



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

## Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	20 October 2023
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0032516

## About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

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

Number of residents on the date of inspection:	49
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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 20 October 2023	09:30hrs to 18:50hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector and discussions with residents, staff and visitors, Fairfield Nursing Home was a nice place to live, where residents' choices were supported and respected. There was a welcoming and homely atmosphere in the centre. Residents appeared to enjoy a good quality of life. The inspector spoke with seven residents and six visitors during the inspection. In general, residents and visitors gave positive feedback on the quality of care they received. Residents' stated that they were well looked after and that they felt safe. A resident told the inspector that staff were all "lovely" and "kind."

The inspector arrived unannounced to the centre and met with the person in charge and the assistant director of nursing on arrival. Following an opening meeting, the person in charge accompanied the inspector on a walk around of the centre. During the walk around, it was evident that the person in charge was well known to residents.

Fairfield Nursing Home is a single storey building, located near Drimoleague in West Cork and is registered to accommodate 49 residents. The centre is divided into three units or houses, Dromusta House, Rockmount House and Deelish House. The centre provides care for residents with varying degrees of cognitive impairment with each house providing different levels of care depending on residents' needs. There were 39 single rooms and five twin rooms in the centre. All twin rooms and 28 single rooms had en suite toilet, shower and hand wash sink. Eleven single rooms had en suite toilet and hand wash sink facilities. There were sufficient showers available for residents whose rooms did not have ensuite showers. The centre also had a bath that was popular with a number of the residents and the inspector saw that it was used frequently.

During the walk around, the inspector saw that the home was clean, homely and warm throughout. A number of residents' bedrooms had been freshly painted and there was a schedule of ongoing renovations to repair some paintwork damage in a few residents' rooms. The inspector saw that many of the residents' bedrooms were personalised with resident's possessions, photographs and memorabilia. Bedrooms had adequate wardrobe and locker space for residents' belongings. Corridors were well maintained and nicely decorated throughout. The centre is operated on a homely household model of care with staff, assigned to each house. Each house had plenty, homely, communal spaces and each had a dining/living room with a kitchenette as part of each room. The inspector saw that one of the dining/ living room spaces had been recently redecorated with new curtains, colours and new seating and dining furniture. The person in charge outlined how similar plans were in place for the other two dining/living rooms in the centre. The centre also had a sitting room that was a homely comfortable space for residents' use. The room was also home to two birds and their cage who were recently donated by a staff member. The inspector saw that one of the residents took great care of the birds

during the inspection and told the inspector that they enjoyed them.

Residents who spoke with the inspector were very complimentary of the home cooked food and meals available in the centre. Residents said that there was always a choice of meals, and the quality of food was very good. It was evident that staff were aware of residents' likes and dislikes with regard to their food preferences. The inspector saw that the lunch time meal was unhurried and saw that residents who required assistance were provided with it, in a discreet manner. In one of the houses, the inspector saw a resident, who frequently left the table during the meal, was gently directed back to the table, by a member of care staff and encouraged to continue eating. Residents could choose to eat in their bedrooms, if that was their preference. There was a choice available for the lunch time meal and texture modified meals were presented in an appetising way. During the day, care staff offered drinks regularly to residents from the kitchenettes in each house.

The inspector observed many examples of kind and person-centred interventions throughout the inspection. During the morning, personal care was being delivered in many of the residents' bedrooms and the inspector observed that staff knocked on residents' bedroom doors before entering. Staff provided care and support in a respectful and dignified manner to residents. The inspector saw that staff stopped to chat and offer refreshments to a number of residents who liked to sit near the centre's reception area during the day. The inspector heard a number of these residents share jokes and proverbs with staff and each other. The inspector saw that residents were neatly dressed in accordance with their preferences and appeared well cared for. Those residents who could not communicate their needs appeared comfortable and content.

Care staff in each house provided both one-to-one and group activities in line with residents' needs and abilities. The inspector saw that a number of residents enjoyed reading local and national newspapers and care staff assisted some residents with this. A lively game of bowling was enjoyed in one of the houses by a group of residents during the afternoon. There was a schedule of daily activities displayed near reception that included bingo, music, chair hockey, board games and arts and crafts. A local priest celebrated mass in the centre every Wednesday with the residents. Regular residents meetings, chaired by the centre's advocate were held where issues such as food, activities and issues relevant to residents were discussed. Visitors were welcomed in the centre and a good number of visitors were coming and going during the inspection. One family described how they were provided with drinks and refreshments throughout the day and night and great support from staff to be with their loved one, who was end of life.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection, carried out over one day by an inspector 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 provider submitted an application to renew the registration of the centre and the inspection informed decision making in this regard. The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in January 2023. Overall, findings were that Fairfield Nursing Home was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Actions had been taken by the provider to address many of the findings of the previous inspection.

The centre is owned and operated by Fairfield Nursing Home Limited who is the registered provider. The company has two directors, one of whom represented the provider and attended the centre on a weekly basis. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. The centre had a full time person in charge in position who was supported in their role by a recently appointed assistant director of nursing, three clinical nurse managers, a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff. The person representing the provider, the director of nursing, the assistant director of nursing and one of the centre's administrators met regularly to discuss and action issues such as a renovation plan for the centre, staffing, incidents and complaints. The director of nursing from the centre's sister home also attended meetings in the centre to enable sharing of knowledge and practices between the two homes. From a review of these minutes, it was evident that issues were actioned and addressed by the management team as they arose.

The person in charge demonstrated good knowledge of their role and responsibilities including, oversight of resident care needs and welfare to continuously improve quality of care and quality of life. There was evidence of good supervision of staff in the centre. Each house had a senior carer who worked as a team leader supporting and guiding care staff along side the nursing team. There was a scheduled programme of both online and face to face training available for staff in the centre that was monitored by the director of nursing. The inspector saw that there was good uptake of this training by staff.

There were effective lines of communication between staff and management in the centre. Daily handover and regular staff meetings were held in the centre to communicate issues regarding residents' needs.

A review of staff files indicated that they contained the information required by Schedule 2 of the regulations. Assurances were provided that all staff were Garda vetted prior to commencing employment in the centre.

There were management systems in place to monitor the quality and safety of the

service provided to residents. This included a schedule of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections, antimicrobial usage and falls. Good levels of compliance with audits undertaken by the management team were reflected in the findings of the inspection. There was a low level of pressure ulcers acquired in the centre. Restrictive practices such as bed rail usage was also monitored and risk assessed.

The inspector reviewed the incident log maintained electronically at the centre. While it was evident that incidents were investigated and actioned by the management team in the centre, not all incidents were notified as required to the Chief Inspector in line with legislation. This is outlined under Regulation 31 Notification of Incidents.

There was a complaints policy for the centre that had been recently updated. The procedure was prominently displayed in residents' bedrooms and was accessible to residents and their relatives. The person in charge investigated and responded to the complaints raised by residents and their relatives in the centre in line with the centre's policy.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was full time in position since November 2021. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibilities and residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the assessed needs of the 49 residents living in the centre in accordance with the size and layout of the



centre. There was a minimum of two registered nurses on duty in the centre 24 hours a day.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that there was a schedule of face-to-face and online mandatory training available for staff in relation to safeguarding vulnerable adults, responsive behaviours and care of residents living with dementia, manual handling and fire safety training. The person in charge maintained a training matrix to monitor staff's uptake of mandatory training. The person in charge ensured that staff were appropriately supervised in their role.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained and it contained the information required, by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely and readily accessible. A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on the day of inspection to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

While it was evident to the inspector that any allegations or safeguarding incidents were actioned and appropriate steps taken to address these, not all of these incidents were notified to the Chief Inspector of Social Services as required by legislation.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The centre's complaint's procedure had been recently updated to ensure it was in line with recent changes in regulatory requirements. The inspector saw that the complaints' procedure was displayed in residents' bedrooms. The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

## Quality and safety

Residents living in Fairfield nursing home received a good standard of care and support which ensure they could enjoy a good quality of life. The inspector saw the provider had taken action to ensure residents' assessments and care plans reflected the needs of residents and provided guidance to staff on the provision of person-centred care and support to residents since the previous inspection.

Residents' nursing records were maintained electronically. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process and developed in consultation with residents where possible. The inspector reviewed a sample of records and found that care plans were detailed enough to direct care and were person centred.

The inspector saw that residents had good access to medical care provided by local general practitioner services, who attended the centre regularly. Residents also had access to allied and specialist services, such as speech and language therapy, dietitian, physiotherapy and community palliative care and mental health services. Medical records reviewed included detailed notes of residents' care. Where medical or allied health care professional recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre had significantly reduced since the previous inspection. Restrictive practices were only initiated following an appropriate risk assessment.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre. The provider was not a pension agent for any residents.

The inspector saw that there had been further improvements to the premises with renovations evident to the sitting room, one of the dining/day rooms and other renovations planned. The centre had been recently painted in warm and homely colours and new furnishings such as couches and chairs had been purchased by the provider. The centre was warm and clean throughout and the inspector saw that there were resources and effective systems in place to ensure daily and deep cleaning of residents' rooms. The recently appointed assistant director of nursing was the nominated lead for infection control for the centre and had a qualification in infection prevention and control. Installation of a bedpan washer or macerator remained outstanding as outlined under regulation 27 Infection control.

The provider ensured that there were systems in place to ensure fire safety management for the centre. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Certification was available in relation to servicing of fire safety equipment.

Independent advocacy services were available to residents and the contact details for these were on display. Residents religious rights were respected and mass was celebrated weekly in the centre. Residents meetings were held in the centre and feedback from residents were generally positive. Visitors were welcomed in the centre and residents could see their visitors in the visiting room, communal spaces or their bedrooms.

### Regulation 10: Communication difficulties

The inspector found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed.

Judgment: Compliant

### Regulation 11: Visits

Visits to residents were not restricted. The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas.

Judgment: Compliant

### Regulation 13: End of life

The inspector found care practices were in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents who were at end of life had access to palliative care specialist nursing team as needed. Relatives who spoke with the inspector described compassionate care and outlined how they had open visiting with their loved one, and tea and snacks were provided for them.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was appropriate to the number and needs of residents living in the centre and in accordance with the statement of purpose. It was evident to the inspector that a number of renovations had occurred since the previous inspection. One of the day/dining rooms had been beautifully decorated and had been furnished with new couches chairs and furniture. The sitting had also been tastefully decorated providing a warm and homely space for resident to rest or meet with their relatives. A number of residents' rooms had been repainted. The inspector saw that while some doors and walls required repainting, there was a rolling programme of maintenance for the centre and these were ongoing.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available throughout the day. Daily menus were displayed on notice boards in the dining/dayrooms, so that residents knew what was available at mealtimes. There were adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration, including timely referral to dietetic and speech and language services to ensure best outcomes for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The centre had a resident's guide available for residents. It contained information as required in the regulation such as the complaints procedure, visiting arrangements and a summary of the service and facilities available for residents.

Judgment: Compliant

### Regulation 27: Infection control

While the inspector found that many of the findings of previous inspections had been addressed in relation to infection control, installation of a macerator or bedpan washer in the sluice room remained outstanding.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector found that staff were provided with required training in fire safety and precautions. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulation of evacuations of compartments were undertaken by the management team in the centre, at regular intervals. The person in charge assured the inspector that these simulations would be continued to be carried out, cognizant of night time staffing levels, to ensure staff were confident and competent in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and saw that improvements had been implemented since the previous inspection. Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents were provided with timely referral and access to a range of health and social care professionals such as physiotherapy, occupational therapy, dietitian, speech and language therapy, tissue viability nursing expertise, psychiatry of later life and palliative care services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment and alternative equipment was available and trialled in order to minimise the use of bedrails in the centre.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Any allegations or safeguarding incidents were investigated and actioned by the person in charge. Safeguarding training was up-to-date for all staff and further face-to-face training was scheduled in the weeks following inspection. A safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider was not acting as a pension agent for any residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector saw that residents' views were sought on the running of the centre through residents meetings that were led by the centre's advocate. Residents could celebrate mass with a local priest who attended the centre every Wednesday. Activities were undertaken by care staff with staff assigned each day to assist with these. Music, bingo, arts and crafts and ball games were available as well as one-to-one activities for residents. The inspector saw a number of residents enjoyed reading national and local newspapers that were available in the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0032516

Date of inspection: 19/10/2023

## 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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incidents are been notified in a timely manner.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Plan is in place to install a macerator in near future.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	06/12/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	06/12/2023