



**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:	St. Joseph's Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	05 October 2023
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0041318

About the designated centre

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

St. Joseph's Hospital is a designated centre for older people. Residents are accommodated in single and multi-occupancy shared accommodation bedrooms. The centre is divided into four units. The Ash unit can accommodate 21 male and female residents. The Hazel unit is a 20-bedded female only unit. The Alder unit is a 24-bedded, male only unit. The Holly unit is a 11-bedded dementia specific unit. There is a refurbished corridor that links the Ash, Alder and Hazel units with a variety of communal rooms provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ennis town. Residents have access to enclosed garden area. The centre provides accommodation for a maximum of 76 male and female residents, over 18 years of age. Each resident's dependency needs are regularly assessed to ensure their care needs are met. There is a chapel in the centre and residents have access to the community and a wide range of activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	74
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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
Thursday 5 October 2023	09:35hrs to 18:00hrs	Una Fitzgerald	Lead
Thursday 5 October 2023	09:35hrs to 18:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

Residents spoken with were very happy with the care provided in this centre. The residents reported that the staff were very kind and that they treated them with the utmost respect. Positive comments stated to the inspectors included "we are well cared for and we are safe". Another resident stated "I'm very fond of the nurses and they are fond of me". Based on the observations of the inspectors, and from speaking with residents, it was clear that all members of the team were committed to providing person-centred care to residents. The only source of dissatisfaction voiced was in relation to the provision and the availability of physiotherapy services.

The inspectors arrived in the centre mid-morning. Many of the residents were up and about in the various areas of the centre, while others were having their care needs attended to. The atmosphere was calm and relaxed throughout the centre. Many communal dayrooms were all decorated in anticipation of halloween. For example, tables were laid with halloween napkins and bunting.

The centre is divided into four main units, called the Alder unit, the Hazel unit, the Ash unit and Holly unit which was a dementia specific unit. Each unit has a clinical nurse manager that was responsible for the day-to-day management of the unit. There were a variety of communal areas available for residents to use depending on their choice and preference including sitting rooms, dining rooms, and a church. Corridors that link the units were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a real sense of busyness along corridors while in the units there was a more relaxed ambiance. Along the corridors there were paintings, art work and large murals of local scenary on display. There was seating strategically placed along the main corridors for residents to sit and watch the movement of people coming and going. All areas were sufficiently bright and spacious with comfortable furnishings which provided a homely environment for residents. Many residents had decorated their bedroom space with photos and other items of significance. There was a sufficient number of toilets and bathroom facilities available to residents. However, on this inspection the centre was observed to be visibly unclean and generally poorly maintained.

The inspectors observed that there was a variety of stimulation and engaging activities throughout the day that provided opportunities for socialisation and recreation. Residents said they were encouraged and facilitated to attend activities, and that their choice to attend these, or not, was respected. When asked about how they spend the day, one resident stated "I haven't time to be bored". Activities and the importance of social interaction was known to all staff spoken with. The inspectors observed multiple resident and staff interactions that were kind and respectful. For example, the centre had purchased a games system that projects light on to a table top. The residents were sitting together in a circle and completed the games as a group. On the morning of the inspection, the inspectors observed

the residents and staff actively partaking in a game. The laughter and conversation could be heard drifting down the corridor.

Visitors were seen coming and going throughout the day. Residents told the inspector that they could meet with their visitor in the privacy of their own bedrooms, or in communal rooms. Relatives spoken with were complimentary of the care provided to their relatives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The provider had ensured that the direct provision of care was of a high standard. While the inspectors found that the provider had systems in place to oversee the quality and safety of the care in the centre, action was required to ensure that adequate resources were made available to the overall upkeep of the premises and the monitoring of the cleanliness of the building. While inspectors found that the staffing numbers on duty delivering direct care were sufficient, the allocation of resources in the cleaning staffing compliment was not adequate. The impact of these findings are discussed throughout the report.

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The Health Services Executive is the registered provider of this centre. There was a clearly defined management structure in place with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this inspection. The person in charge is supported in the role by two full time supervisory assistant directors of nursing and a team of clinical nurse managers allocated to each of the four units in the centre. There were 74 residents accommodated in the centre on the day of the inspection, and two vacancies.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of registered nurses, healthcare assistants, an activities team and multi-task attendants. As a result of the poor standard of cleanliness observed during the walkabout of the centre, the inspectors reviewed the allocation of resources to the multi-task attendants on duty. This was the team allocated to the catering department and the cleaning of the building. The inspectors found that the centre was not sufficiently staffed with multi-task attendants on a continuous basis. There was a system in place whereby the housekeeping team would sign a form

when the cleaning of specific areas had been completed. A review of these forms found that some weeks had up to four days where no cleaning had been completed on the unit. This was an infection prevention and control risk. As previously stated, on the day of inspection, inspectors observed that the centre was visibly unclean.

There was an auditing system in place that included environmental and hygiene audits. An environmental audit completed in January 2023 had identified that multiple parts of the premises were in a poor state and required works. The environmental audit was completed on a yearly basis. The inspectors found that the audit system in place was not effective as insufficient action had been taken to address the issues identified. This lack of continuous monitoring was contributing to the poor hygiene observed on the day of inspection.

Staff files contained all of the information required under Schedule 2 of the regulations. Inspectors were informed that all new staff complete an induction programme when they commence working in the centre. This system was in place to ensure staff were aware of the policies and procedures in place in the centre. The documentation to support this induction process was not completed on all files reviewed. Staff had access to education appropriate to their role. This included infection prevention and control training, fire safety, manual handling and safeguarding training. Staff responses to questions asked in relation to fire procedures and safeguarding displayed a good level of knowledge. Notwithstanding this positive finding, on the day of inspection, the inspectors found that staff responses on infection prevention and control cleaning policies and procedures was conflicting. For example, the multi-task attendant staff were inconsistent on who was their line manager and who they reported too.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities staff and administration staff.

However, there was insufficient housekeeping staff resources in place to respond to planned and unplanned leave. This resource issue is actioned under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not always appropriately trained. For example;

- the cleaning procedures and practices in place were not known to the staff. Consequently, the premises and items of resident equipment was visibly unclean.
- Staff responses to questions asked were inconsistent.
- Staff induction documentation was incomplete.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the provider had failed to ensure that the centre was sufficiently resourced to ensure the effective delivery of care. This was evidenced by;

- At the time of inspection, there was seven full-time vacancies in the multi-task attendant role. The inspectors reviewed the staff rosters and found that there were multiple examples of whereby there was no record to evidence that staff had been assigned to the cleaning of the unit. The records reviewed evidenced that in some cases there was up-to four days of the week whereby the unit had no cleaning. This was a risk to the overall infection prevention and control measures in place to ensure safe practices for residents living in the centre.
- Parts of the premises were not maintained in a good state.

The management systems, specifically relating to the auditing and monitoring of the cleanliness of the premises and resident equipment was not effective. An environmental audit, completed in January 2023, had identified that parts of the premises were in a poor state of repair. In June 2023 weekly environmental audits had been implemented, however, these audits were not detailed and were not effectively used to identify risks and deficits in the service. As a result, no appropriate action was taken to address the overall state of cleaning of resident

equipment and the premises.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of all incidents, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, resident's health and social care needs were delivered to a good standard of evidenced-based care. Residents received care and support from a team of staff who knew their individual needs and preferences. With the exception of access to physiotherapy services, residents were complimentary of the care they received and reported feeling safe and content living in the centre. Inspectors found that parts of the premises were not maintained in a satisfactory state of repair and this impacted on effective infection prevention and control management. Action was required to ensure residents received care and support in an environment that met their needs, and protected them from the risk of infection.

Inspectors found that parts of the premises did not meet the care and safety needs of the residents. There were numerous areas of the premises such as bedrooms, bathroom facilities, and communal areas that were not maintained in a satisfactory state of repair. Walls were visibly damaged and stains were evident along multiple corridors. Facilities in use by residents, such as private and communal toilet facilities were also poorly maintained.

A review of the care environment found that the provider had not maintained an appropriate standard of environmental and equipment hygiene. While there was a cleaning schedule in place, inspectors observed that many areas of the centre were not clean. This included bedrooms, bathrooms, store rooms, sluice and housekeeping facilities, and equipment used to support the care of residents. The findings identified a failure by the provider to ensure adequate resources were allocated to the cleaning of the centre, and to establish an effective infection prevention and control monitoring system.

A sample of residents' assessment and care plans were reviewed. Residents' needs were assessed on admission to the centre through validated assessment tools in

conjunction with information gathered from the residents and, where appropriate, their relative. The information was used to develop care plans that provided person-centred information on the current care needs of the residents.

A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required. While arrangements were in place for residents to access the expertise of health and social care professionals for further assessment, access to physiotherapy services was not timely. The recommendations of health and social care professionals was observed to be implemented, and reviewed frequently to ensure the care plan was effective.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were held. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a residents' survey and resident meetings. Resident meetings are chaired by a member of staff who reports any issues raised to the person in charge for follow up. The minutes of the September 2023 meetings were made available to the inspectors. There was a residents' newsletter published which had pictures of recent events that had occurred in the centre, including pet therapy, gardening activities and a trip to the Munster final. Resident education and information sessions were held. For example; an elder abuse awareness day information session for staff and residents had been held in the centre.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Inspectors spoke with a small number of visitors and all were very complimentary of the care provided to their relatives.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

There were areas of the premises that were in a poor state of repair. For example,

- Floor coverings in residents accommodation, communal areas, and corridors were visibly damaged and lifting away from the wall creating a gap. This impacted on effective cleaning of the floors.
- Walls along corridors, in bedrooms, and communal toilets were visibly stained, chipped, and damaged with exposed plaster.
- Storage facilities were not appropriately managed. For example, a housekeeping trolley and a spare bed were stored in a resident's bedroom.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by;

- There was poor oversight of the cleaning procedure and the quality of environmental hygiene. The centre was visibly unclean on inspection, including both occupied and vacant bedrooms, en-suites, storage rooms, and communal bathrooms.
- The management of sluice facilities was not effective to minimise the risk of cross infection as those areas were visibly unclean on inspection. Soiled toileting aids awaiting decontamination were inappropriately stored with clean equipment. This posed a risk of cross contamination and therefore a risk of infection to residents.
- One unit did not have a dedicated room for the storage of cleaning equipment or preparation of cleaning chemicals. Cleaning equipment was stored inappropriately in the dirty utility. This posed a risk of cross contamination, and risk of infection to residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following a comprehensive assessment of need and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives. Care plans detailed the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition.

There was sufficient information to guide the staff in the provision of health and

social care to residents based on residents individual needs and preferences.
Judgment: Compliant
Regulation 6: Health care
Inspectors found that access to physiotherapy services for residents was inadequate. The system in place was a referral to community service. Multiple residents told the inspectors that they had not been offered physiotherapy despite requesting this service. In addition, the system of referral required review as staff responses in relation to how physiotherapy was accessed was inconsistent. Due to the confusion in relation to the accessibility of physiotherapy treatments, referrals were sometimes not made.
Judgment: Substantially compliant
Regulation 9: Residents' rights
<p>The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.</p> <p>Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.</p> <p>Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.</p>
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Hospital OSV-0000613

Inspection ID: MON-0041318

Date of inspection: 05/10/2023

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> <p>Action Taken:</p> <ul style="list-style-type: none"> • A review of the training matrixes has been completed by the Director of Nursing regarding completing cleaning system training. Approval has been sought and provided to engage a provider to complete cleaning system training. Schedule dates for training are to be confirmed. • Following a meeting with the Director of Nursing, Assistant Director of Nursing and the Clinical Nurse Mangers a review of the current equipment and cleaning schedules is currently under review to streamline the schedule for all units and implementation date is the 1st December 2023. • The equipment and cleaning schedule will be checked and signed daily by the Clinical Nurse Manager and / or the Nurse in Charge. • Weekly Peer to Peer auditing will be implemented commencing the week of the 13th October 2023 to ensure compliance with the equipment and cleaning schedule, oversight will be provided by the Assistant Director of Nursing Office. • The week of the 1st of November 2023, a full audit was completed on staff files regarding incomplete staff induction documentation. Files that were found not to have the completed documentation are now in place. A Standard Operation Procedure (SOP) has been implemented to ensure staff follow the process regarding their staff induction documentation. 	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Action Taken:</p> <ul style="list-style-type: none"> • All units have equipment/ cleaning schedule in place since March 2021 which is now currently under review and will be replaced with a comprehensive streamlined system detailing the daily cleaning schedules in all units. This is planned for implementation 1st December 2023. • Clinical Nurse Managers or the Nurse in Charge are required to sign off daily schedule to ensure cleaning standards have been achieved as per cleaning schedules in place. • Weekly peer to peer audits will be implemented commencing the week of the 13th November. The audit will include the cleaning record schedules as part of our environmental audits to ensure compliance. • This audit will be supplemented with a monthly audit of the system which will be carried out by the Assistant Director of Nursing Office. • Staff Records have been reviewed and audited on an ongoing basis and regulatory information and/ or requirement is in place for all staff. • Following the inspection the audit schedule has been reviewed and the timing of the audits have been increased to reflect and address findings and actions. The Assistant Director of Nursing Office will provide oversight to ensure compliance. • The daily quality and safety record has been updated to reflect and confirm that the equipment and cleaning schedules have been completed. This is checked and signed off by the Assistant Director of Nursing office and the Clinical Nurse Manger 2 Night Sister to ensure compliance. • The service is actively pursuing recruitment to fill the vacant posts. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Action Taken:</p> <ul style="list-style-type: none"> • There is an ongoing schedule of maintenance in place for the designated centre to address the state of repair of the building which is held by the maintenance department. • Following on from the inspection Management team meetings will be held quarterly to ensure compliance with the maintenance schedule. • Regular environment reviews and audits are completed to ensure that areas requiring attention are escalated up to maintenance in a timely manner. • Storage facilities on the day of the inspection were rectified. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Action Taken:</p> <ul style="list-style-type: none"> • Following on from the inspection the audit schedule for the environment, resident's equipment and the sluice room will be undertaken in all of our units weekly and this is completed through peer to peer auditing. • The Assistant Director of Nursing Office will provide oversight and carry out the monthly audits to ensure compliance and actions identified on the weekly audits have been closed. • Clinical Nurse Managers or the Nurse in Charge in each unit are responsible for ensuring that Infection Prevention and Control standards are maintained. • Our Infection Prevention and Control (IPC) nurse has undertaken training in each unit – Standard Transmission based precautions and hand hygiene. • Infection Prevention Control working group will be established with the support from the Clinical Nurse Specialist (IPC). The membership will be our IPC link practitioner, the clinical nurse managers and a representative from all disciplines within the designated centre. • IPC Link Practitioner Nurses will provide the following training hand hygiene and personal protective equipment. They will also assist with IPC surveillance during their half day per week allocated protected time. • A maintenance schedule is to be agreed and put in place for the units with a mechanism for Clinical Nurse Managers and / or the Nurse in Charge to communicate maintenance needs onto our maintenance department for timely action. • Refurbishment works have commenced that will provide a dedicated storage room for cleaning equipment and cleaning chemicals. These works are due for completion in December 2023. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Action Taken:</p> <ul style="list-style-type: none"> • Following the inspection a standard operation procedure has been developed so all staff are aware of the process for accessing physiotherapy. • The process has been added to the Resident's Forum agenda • A resident friendly explanation sheet has been developed to explain how to access physiotherapy. This will be available on each unit. 	



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	24/11/2023
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	30/06/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	01/12/2023

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively 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	01/12/2023
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	24/11/2023