



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

Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Centre
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	08 September 2022
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0037711

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 8 September 2022	09:30hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents told the inspector that Cahereen residential care centre was a comfortable place to live where residents' rights were promoted and respected. The ethos of the centre was one of person-centred care and interactions observed by the inspector supported this approach. Residents appeared content and well groomed. All the residents were happy to speak with the inspector at various times during the day about aspects of their lives both before they came into the centre and to describe their current lived experience in the centre. They said that they were satisfied with the care and the service provided. The inspector also spoke with a number of visitors who echoed the positive statements of residents about communication, management and staff.

The inspector arrived unannounced to the centre and was guided through the infection prevention and control measures still in place following the pandemic. Following an opening meeting with the person in charge the inspector was accompanied on a walkabout of the premises. External contractors were on site as internal renovation works, including replacing a set of fire safe doors, were nearing completion on the day of inspection. Residents said that this work had been "well managed" and had not been too disruptive. The building was single storey set in a rural, scenic area. Most of the bedrooms had patio door access to a balcony overlooking green fields and hills. A spacious, well laid out garden was accessible to all residents.

Bedrooms were seen to be furnished with personal items such as photographs, birthday cards, flowers and books. The inspector observed that the re-configuration of three separate twin bedrooms was completed since the previous inspection. This consisting of a small extension to each, to increase the available space in the bedroom for residents and to provide a large modern en-suite facility in each. The inspector noted that the bedrooms were finished to a high quality with large fitted sliding door wardrobes, providing each resident with ample storage. The residents were particularly very happy with the large, well equipped en suites.

There was one large sitting room and a bright conservatory in the communal area. The dining room adjoined the sitting room and residents said that this was a good set up as they could easily transfer over to the dining tables at meal times. The system of having two sittings for meals suited residents' needs and they said they could choose which sitting they preferred. Staff informed the inspector that there was adequate time to assist those who required help with meals and they were seen to help residents in a careful and relaxed manner. Residents were seen to mobilise independently, some using walking aids, both inside and outside and to choose where to spend parts of their day. A number sat in the sitting room, in the spacious hall foyer, in the conservatory or in their bedrooms. The foyer was a popular spot for visitors as it was located in a nice private alcoved area. Visitors spoken with stated that they enjoyed chatting there with their relative watching the "passing traffic" and availing of "the comfortable seating". They stated that communication

was good with the management team and they felt "involved in all aspects of the centre". Survey results and residents' meeting minutes indicated satisfaction with the management team, the staff, their accommodation and all aspects of medical and social care. Staff were described as "kind" and "helpful". Residents were seen to use their mobile phones during the day and a number of phones were observed to be charging for use. Residents described how useful they found the available technology, such as 'Whats App' and video calls to make contact with relatives during the times of COVID-19 restrictions. They expressed relief that relatives were back to their regular routine and had full access to the bedrooms again. All visitors were seen to be appropriately risk assessed on entering the centre.

Meals were relaxed and sociable. Residents said that their food preferences were known to staff and they told the inspector that the chef addressed areas for improvement such as new meal choices. Residents stated that food portions were generous and snacks were available between meals and at night time. The inspector saw that there was a good choice available at each meal, modified diets were nicely presented and tables settings were suitable. One resident said the food was "top class". A selection of home made cakes, egg dishes, chips and sausages were available at tea time. A resident asked for a sandwich and this was provided. In the morning and afternoon members of staff were seen to support residents to avail of morning and afternoon snacks, home make cakes and drinks. The kitchen was located next to the dining room which meant that residents' requests were responded to without delay.

Overall, a good standard of cleaning was observed on the day of inspection. Staff were trained in the use of chemicals and in the management of the laundry. Residents stated that they had no problem having their personal items washed and returned safely to them. Issues related to infection control were addressed under Regulation 27 in this report.

Residents described the medical care as attentive and stated that they really enjoyed the weekly physiotherapy sessions. A resident detailed how their physical condition had improved since admission and they were now fully mobile and delighted with the independence this gave them. Residents said that they felt safe in the centre and were happy that their concerns would be addressed. One resident said they felt they could be a "spokesperson" for those who could not express themselves and said that staff listened and always responded to them. Residents spoke about the daily events which kept them occupied. There was a varied activity schedule which included exercise classes, mass on TV, quiz, bingo, music and balloon games. These were seen to be facilitated on the day of inspection. Residents told the inspector they were informed about the daily activities and the notice board was observed to be populated with the daily agenda. The staff member assigned to promote social interaction and activities said that the external musicians, the weekly physiotherapist and the hairdresser augmented the in-house programme. Staff members were seen chatting and sitting with residents at various times during the day which ensured that the person-centred ethos was maintained.

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.

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe, were well defined and clearly set out. The management team had been proactive in responding to fire safety findings and premises issues on the last two inspections. Nevertheless, on this inspection improvements were required in a number of areas such as, the maintenance of contracts; and infection control processes and care plans as addressed under the quality and safety dimension of this report.

Cahereen was a designated centre for older people operated by Cahereen Residential Care Limited, which was the provider. A clearly defined management structure with clear lines of authority and accountability had been set up. There were two directors in the company. At operational level, support was provided by one director of the company, representing the provider, who was present in the centre each week. The organisational structure within the centre had changed since the previous inspection as a new assistant director of nursing had been appointed. The person in charge was also supported by, a clinical nurse manager (CNM), nurses and a healthcare team, as well as household and catering staff. Topics such as risk, staffing, COVID-19, complaints and incidents were seen to have been discussed in recent meetings. Minutes of these were made available to the inspector.

The inspector found that comprehensive audit and management systems were set up. The service was appropriately resourced as evidenced by the ongoing programme of maintenance particularly in addressing the attic compartmentation, the extension to three identified bedrooms and the installation of new 'fire safe' doors. Overall, the staffing number and skill mix on the day of inspection was appropriate to meet the assessed needs of residents. Staff retention was high and staff were supervised and trained appropriately. The recording and investigation of incidents and complaints included improvements in practice where required.

Staff received training appropriate to their various roles. There were regular in-house training sessions for staff on infection control procedures as well as training in the prevention of elder abuse, fire training and correct manual handling of residents. Consequently, staff were aware of the actions to take to keep residents safe and maintain high standards of care.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were seen to be securely stored,

maintained in good order and easily retrievable for inspection purposes.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre while new to the role of person in charge. She fulfilled the requirements of the regulations and was suitably qualified.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster was seen to reflect the staffing levels discussed with the person in charge.

There were sufficient staff on duty, assigned to distinct roles, on the day of inspection to meet the assessed needs of residents.

There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A new assistant director was in place to support the person in charge as well as a suitably qualified clinical nurse manager (CNM) who delivered training to staff.

The training matrix seen indicated that all staff had received mandatory and appropriate training.

All staff had completed the free 'Human Rights Based Approach to Care' modules on the Health Information and Quality Authority (HIQA) website.

Induction and appraisal forms were completed for staff and these were supported by staff recruitment policies.

Copies of the regulations and standards for the sector were accessible to staff, who were supervised appropriately.

All staff had the required Garda Siochana (Irish Police) vetting clearance (GV) in place prior to commencing employment and this was evident in a sample of staff

files for new employees.

Judgment: Compliant

Regulation 21: Records

Records required under Schedule 2, 3 and 4 were maintained in a secure but accessible manner.

By way of example:

A review of a sample of five staff files indicated that all the required regulatory documents were held for staff.

Records such as care plans, complaints, medicine error forms, incident records and medical notes were provided to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility were clearly outlined.

Comprehensive systems had been developed to ensure that in general the service was safe, appropriate and effectively monitored.

The annual review of the quality and safety of care had been completed for 2021 with an action plan for the year ahead.

The person in charge collected key performance indicators (KPI), such as falls and infections and she trended accidents and complaint reports to ensure learning from any adverse events.

A schedule of audits was seen to be in place.

There was evidence in the form of minutes of meetings that management, staff and resident meetings took place and actions required were seen to be highlighted and addressed.

Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of services were not correctly maintained:

All fees were not set out, as required under the regulations, in the sample of contracts seen by the inspector.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was maintained in line with regulatory requirements:

It had been updated to include details of the additional management staff and the size and amenities of the extended double bedrooms.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded and these were seen to be infrequent.

A review of the complaints book indicated that issues were proactively addressed.

There was an appeals process in place.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and timely access to health care services and opportunities for social engagement. Residents acknowledged the work of staff, their relatives and the vaccination team which all combined to keep them safe during the pandemic. Nonetheless, this inspection found that improvements were required in relation to, care planning and infection control in this dimension of the report.

On the day of inspection there were 23 residents living in the centre with four vacant beds. A new resident was due to take up residence in the day following the

inspection. The centre had been renovated since the previous inspection and three small double bedrooms had been extended in a stylish manner to comply with the regulations on premises. Residents in these rooms said they liked the changes and they felt it was a "good improvement". They liked the additional privacy of having their shower and toilet en-suite. Inspector's findings in relation to premises were described under Regulation 17.

Residents' records were easy to read and accessible to residents. Residents' needs were assessed using clinical assessment tools and care plans were developed for the identified needs, with residents' involvement. The sample of care plans reviewed indicated that care was underpinned by a human rights-based approach and ethos. Overall, care plans were detailed and updated at least every four months, as required under the regulations. Nevertheless a repeat finding related to the use of the MUST tool (Malnutrition Universal screening Tool) was described under Regulation 5 in this report.

Evidence was seen of ongoing medical review and general assessments of residents' skin integrity, malnutrition, and risk of falls. Residents had good access to general practitioners (GPs) as evidenced in the documentation seen and regular medicine reviews. Dietitian and speech and language services (SALT) were provided by a private nutritional company. There was access to weekly physiotherapy and to occupational therapy services if needed.

Fire safety equipment was serviced and certified by a suitably qualified person. The required fire safety checks had been completed. Fire drills were undertaken regularly including evacuation drills. Staff were familiar with horizontal evacuation methods and had practiced evacuation to simulate times of least staffing. This meant that they felt competent and confident in evacuation at the time of highest risk. Each resident had an individual personal emergency evacuation plan (PEEPs) available which had evidence of ongoing review to ensure it was relevant. Further details related to fire safety and the completed works were outlined under Regulation 28.

Staff were seen to wear their required face masks appropriately. A colour coded system was in place for cleaning cloths which ensured that, for example, bathrooms had a specific colour cleaning cloth to minimise the risk of cross infection. Since the previous inspection, hands free taps had been fitted in the sluice room. The laundry room was spacious and well managed. Clinical waste bins were available in the sluice rooms: this meant that waste was properly and safely segregated for disposal. While generally infection control processes had improved since the previous inspection, the inspector found that a suitable janitorial room for house keeping staff use was not available. These issues were highlighted under Regulation 27.

Residents' general well being was enhanced by the choice of appropriate activities available to meet their preferences and life experience. Residents' meetings were held which provided opportunities for residents to express their opinion and be informed of any changes. Minutes of these meetings were reviewed by the inspector.

Overall the quality and safety of care was well managed in the centre. However,

improvements were required as detailed under the respective regulations in this dimension of the report.

Regulation 17: Premises

The premises was bright, comfortable and generally in a good state of repair.

Residents' bedroom accommodation consisted of 18 bedrooms, nine of these were single fully en suite rooms, and six were double rooms with full en suite facilities. There were an additional three double bedrooms whose occupants had access to communal toilets and showers in the vicinity. Communal accommodation was provided in a choice of a large sitting room, a conservatory, a private foyer and a spacious dining room. The provider had plans to add an extension to the premises, this included fully en-suite bedrooms and associated ancillary rooms.

Judgment: Compliant

Regulation 26: Risk management

The risk register was up to date. Additional risks such as COVID-19 had been added to the register and the policy on risk management contained the regulatory requirements. An up to date emergency plan and a health and safety statement were seen to be in place.

Judgment: Compliant

Regulation 27: Infection control

A number of infrastructural issues were identified which had the potential to impact on infection prevention and control measures.

For example:

There were no suitable housekeeping facilities available with a sink for emptying any cleaning buckets and no hand washing facilities in the small cupboard style room set aside for the housekeeping staff.

Hand hygiene facilities required upgrading in order to comply with infection control guidelines:

While there were two sinks in the hallways and one in the dining room for staff hand washing, these did not conform to the requirements of HBN 00-10, as set out for

such sinks.

Two bed tables and two desks were seen to have scuffed paintwork which required painting as well as some areas of scuffed woodwork in the hall which had been damaged by the large chairs. This presented a risk to infection control as the scuffed surfaces could not be appropriately cleaned.

The inspector found that the wardrobes in the vacant bedrooms had not been appropriately cleaned for incoming residents. Documentation relating to the previous residents was still attached to the inside of the wardrobes and would require removal with a wet cloth. In addition, not all wardrobes were fully vacated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Since the previous inspection on 20 January 2022 by the inspector for Social Services with specific responsibility for fire safety, a proactive approach had been adopted by the provider to address the findings of non compliance in fire safety.

This was evidenced on this inspection by:

Double 'fire safe' doors had been replaced in the hallway.

Intumescent strips on all such doors, meant to contain smoke and fire, had been replaced where required.

Attic compartmentation had been completed.

Detailed fire drill records had been maintained and appropriate fire drills had been carried out.

Fire evacuation drawings had been updated.

Fire exits had been reviewed and keys made available as a back up for fire exits.

An additional smoke detector had been installed in the store room at the entrance to the sluice room.

Excess oxygen cylinders were stored externally.

Records of the completion of these tasks had been forwarded to the aforementioned inspector and a number of them were seen on the day of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were carefully managed in line with An Bord Altranais agus Cnaimhseachais 2020 guidelines for nurses.

Drugs were transcribed by two staff nurses in line with the centre's policy. These prescriptions were then signed by the GP who also signed the medicine administration record when any medicine was discontinued or required crushing.

The pharmacist supported good practice by auditing medicine stocks and training staff if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Aspects of the care plans developed to support residents' care required updating to demonstrate that they were relevant and up to date.

In one care plan seen by the inspector the MUST tool assessment (malnutrition universal screening tool) used to identify residents' at risk of malnutrition was incorrectly calculated.

This meant that the steps to be followed for each score in the assessment tool were not being followed, in line with best practice in using the tool to underpin care planning.

This was a repeat finding indicating that staff required more knowledge in the use of the assessment tool to ensure the care plan for residents was sufficient to direct care to the resident.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to local general practitioners (GPs) and relevant consultants, if required. Recent input from these professionals was seen in the sample of files reviewed by the inspector.

Physiotherapy, dental, optician and podiatry services were accessible to residents. Dietitian and speech and language therapist (SALT) referrals were facilitated and documentation seen by the inspector confirmed that they provided advice in relation to dietary fortification or modification such as the need for a soft or liquidised diet

for those who had a swallowing difficulty.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons and all staff had completed this training.

Staff spoken with were knowledgeable of aspects of the training and residents stated that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was a rights-based approach to facilitating residents to live their older years to the full, in the centre.

Residents' survey results and minutes of residents' meetings indicated that residents felt that their rights were respected and they were aware that an advocacy service was accessible to them.

Residents reported that they had a choice as regards meals, outdoor accessibility, seating arrangements, TV viewing, activity provision and access to daily papers

The inspector found that there was good communication between the provider, the person in charge, relatives and residents.

Staff ensured residents' social and communication needs were met and supported. External musicians and access to local amenities supported the centre's staff in providing a varied programme suitable to the residents' abilities and interests.

Residents described the centre as "like home" and "the next best thing to home".

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cahereen Residential Care Centre OSV-0000208

Inspection ID: MON-0037711

Date of inspection: 08/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts have been amended as per Regulation 24.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All wardrobes in vacant rooms have been emptied completely and cleaned properly. All the stickers with previous resident's information have been removed from the wardrobes.</p> <p>The cleaning system that we employ here does not use cleaning buckets. We utilise an individual presoaked colour coded mop head for each room and also a separate pre soaked mop head for each en-suite then send to the laundry for washing and sanitizing. A hand wash sink will be installed in the housekeeping store. Furniture mentioned as scuffed in the report has been either been removed or varnished</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All nurses have been completed their MUST refreshing training this month.

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 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	10/10/2022
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	18/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	10/10/2022

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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