



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

Issued by the Chief Inspector

Name of designated centre:	An Teaghlach Uilinn Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Kilrainey, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000309
Fieldwork ID:	MON-0039358

About the designated centre

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

An Teaghlach Uilinn Nursing Home is a purpose-built designated centre for older people. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Moycullen village, Galway. Residents have access to a secure enclosed courtyard. The centre provides accommodation for a maximum of 75 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Wednesday 22 February 2023	18:30hrs to 21:15hrs	Sean Ryan	Lead
Thursday 23 February 2023	08:30hrs to 16:15hrs	Sean Ryan	Lead
Wednesday 22 February 2023	18:30hrs to 21:15hrs	Catherine Sweeney	Support
Thursday 23 February 2023	08:30hrs to 16:15hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Residents living in An Teaghlach Uilinn Nursing Home told the inspectors that staff were attentive to their requests for assistance and attributed this to a stability in the staffing levels and availability of staff. However, residents continued to express dissatisfaction regarding the quality of the food they received and their overall dining experience. Staff spoken with identified improvements in the duration and quality of time they spent with each residents and attributed this to lower resident occupancy numbers in the centre.

Inspectors arrived unannounced at the centre during evening time and were met by a clinical nurse manager. Following a brief introductory meeting, inspectors walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. The person in charge and clinical director returned to the centre to support the inspection process.

Inspectors observed residents in the communal dayrooms. Some residents were observed watching the news and sports in the ground floor dayroom. Residents told the inspectors that they enjoyed spending time in the dayrooms before going to bed and enjoyed a cup of tea while watching the news at 6pm. Staff were observed providing assistance to residents with their evening tea, biscuits and sandwiches.

Inspectors observed the resident's dining experience and observed that there were adequate staff available to assist residents with their nutritional care needs. Some residents chose to have their meals in their bedrooms and catering staff were observed delivering their meals to their bedrooms. Residents were consistent in their feedback regarding improvements in the availability of staff but expressed discontent with the dining experience and quality of food. One resident told inspectors that they had raised their concerns on multiple occasions but could not see any improvement and therefore felt that they were not being listened to. This issue had been brought to the attention of the provider through an urgent compliance plan following an inspection of the centre on 27 January 2023 and had not been resolved. Inspectors observed that therapeutic and modified consistency diets, were not presented in a way that was attractive and appealing, in terms of flavour, texture and appearance. For example, residents were served a modified consistency diet that had all been blended together.

Inspectors observed that the kitchen and catering area was visibly unclean following scheduled cleaning of the area. Inspectors observed that utensils, cooking equipment and food preparation areas were visibly unclean. This issue was brought to the attention of the management team during the inspection of 11 January 2023 and 27 January 2023, and this inspection resulting in a third urgent compliance plan being issued to the provider to address the hygiene of the kitchen.

Inspectors observed that the provider had taken some action with regard to infection prevention and control measures in the centre that included segregated

specimen fridges for the storage of medicinal products and specimens. Inspectors observed some improvement in the quality of environmental hygiene with regard to resident's bedroom accommodation and communal areas. However, inspectors observed that communal bathrooms and shower rooms were still not clean on inspection. Inspectors observed that linen trolleys containing clean linen continued to be stored in communal bathrooms when not in use.

Inspectors observed residents engaged in a variety of activities throughout the days on inspection. Staff were observed spending time assisting residents with their needs while engaged in polite conversation. Residents were observed to receive visitors throughout the inspection.

Capacity and capability

This unannounced risk inspection was carried out over two days by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended), in particular the regulations underpinning resident nutrition, infection prevention and control and governance and management of the centre.
- follow up on the urgent actions taken by the provider to address significant issues of non-compliance that were identified on risk inspections of the centre on 11 and 27 January 2023. This inspection focused on a review of the governance and management systems and the quality and safety of care provided to residents with particular regard to their nutritional care, and infection prevention and control management.

The registered provider submitted an urgent compliance plan following a risk inspection of the centre on 27 January 2023. The findings of this inspection were that while some action had been taken to address the allocation and supervision of staff, significant urgent action continued to be required with regard to the governance and management of the service provided to residents. The provider had taken some action with regard to establishing systems to ensure residents were provided with appropriate assistance at mealtimes and to monitor residents' nutritional care. However, inspectors found that further urgent action was required by the provider to ensure management systems were implemented and sustained with regard to the standards of hygiene in the kitchen, and the quality of the meals served to residents.

Knegare Nursing Home Holdings Limited, a company comprising five directors, is the registered provider of An Teaghlach Uilinn Nursing Home. The company is represented in the centre by one director who is also the clinical director. A new person in charge had been appointed in the centre since the last inspection. This person in charge was supported in their role by the clinical director and a clinical nurse manager. A position of assistant director of nursing remained vacant since

August 2022.

Inspectors reviewed the action plan in relation to residents' food and nutrition, and found that the provider had taken some action following the previous inspection to ensure staffing levels were maintained and allocated to provide residents with care and support during mealtimes. Residents who had been assessed as at risk of malnutrition had an up-to-date care plan to reflect their nutritional care needs. However, a review of nursing documentation found that there was poor oversight of the systems in place to monitor the nutritional intake of residents, in line with their assessed needs, their care plan and any recommendations of health and social care professionals.

The provider had implemented an audit tool to monitor, evaluate and improve the quality of the dining experience and food for residents. The method of auditing was based on management's observations of mealtimes and the quality of food being served. However, inspectors found that where the management had identified deficits in the dining experience for residents, there was no action taken to improve the quality of the service provided.

The management systems in place to recognise and respond to complaints did not ensure that complaints and concerns were acted upon in a timely, supportive and effective manner. Inspectors found information consistent with a complaint regarding the quality of care and nutrition delivered to a resident, contained within the nursing records. The documented actions to be taken to resolve the complaint had not been implemented.

Overall, the provider had failed to ensure that robust management systems were in place to monitor the quality and safety of the service provided to residents. Following this inspection, further urgent action was required by the registered provider and the office of the Chief Inspector of Social Services issued a further urgent compliance plan in respect of; Regulation 18, Food and nutrition, and Regulation 23, Governance and management.

Regulation 23: Governance and management

The provider did not ensure that there were adequate staffing resources in place to ensure an acceptable standard of hygiene was maintained in the kitchen and catering area. For example, on the evening of the inspection, housekeeping staff responsible for cleaning clinical and environmental areas of the premises were required to clean the kitchen. This also posed a risk of cross contamination.

Inspectors found failures in the governance arrangements including an absence of;

- effective management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored with specific reference to the oversight of infection prevention and control and the standard of hygiene in the kitchen, the catering staff and kitchen activities, the quality of meals

served to residents and ensuring residents nutritional care needs are met in line with the recommendations of health and social care professionals.

- effective systems to improve the quality of the service. For example, audit findings were not effectively used to inform quality improvement plans.
- effective oversight of the complaints management system to ensure the quality of care of residents were monitored, reviewed and improved on an ongoing basis. For example, issues of concern in relation to staffing, medication management, nutrition and hydration and residents care needs not being met, had been brought to the attention of the management team but were not documented and managed within the centre's complaints register. This meant that there was no record of how these issues were acknowledged, investigated or resolved to the satisfaction of the complainant.

An urgent compliance plan was issued to the provider following this inspection.

Judgment: Not compliant

Quality and safety

Inspectors found that ineffective systems of governance and management described in the capacity and capability section of this report continued to impact on the quality and safety of care provided to residents. While staff were observed to be attentive to the needs of residents, further urgent action was required by the provider to ensure resident's safety and wellbeing was assured through effective governance and management.

Inspectors found that the provider had taken some action to ensure residents who were at risk of malnutrition were identified through appropriate clinical assessment. Arrangements were in place for residents to access the expertise of allied healthcare professionals such as dietetic services, and speech and language therapists. Inspectors found that residents care plans had been updated with the recommendations of healthcare professionals. However, while staff were aware of the resident's updated assessed needs and care plan, the interventions in place to monitor residents were not consistently implemented by staff. For example, there were significant gaps in the nutritional intake monitoring charts for residents identified as being at risk of malnutrition, and residents with complex care needs who were dependent on nursing care for their nutritional needs, which resulted in a poor outcome for residents.

Inspectors reviewed the residents dining experience and found that there were staff available to provide assistance and support to residents during their meals. Following the previous inspections of the centre on 11 and 27 January 2023, the provider was informed of resident's expressed dissatisfaction with the quality of the food they received. On the day of this inspection, inspectors found that minimal action had been taken by the provider, with the exception of completed mealtime

audits, that further highlighted this issue to the provider but for which no corrective action had been taken. Therefore, the quality of meals served to residents continued to be of a very poor standard.

The provider had arranged a deep clean of the kitchen and catering areas following the last inspection of the centre on 27 January 2023. However, inspectors found that the cleanliness of the environment had not been sustained. Inspectors found that the food preparation, meal cooking, cleaning and washing, storage and service areas were visibly unclean on inspection. Equipment and utensils used for cooking were also found not to be clean, with immediate action regarding the overall hygiene of the kitchen being required.

Inspectors reviewed the actions taken by the provider with regard to the poor standard of environmental hygiene throughout the centre that required urgent action. Inspectors found that the provider had arranged for a deep clean of the centre to be carried out. However, the quality of environmental hygiene had not been sustained. Communal bathrooms were visibly unclean on inspection and there was continued poor practice observed with regard to the storage of equipment and supplies to reduce the risk of cross contamination. While the provider had carried out the actions detailed in their response to the urgent compliance plan, the findings identified repeated non-compliance with regard to the oversight of infection prevention and control practices, and the cleaning procedure. These findings indicative of a lack of effective infection prevention and control monitoring and auditing system. Further oversight of infection prevention and control was required and is further discussed under Regulation 27; Infection control.

Regulation 18: Food and nutrition

Food and nutrition was not delivered to residents in line with regulatory requirements. This was evidenced by;

- The standard of hygiene in the kitchen and catering areas did not ensure that food was properly and safely prepared as the catering environment was not clean.
- Residents' dietary needs were not consistently met as prescribed by dietetic staff. For example, the nutritional care records for residents who were dependent on enteral nutrition (a tube, catheter or stoma that delivers nutrients directly to the gut) were poorly maintained and did not evidence that nutritional care was provided in line with the resident's assessed needs or care plan.

An urgent compliance plan was issued to the provider following the inspection.

Judgment: Not compliant

Regulation 27: Infection control

The provider had failed to sustain adequate infection prevention and control procedures consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by;

- The kitchen had not been cleaned to an acceptable standard which placed residents at risk of cross infection.
- Cleaning equipment continued to be stored inappropriately in the dirty utility and there was no dedicated room for the storage or preparation of cleaning agents and equipment.
- The storage of equipment such as linen trolleys and mobility aids in assisted bathrooms did not protect residents from the risk of infection through cross contamination.
- Two communal bathrooms were visibly unclean when checked multiple times during the inspection.

This is a repeated non-compliance from previous inspections.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant

Compliance Plan for An Teaghlach Uilinn Nursing Home OSV-0000309

Inspection ID: MON-0039358

Date of inspection: 23/02/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>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.</p> <p>The management systems and resources in the home have been reviewed by the Registered Provider Representative (RPR) and senior management team. Additional members of the team have been added to the organisational structure to ensure that the resources available are clearly defined and recognised. This is also now reflected in the statement of purpose.</p> <p>The resource of a Regional Manager (RM) commenced onsite 20-04-23 and will continue to work with the Person in Charge and the clinical onsite management team in implementing, monitoring effective management systems. The RM will provide increased governance and management in the evaluation of the systems in place to ensure that a safe environment for residents is promoted and care is delivered appropriately and consistently. To compliment the management of effective monitoring of IPC, standard of hygiene, mealtimes and kitchen activity an additional Clinical Nurse Manager (who is level 9 IPC qualified) has commenced. The centre has 2 CNMs and each CNM works opposite each other to ensure seven-day cover within the centre. Both CNMs are working supernumerary off the floor to support the DoN with the oversight, supervision and management of the centre.</p> <p>The home has also implemented Team Leader Roles who have commenced on 20-03-2023. The team leader will continue to be responsible for ensuring that the duties assigned on the daily allocations are completed and appropriate assistance is provided to residents based on their assessed needs and wishes. To assist the team leaders in their role the PIC has developed and implemented a daily checklist to be completed for each resident, to ensure effective oversight and a member of the clinical management team</p>	

will oversee and monitor the compliance of these records. The team leader works alongside the staff in the home and the PIC and CNM's will support the team leader in their role.

Recruitment of an ADON remains ongoing in the centre with the support of the HR Manager. A member of the staff team has been nominated as the Resident Liaison Person who will also be available to residents to discuss any areas of concern. This role will be supported by the clinical management team and the PiC.

Regulation 23(c) The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

An extensive cleaning regime has been devised, communicated to staff and implemented with an additional support in place to ensure the standard of hygiene is maintained in the kitchen and catering area.

Separate staff are allocated to the cleaning of kitchen. The Clinical Management Team has effective management systems in place to include:

Supervision of mealtimes by a senior member of staff

Review of the quality and nutritional value of the menu by a dietician, last review was completed in January 2023.

Residents input into the menu being provided and feedback from residents regarding mealtimes as part of residents' forums and 1:1 satisfaction surveys.

These management systems are in place and will continue so that information obtained is reviewed by the PIC and RM to determine any Quality Improvement Plans (QIPs). The findings used to develop quality improvement plans and these have been communicated to staff. The RM will work with the PIC, and together are responsible for the review of these action plans to ensure they are effectively meeting the needs of the residents and their outcomes inform safe practices within the centre. Action plans are communicated to the staff as part of staff management meetings and daily communication huddles.

As part of the Nursing Homes schedule of audits, mealtimes continue to be audited on a weekly basis, with the PiC and CNMs actively engage with residents and staff regarding the quality of food and the dining experience. A system for assessing practice using the QuIS assessment tool has commenced. The results of assessments and audits are communicated with all staff during handovers and staff huddles. The Team Leaders provides another layer of oversight at mealtimes and ensure appropriate supervision of residents. The daily allocation sheet which is maintained by the CNMs clearly indicates the responsibility of each staff in relation to supporting residents assessed needs within the centre.

There is a complaints policy in place and the complaints management system has been communicated to all staff. Any concerns raised by residents (e.g., at residents' meetings and/or during 1:1 surveys) will be recorded as part of acknowledging, investigating, and resolving these items to the satisfaction of the complainant. The complaints process is available for staff and residents to read.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Regulation 18(1)(c)(i) The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.</p> <p>A food and nutrition audit has been completed in the home and an action plan commenced. There is a daily and clean as you go schedule alongside a deep clean schedule in place. The standard of hygiene in the kitchen and catering areas is checked daily and monitored by internal and external parties. The kitchen and catering areas have been last deep cleaned on 23/02/2023. Any actions arising from these audits are shared with the chef and staff in detail. The kitchen has been assessed by the environmental regulator in line with national guidelines.</p> <p>A new Chef has commenced in the centre. Training has been undertaken by the Chef to understand the needs of the residents, the nursing home and the presentation of food. The chef has also been allocated time to meet with each resident and discuss their preferences. As part of ongoing training the chefs will attend training and demonstration in preparing and presented meals for the residents.</p> <p>A residents mealtimes questionnaire has commenced to determine their satisfaction with the dining experience. The results of the questionnaires will continue to be analysed, details shared with the catering team and are used to inform changes required.</p> <p>Nutrition Management and associated care plans (diabetes, assisted PEG) have been reviewed by the PiC and CNM. Staff Nurses are receiving onsite training and support with care plans. An External Provider has been providing additional support to Nursing Staff through recommendations for care planning and 1:1 training session. The PIC will continue to oversee the standard of residents' care plans and monthly audits.</p> <p>Chef and PiC/ CNM interact throughout the day regarding meals and mealtimes. The Chef actively engages with residents to ensure resident satisfaction on a daily basis and is responsible for managing the hygiene in the kitchen. The chef will continue to attend residents' meetings to openly discuss residents' recommendations and is available to residents on a 1:1 conversation if they wish so.</p> <p>Mealtimes are supervised by an allocated member of the clinical management team. This staff member supports all staff to ensure that residents are assisted in line with their assessed needs. The addition of the team leader roles for each area is providing another layer of supervision and oversight of resident care provision and support.</p> <p>Regulation 18(1)(c)(iii) The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as</p>	

prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

All residents had been reviewed by the dietitian in January 2023 and the dietitian is available to residents as and when required. Each resident's care plans, recording of required input/output charts are reviewed and monitored by the clinical team to ensure they are reflective of the resident's needs. The PIC has developed a clinical documentation audit, with feedback forms for the nursing team and this is currently being rolled out. The standard of care plan will continue to be monitored by the clinical management team as part of oversight measures and the schedule of audits. The PIC will identify any Quality Improvement Plans from these audits and manage execution of same in collaboration with the RM.

Regulation 27: Infection control

Not Compliant

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

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.

A deep clean of the kitchen was undertaken 23-02-2023.

An extensive cleaning regime has been devised, communicated to staff and implemented with an additional support in place to ensure the standard of hygiene is maintained in the kitchen and catering area. This regime is reviewed weekly by the nursing home management team with formal meetings held with the catering team and action plans put in place to rectify any issues arising.

Three separate storage areas have been identified for linen and are now operational and monitored. An additional storage area has been identified for cleaning equipment to ensure cleaning equipment is stored appropriately. These areas are reviewed daily by the management team to ensure they are maintained to an appropriate standard. Team Leaders and laundry staff are responsible to ensure linen is stored appropriately. There are plans to enhance the housekeeping storeroom to reduce risk of cross contamination.

Storage areas have been identified across the home to reduce the risk of cross contamination.

The cleaning schedules for communal bathrooms have been reviewed and staff are assigned to maintain the cleanliness of these areas. Compliance is monitored by the Team Leaders on a daily basis with support from a suitably qualified IPC Nurse.

A full review was undertaken of the IPC training needs of all staff and any identified needs planned and scheduled for the remainder of 2023. In addition to formal IPC

training, informal education sessions (staff huddles and debriefs) are completed by the PiC supported by the CNM IPC lead for the centre.

The IPC committee has been identified with terms of reference in place. The purpose of this committee is to share findings of audits, promote best practice within the centre, champion and engage with staff and residents in relation to best practices and provide leadership in the management of IPC.

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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Red	28/02/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident	Not Compliant	Red	28/02/2023

	concerned.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	19/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	19/05/2023