on day of inspection (15th October 2021) Clean equipment is now stored in a dedicated area – actioned on 31st October 2021 Worktop in the medication room has been cleared – actioned immediately on day of inspection (15th October 2021)	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A second Activities Co-ordinator has been recruited (awaiting garda vetting at this time) – In place 16th November 2021 Social Care Facilitator has been recruited (awaiting garda vetting at this time) – will be in place by 30th November 2021	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	30/11/2021
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.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	30/11/2021

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/11/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/10/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2021
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.	Not Compliant	Orange	19/11/2021
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	Not Compliant	Orange	31/10/2021

	monitored.			
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	30/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	19/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2021