



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

## Issued by the Chief Inspector

Name of designated centre:	Larissa Lodge Nursing Home
Name of provider:	Mountain Lodge Nursing Home Limited
Address of centre:	Carnamuggagh, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	29 July 2022
Centre ID:	OSV-0005791
Fieldwork ID:	MON-0036639

## About the designated centre

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

The provider plans to provide 24- hour nursing care to 64 residents over the age of 18 years, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The building is single storey. Communal facilities and residents' bedroom accommodation consists of a mixture of 48 single and 8 twin bedrooms all with full en-suite facilities. The building is laid out around central communal facilities that include a spacious lounge with multiple areas with views outside and a variety of seating options, an internal dining room with a large skylight, an oratory/prayer room and a visitors room near reception. A variety of outdoor courtyards are accessible from many parts of the building. The philosophy of care is to provide person centred, compassionate care and services with a commitment to excellence through adherence to high standards, disciplined leadership and respect for all.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 29 July 2022	10:00hrs to 18:15hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector met and spoke with a number of residents and visitors, and the overall feedback from residents was that the staff were kind in their interactions and that the residents received good quality care in the centre. The inspector observed several improvements from the previous inspection, however, significant focus is now required to ensure that the residents are adequately supported in line with their social care needs and their preferences and capabilities.

The centre is a single-storey building located near Letterkenny town and is close to local amenities. The centre can accommodate 64 residents, and on the day of inspection, there were 42 residents in the centre.

Residents' comments included; the food in the centre was of good quality, it is great to see my family and friends, and bedrooms are comfortable. However, several residents reported that although they liked to go to the day room in the morning and participate in the activities that were on offer, this did not happen as there were not enough staff available in the day rooms to support their needs at this time of the day. In addition, some residents said that they would like to chat with staff and go out for walks in the morning hours, but often there were not enough staff available in the morning to facilitate this.

On arrival, a staff member guided the inspector to the centre's waiting room, which is adjacent to the centre's reception. The inspector observed that the reception area and the waiting room have sufficient seating arrangements for the residents to comfortably relax and welcome their visitors. Following an introductory meeting with the person in charge, the inspector went for a walk around the centre.

The centre has indoor courtyards on either side of the building, which are adjacent to the reception and day room. The inspector saw residents freely accessing the indoor garden without restriction, and this was an improvement from the previous inspection. The day rooms in the centre were large, bright and well-ventilated. Televisions and Magazines were available for the residents in this day room, and many residents who spoke with the inspector commented that they were comfortable in the communal rooms and the temperature of the rooms was appropriate for them.

The centre has a hair salon near the reception, and the inspector saw residents attending the hair salon in the morning hours of the inspection. The resident who attended the hair salon informed the inspector that their hair was beautifully done and highly praised the staff.

The reception area was busy with residents seated around reception watching the comings and goings of visitors and staff. However, the area was often left unattended, as the care staff were busy answering the doorbells to visitors and

taking telephone calls at the reception desk in addition to their caring duties. As a result, the inspector observed a number of occasions where visitors were not reminded to carry out hand hygiene before they entered the residents' accommodation, which posed a significant risk of introducing infections such as COVID-19 into the centre. In addition, the inspector observed many residents using the centre's reception area and day room in the morning hours, however, staff were not allocated to supervise the residents in the communal areas of the centre during the morning hours. As a result, the residents had to wait for staff to become available to attend to their needs.

Several residents informed the inspector that the staff in the centre were kind in their interactions, however, they were often busy carrying out their duties and did not get time to chat. Furthermore, the inspector found that on a number of occasions, the staff did not provide appropriate explanations or gain consent before moving residents or before switching channels of the television in the centre.

The inspector also observed that several assistive chairs that were in use by the residents did not have a footrest to ensure appropriate support and comfort for the resident. Residents were seated in these assistive chairs for prolonged periods of time, and they were not repositioned regularly to ensure their comfort and to promote good skin integrity.

The centre has signage located at various locations to assist residents and staff in navigating around the centre. The walls of corridors and communal rooms of the centre were beautifully decorated with photo frames, and the interior of the building was well maintained. The communal toilets in the centre were well maintained, and sufficient grab rails were available to support residents' independence.

A fire floor plan of the building was displayed near the centre's fire panel and also at various locations in the centre. This helped to ensure that staff and visitors were clear about emergency exit routes in the event of a fire emergency.

The resident accommodation in the centre consisted of a mix of single and twin-bedded rooms. While some residents' bedrooms had mini gardens and were personalised, the inspector noted that not all residents' bedrooms in the centre were personalised.

The corridors of the centre were adequately lit and kept clear of obstacles. The handrails at the corridors were free of obstructions, and this arrangement supported residents to move independently around the centre.

Equipment was stored securely at appropriate locations in the centre. The centre was visibly clean. Appropriate systems were in place to ensure the equipment was cleaned after each use. Personal protective equipment (PPE) stations and hand sanitisers were adequately stocked and were positioned at various accessible locations around the centre. Cleaning trolleys were well maintained, and waste bins were provided at appropriate locations in the centre. However, the inspector observed that the staff did not always perform hand hygiene at appropriate times, such as entering or leaving a residents' bedrooms and after touching residents. As a result, hand hygiene was not being performed by staff in the centre in line with the

national guidance.

The inspector noted that the centre's dining room was well presented for the residents, with picture menus available to assist residents in selecting their menu choices. The inspector found that the chef in the centre was a visible presence for the residents in the centre and was available to the residents to discuss their menu choices and was also involved in diet planning for residents. Nurses were available in the dining room and in the corridors to supervise the residents during their meal times, which was an improvement from the previous inspection. There were sufficient staff in the dining room, and they interacted well with residents during this time. Residents were found chatting with each other and staff during meal times, and the meals were not rushed and were a social occasion for the residents.

The inspector noted that the activities started late in the morning. Prior to the activities, television was the main activity, however, several residents appeared uninterested in the television program that was showing. The group activities started in the day room mid-morning. A number of residents did not join in with the activity on offer, and there were not enough staff to offer an alternative or to sit and chat with these residents. In addition, the activity was interrupted as staff were redeployed to provide refreshments and snacks in mid-morning. The inspector did find that the group activities improved in the afternoon when an additional staff member was available. However, throughout the day, those residents who preferred to stay in their bedrooms were not provided with any activities or social time with staff.

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 the quality and safety of the service being delivered.

## Capacity and capability

In this unannounced inspection, the inspector noted several improvements from the previous inspection held on 25 March 2022, however, further improvements were required to strengthen the management and leadership arrangements in the centre and to ensure that the service was safe and appropriate for the residents.

There is a clear management structure in place, and staff were clear about their roles and to whom they reported. Deputising arrangements were in place for when the person in charge was absent. The inspector reviewed the minutes of management meetings and noted that regular meetings were held in the centre, and various clinical and non-clinical topics were found to be included in the meetings. The representative of the provider has assured the inspector that a quality lead is being recruited to support the person in charge and managers in their roles. However, the oversight arrangements of the centre required further improvements to ensure that the residents always receive high-quality care and

service in the centre, and this is further discussed under Regulations 16 and 23.

This risk-based was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centres for older people) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection and the information submitted by the provider and the person in charge.

### Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a nurse on duty at all times in the centre. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The arrangements for staff supervision required improvement to ensure that the staff attended to the residents' care needs in a timely manner. For example, the inspector observed that some residents with higher dependencies and who were at risk of developing pressure ulcers were not repositioned at appropriate intervals. This was not identified by nursing staff, and as such, these residents did not receive care in line with their care needs.

In addition, the inspector observed that some staff did not provide an appropriate explanation to the resident and gain their consent before commencing a care intervention. This was not identified by senior staff on the day.

Judgment: Substantially compliant

### Regulation 21: Records

The inspector noted that the records mentioned under Schedule 2 and Schedule 3 of the Regulation were generally well maintained in the centre.

Judgment: Compliant



## Regulation 23: Governance and management

The management systems that were in place did not ensure that staff who were on duty on the day of the inspection were deployed effectively. For example:

- Although many residents congregated in the day room and reception area during the morning, there were not enough staff allocated to this area to assist residents with their care needs. As a result, residents had to wait for staff to become available to attend to their needs.
- There was not enough staff allocated to support residents with meaningful activities and ensure that residents had opportunities to socialise during the day. This was a particular concern for those residents who spent most of their time in their bedrooms.

Judgment: Not compliant

## Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Policies and procedures on the matters set out in Schedule 5 were reviewed at appropriate intervals and were made available to staff in the centre.

Judgment: Compliant

## Quality and safety

The inspector found that some improvements had been made since the last inspection, however, more effort was now required to bring the designated centre into compliance with the care and welfare regulations and to ensure that residents received a high standard of care and services in the centre.

Overall the designated centre was well laid out to meet the resident's needs. Communal rooms were spacious and were well used by the residents on the day of the inspection. Residents' bedrooms were personalised with photo albums and other memorabilia, however, some residents' bedrooms were not personalised and had a dull appearance.

Staff informed that eight residents did not have regular visits from their general practitioner (GP) because the general practitioner would not visit the residents on a regular basis. The provider had contacted the relevant agencies to obtain regular GP reviews for these residents, however they had been unsuccessful.

The centre had measures in place to support appropriate infection prevention and control procedures. However, the oversight of staff practices did not ensure that staff carried out appropriate hand hygiene at all times. This is further discussed under Regulation 27.

Furthermore, while there was an activity staff allocated to support the needs of the centre, the activities programs did not support the preferences and abilities of all residents in the centre. This had been identified by the provider, who informed the inspector that they were in the process of reviewing the centre's social care programs.

## Regulation 11: Visits

There were procedures in place to protect residents and visitors unfamiliar with public health guidelines on safe visiting. Alternative areas to residents' bedrooms were available and used to facilitate residents to meet with their visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal

belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 17: Premises

Some residents' rooms were in need of redecoration. As a result, the rooms were not person centred and had a dull appearance.

The provider had not ensured that the equipment for use by residents was always in good working order. For instance, several assistive chairs that were in use by the residents did not have a footrest to ensure appropriate support for the residents.

Judgment: Substantially compliant

### Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by:

- Staff not performing hand hygiene at appropriate intervals.
- The provider's procedures to ensure visitors carried out hand hygiene prior to entering residents' accommodation were not implemented consistently by staff.
- Appropriate clinical hand wash sinks are not available in the centre.
- The residents' incontinence products were not stored in their bedrooms. For example, incontinence wears were stored loosely in bathroom cabinets and posed a risk of cross-contamination to residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider was found to be proactive in managing the fire safety risks in the centre. The inspector found that there were adequate fire safety precautions in place.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and noted that each resident had a comprehensive assessment and an appropriate care plans based on their assessed needs. In addition, the provider's arrangements to ensure that the residents' care plans were reviewed at appropriate intervals were satisfactory.

Judgment: Compliant

### Regulation 6: Health care

The centre's arrangements to ensure that the residents were provided with a high standard of care and in accordance with the professional guidelines at all times required improvement. For instance:

- Nursing staff did not ensure that those residents who needed to be repositioned at regular intervals were repositioned in line with their care plans.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were

<p>trialled prior to use.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 8: Protection</b></p>
<p>Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 9: Residents' rights</b></p>
<p>The residents were not provided with opportunities to participate in activities in accordance with their interests and capacities. For example, activities provided to residents were not always based on the preferences and capacities of residents and required improvement. In addition, several residents commented that they do not get sufficient opportunities to interact with staff in the centre.</p>
<p>Judgment: Substantially compliant</p>

## 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Larissa Lodge Nursing Home OSV-0005791

Inspection ID: MON-0036639

Date of inspection: 29/07/2022

## 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 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>1.The centre has a strong and positive history of skin care which is managed through resident’s care plan. All residents are assessed for increased risk of pressure ulcer using a recognized and approved tool. This is reviewed and updated for each resident monthly, or if they return from hospital or if there is a change in residents’ condition. The care plan is then developed based on the identified care needs. The centre has sufficient pressure relieving equipment to meet residents’ care needs.</p> <p>* Residents who require regular repositioning are discussed daily in the morning handover, mid-day handover, afternoon handover, and evening handover. The details of residents who require repositioning are also recorded in the handover sheet. During the handover meetings, the nurse will review and assure that the resident had repositioned as per their plan of care. Skin care and repositioning will also be added to the staff meeting agenda.</p> <p>* The CNM on duty each shift will review repositioning charts and residents to ensure care is given and improve oversight.</p> <p>2. Skin care policy will be reviewed to ensure that adequately guides staff on repositioning and skin care.</p> <p>3. Once policy review is complete, all staff will be updated on its implementation and use in practice.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	



management:

1. A member of activities team was allocated to the dayroom, however, on the day of inspection this staff member was not present in the day room, this has been addressed.
2. The PIC has completed surveys with residents to determine their level of satisfaction with activities and analyzed the findings. A new activity 'pod system' has been introduced. This will be audited regularly to determine its effectiveness, its impact on residents and their level of engagement.
3. Staff have been allocated to support supervision and the needs of residents in the dayroom/activities room throughout the day commencing from 08:30(generally when some residents start to come to the dayroom). The PIC and CNMs are monitoring daily to ensure that this is adhered to/activities and supervision has been added to agenda items in staff meetings.
4. There are now 2 permanent activities coordinators in post. The PIC will have quarterly meetings with this team.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. As identified in the report, some rooms are very personalized. On admission all residents and families are advised that they can personalize the bedroom if they wish. The PIC has offered all residents the opportunity to personalize their bedrooms and for those wish to so, they will be supported by the activities coordinators.
2. The maintenance person has completed a full review of all chairs and found all to be in full working order. Some of the recliner chairs do not have an integrated foot plate, the recliner function supports residents' leg when raised. Where needs are identified, there are additional footrest stools available for additional support. The nursing staff and CNMs are also monitoring to ensure that the chairs with an integrated foot plate have these in place when being used.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Opportunities for hand hygiene, 5 moments of hand hygiene etc are discussed at each handover with staff. Hand hygiene and the opportunities for hand hygiene are being regularly audited by CNM/PIC. Any breaches of best practice are addressed immediately. There are sufficient hand hygiene notices/posters available in the nursing home.
2. We have identified an IPC champion who has experience as an infection control nurse in an acute hospital. We have also implemented a daily hand hygiene and PPE champions

among staff to further enhance adherence to best practice.

3. Additional signage has been put in place at the reception desk to remind visitors to sanitize their hands. Staff on reception have been reminded to ensure that they ask all visitors to use hand sanitizer.
4. Residents continence wear were stored in residents' room and additional products are stored in communal toilets. Where there is a need to have additional supplies in communal areas, these will be stored in the original packaging and individually labelled.
5. Clinical handwash sinks and wall mounted taps have been ordered and will be in place and available to staff.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

1. The centre has a strong and positive history of skin care which is managed through resident's care plan. All residents are assessed for increased risk of pressure ulcer using a recognized and approved tool. This is reviewed and updated for each resident monthly, or if they return from hospital or if there is a change in residents' condition. The care plan is then developed based on the identified care needs. The centre has sufficient pressure relieving equipment to meet residents' care needs.
  - \* Residents who require regular repositioning are discussed daily in the morning handover, mid-day handover, afternoon handover, and evening handover. The details of residents who require repositioning are also recorded in the handover sheet. During the handover meetings, the nurse will review and assure that the resident had repositioned as per their plan of care. Skin care and repositioning will also be added to the staff meeting agenda.
  - \* The CNM on duty each shift will review repositioning charts and residents to ensure care is given and improve oversight.
2. Skin care policy will be reviewed to ensure that adequately guides staff on repositioning and skin care.
3. Once policy review is complete, all staff will be updated on its implementation and use in practice.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The PIC has completed surveys with residents to determine their level of satisfaction with activities and analyzed the findings. A new activity 'pod system' has been introduced. This will be audited regularly to determine its effectiveness, its impact on residents and their level of engagement. In addition, all residents have a key-to-me

completed. The activity program has been reviewed to ensure that there are activities to suit all residents' interests and capabilities.

2. Staff have been allocated to support supervision and the needs of residents in the dayroom/activities room throughout the day commencing from 08:30(generally when some residents start to come to the dayroom). The PIC and CNMs are monitoring daily to ensure that this is adhered to/activities and supervision has been added to agenda items in staff meetings.

3. There are now 2 permanent activities coordinators in post. The PIC will have quarterly meetings with this team. We have 2 new activities coordinators recruited and all residents have a key to me in place to guide the activity coordinator to ensure the activities are provided based on residents' individual choices and preferences.

## 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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	14/11/2022
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	30/09/2022
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	20/09/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/10/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	14/11/2022
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	20/09/2022