



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

## Issued by the Chief Inspector

Name of designated centre:	Pilgrims Rest Nursing Home
Name of provider:	Pilgrims Rest Nursing Home Limited
Address of centre:	Barley Hill, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0036467

## About the designated centre

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

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered to accommodate 35 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long term care and residents who require respite care, convalescence care or who have palliative care needs.

Accommodation for residents is provided in 17 single bedrooms, 16 of which have ensuite toilet and wash hand-basin facilities and nine double bedrooms, four of which have ensuite toilet and wash hand-basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are four showers/bathrooms that include toilets and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

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

Number of residents on the date of inspection:	33
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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 24 August 2022	09:00hrs to 17:00hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

The inspector spoke with several residents during the inspection and found that all residents spoken with were content with the service provided. Some residents said that they had lived in the centre for a number of years and were comfortable to call this centre "home".

The inspector arrived at the centre at 9am and found some residents up and about mobilising around the centre while others were still in their rooms. Breakfast had concluded and there were no residents located in the dining room area. The dining room was well laid out and the inspector was informed that there were two meal sittings at lunch time, to ensure that the meal service was well-managed. Residents confirmed that they were happy with the food provided and found it tasty. The inspector observed the menu on display and found that there was a choice of meal available every day, residents who required assistance with their eating and drinking were given the required levels of support to be able to enjoy their meal.

There were sufficient numbers of staff observed to be working on the day of the inspection. Residents who required assistance were responded to by staff without delay. Staff and resident interactions were seen to be positive and person centred. It was evident that staff were aware of the residents needs and responded accordingly. Some residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported in a manner that respected their dignity and autonomy.

Residents said that they felt safe in the centre and that if they had a problem that they could go to any member of staff to tell them about it.

Residents were seen to have access to all areas of the designated centre. Communal areas were tastefully decorated and suitable for resident use. The provider was updating the emergency lighting system at the time of the inspection and there was a number of workmen in the centre. Although the works were ongoing throughout the day, the inspector found that the immediate environment was kept safe and that residents were consulted before workmen accessed their personal environment. Residents had better access to bathing facilities as the provider had increased the number of bathrooms available for residents to use, there were now five bathing facilities available throughout the centre.

On the whole resident rooms were well-maintained, there was sufficient storage space available for residents to use. Residents told the inspector that they were happy with the support they received regarding their laundry requirements. Several residents told the inspector that they get their laundry returned to them without delay.

Residents were seen attending activities throughout the day, the inspector observed

two communal activities, bowls and a card game which was attended by 13 residents. Residents were supported to engage in these activities by the staff present and appeared content to have participated in them.

Arrangements were also in place to support residents have to access both religious and advocacy services. Resident meetings were seen to occur on average every quarter.

The next two sections of the report will discuss the findings of the inspection in relation to the governance and management in the centre and how this supports the quality and safety of the service delivered.

## Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also focused on the registered providers actions to address non compliance's with the regulations found on previous inspections.

Overall, the conclusions of this inspection found that there were a number of areas that required actions on the part of the registered provider to achieve compliance with the regulations. The inspector found recurring non compliance's under regulation 23 Governance and Management, Regulation 21 Records and under a number of other regulations which are discussed in more detail under the quality and safety pillar.

Pilgrims Rest Nursing Home is the registered provider for this designated centre of which there are two directors involved in the company. There was a clearly defined management structure in place which consists of the person in charge who was supported in their role by one of the directors of the provider entity. The provider was involved in the day to day operation of the centre. A team of staff nurses, health care assistants, household, catering, administration, activity and maintenance staff were also involved in the provision of services to the residents.

At the time of the inspection, the person in charge was on leave however the inspection was facilitated by one of the director's of the company who was on call and arrived at the centre shortly after the inspection had commenced.

The inspector reviewed a sample of records on the day of the inspection. Although, the inspector was told that oversight meetings occur on a regular basis, the director was unable to locate these records on the IT systems currently in use in the centre. As a result the inspector was unable to verify the levels of oversight given to both the clinical and operational aspects of the service provided.

While the registered provider confirmed that there were monitoring and

management systems in place, there was an absence of records relating to audits and on how the registered provider was monitoring the quality of the service provided. In addition, the risk management policy did not give sufficient detail as to how risk was managed in the designated centre. While a selection of risk assessments were provided to the inspector post inspection, the risk register was not included.

The provider had maintained staffing levels in the centre consistent with those identified in the centre's statement of purpose. The inspector was told that there was only one vacancy on the staff team and arrangements were being made to recruit for this post. Staff were supported in their roles through the provision of regular training. Records indicated that there were good levels of staff training in all mandatory areas such as safeguarding, fire, and manual handling.

There was a complaints policy and procedure in place which facilitated residents and their families register a complaint should they feel the need to do so. However there was no clear process in place to ensure that complaints were reviewed by the management team in order to identify where improvements were required in the service provided.

### Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there was a nurse on duty at all times in the centre. At the time of this inspection the registered provider was recruiting for a housekeeper. A review of the rosters found that all gaps had been covered by internal resources.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had attended mandatory training which included training on fire safety, manual handling and safeguarding. In addition, a review of training records indicated that staff had either completed or had access to training in dementia, medication, care planning, restrictive practice and Infection prevention and control. Staff were aware of their individual roles and responsibilities and felt that training equipped them to carry out their roles more effectively.

Judgment: Compliant

## Regulation 21: Records

The registered provider failed to ensure that records set out under Schedules 3 and 5 were made available for the inspector to review on the day of the inspection. A number of records were submitted post inspection.

Judgment: Not compliant

## Regulation 23: Governance and management

The systems in place to ensure that the provider had sufficient oversight of the service required a number of actions to comply with the regulations. While there was a defined management structure in place, roles and responsibilities required strengthening to ensure that:

- All members of the management team had access to relevant documentation in order to manage the service safely and effectively.

The inspector was not assured that current management systems were being used effectively to monitor the service, this was evidenced by:

- The unavailability of governance meetings records to show that the service was in receipt of management oversight.
- The inspector was not provided with any records relating to the auditing of the service provided.
- While there were risk assessments provided post inspection, there was no risk management policy made available to review.
- A copy of the annual review of quality and safety for 2021 was not made available to the inspector

Judgment: Not compliant

## Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which was accessible for residents and their families if they wished to register a complaint. The policy set out the steps to be taken in order to register a formal complaint and also identified the timescale for the complaint to be investigated. The policy also incorporated arrangements for feedback to the complainant and an appeals process should the complainant be dissatisfied with the outcome of an investigation. A review of the complaints log maintained by the provider indicated that three complaints were



received in 2021 and four in 2022.

Judgment: Compliant

## Quality and safety

The management systems that were in place did not ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. Records to confirm that the service provided was audited and reviewed were not made available to the inspector either on the day of the inspection, nor were these records submitted post inspection. While the provider had made a number of improvements to the service which included the provision of additional bathing facilities there remained a number of recurring non compliance's in relation to Infection prevention and control, fire safety, and risk management.

Despite efforts made by the provider to improve the effectiveness of infection prevention and control measures in the centre, the inspector identified risks of cross contamination regarding the inappropriate storage of items in a store room, in the cleaner's room and in the sluice room. There was no system for the segregation of items stored in the store room with resident mobility equipment stored alongside obsolete equipment which was ready to be discarded such as old hoist slings, and items of furniture. The sluice room did not have adequate racking and shelving in order for cleaned equipment to be stored safely. In addition a number of items such as bleach and cardboard boxes were stored on the floor of the cleaner's store which meant that the floor could not be cleaned effectively.

The provider had maintained records regarding the cleaning of the centre which included weekly deep cleans, and regular cleaning of resident and communal areas. However, there were no infection prevention and control or environmental audits available to review. This was a concern as the issues highlighted under Regulation 27 had not been identified prior to this inspection.

At the time of the inspection, the provider was in the process of updating the emergency lighting system in the centre. A review of records relating to fire safety confirmed that the provider had maintained the integrity of the fire systems with records of regular servicing of fire equipment. Staff were aware of their role in maintaining fire safety and had engaged in regular fire drills. There were personal evacuation plans (PEEPS) in place to describe how residents were to be evacuated in the event of a fire emergency. However, there were no records made available to confirm that simulated evacuations were included in the fire drills carried out by the provider. Arrangements to ensure that residents could be guided safely to one of the assembly points also required actions as there was no external lighting available on this route.

Records relating to risk were not made available to the inspector at the time of the inspection, however a number of risk assessments were remitted to the inspector

post inspection. There was no risk management policy and procedure available either, to indicate the measures to be taken by the registered provider in identifying and controlling risks in the designated centre. The oversight of risks is discussed under the capacity and capability section of this report.

The designated centre was well maintained, it was clean, comfortable and odour free. Overall the premises met the needs of the current residents. Residents' rooms were set out in a manner which supported residents to have easy access to their personal storage and seating. Residents had unrestricted access to all internal communal facilities as well as an internal garden area. The registered provider had increased the number of bathing facilities available for residents to use in the designated centre.

All residents observed on the day of the inspection were well turned out. Resident's were seen to be wearing appropriate footwear and suitable clothing for the time of year. There was numerous activities provided throughout the day which were well attended by the residents.

A review of health care records confirmed that residents health care was well-managed with timely referrals made to access services for the residents. Residents had care plans in place to identify and monitor care interventions to meet their needs, some areas that required actions to improve this process are identified under Regulation 5.

### Regulation 17: Premises

The design and layout of the premises is suitable to meet the needs of the residents. There was adequate private and communal space for residents to enjoy. While there was adequate storage available in the designated centre it was not being utilised in a safe and appropriate manner. These findings are set out under Regulation 27.

Records indicated that equipment used in the designated centre was well maintained with records in place to confirm regular servicing. The centre was clean and well maintained.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was updated in January 2022 and outlined the arrangements in place for visiting, and on the process of how a resident could register a complaint. There was a clear description of the services and facilities available for residents to use with reference also made to the terms and conditions of residence in the

designated centre.

Judgment: Compliant

### Regulation 26: Risk management

The inspector was unable to review the Risk Management policy or risk register on the day of the inspection as these documents were not available. The registered provider submitted a number of risk assessments post inspection which covered issues relating to Regulation 26 under C(i) to C(v). However the registered provider failed to submit a copy of the designated centre's Risk Management policy for the inspector's review.

Judgment: Not compliant

### Regulation 27: Infection control

While some improvements had been made since the previous inspection, the inspector found a number of practices that were not consistent with the standards for the prevention and control of health care associated infections published by the Authority. For example:

- There was no system for segregation of items stored in the store room, residents mobility equipment was stored with clinical supplies which increased risk of cross contamination.
- A number of boxes were stored on the floor in the laundry room which hampered effective floor cleaning.
- The flooring in the laundry room was damaged and required repair, this also hampered effective cleaning.
- The wire mesh shelving in the sluice room was unsuitable as there was potential for items stored underneath to become contaminated.
- A number of hand towels were being stored in a bathroom which created a risk of cross contamination.
- A number of cleaning products were stored on the floor in the cleaner's room which hampered effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not taken adequate precautions to ensure that residents could be safely evacuated in the event of a fire emergency. This was evidenced by:

- The integrity of the fire stopping in the hot press room was not robust and did not ensure that smoke and fire would be contained in the event of a fire emergency. The inspector found gaps around utility pipes where they entered the ceiling in the hot press room.
- The registered provider did not make adequate arrangements for the safe evacuation of resident's in the event of a fire emergency. Fire drills did not include a simulated evacuation of residents and as such did not provide the required assurances that all residents could be evacuated to a place of safety in the event of a fire
- The inspector found that an escape route to an assembly point did not have sufficient lighting in place to guide staff and residents safely to this area.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans, however the inspector could not establish if all of the care plans reviewed were informed by a pre admission assessment of each resident's needs. Pre assessments were not available at the time of the inspection however the provider submitted a sample of pre admission assessments post inspection.

While on the whole care plans were well written and gave sufficient detail around how resident needs were to be met, some did not give enough detail regarding the required interventions. In addition one resident's care plan was not created with 48hrs of their admission as required by the regulations.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

While it was evident that care was delivered to a high standard where restraints were in use, the inspector found gaps in documentation relating to residents consenting to the use of restraints such as bed rails. In a number of care records the required documentation regarding consent from the individual resident and where appropriate their relevant family member was not always in place before the restrictive practice was used.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There were opportunities available for residents to engage in communal activities or to engage in activities on their own. There was a schedule of activities on display in the centre to inform residents of organised activities for that day. Inspectors were informed that activities were available seven days a week. The provider had arrangements in place for residents to access support and advice from sage advocacy.

Records relating to residents committee meetings were unavailable at the time of the inspection, however the provider submitted resident meeting records post inspection. A review of these records confirmed that resident meetings mostly occurred every quarter.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0036467

Date of inspection: 24/08/2022

## 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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Following the Inspection a review of the record keeping system was held to look at the quality of information gathered and how this information is stored.</p> <p>An Audit of Compliance with Care &amp; Welfare Regulation Documentation has been compiled and is stored in the nurse’s office. This document will ensure that all staff are aware of the regulation documentation and where it is stored in the event that the Person In Charge or the Registered Provider are not on site.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the Inspection a review of the Senior Management Team meetings was held. Management meetings with the Registered Provider, Person In Charge and HR / Operations Manager are now timetabled and meeting minutes are kept. The agenda for this meeting has been devised and will be reflected in the meeting minutes. The agenda for the Management meeting includes the following items for discussion:</p> <p>Infection Prevention and Control Audit feedback and action plan Key performance indicators Audits – both feedback from Audits and audits due to be carried out Risk Register review and action plan Roster / Staffing Maintenance / Equipment</p>	



Resident meeting feedback

A full review of the audits taking place within the Nursing Home took place. We are working with our Electronic Records provider to ensure that our audit templates are uploaded onto the Electronic Records so that this information is stored in a central area. A paper copy will also be stored in the nurse's office.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Following the Inspection a review of the Risk Management Programme in the nursing home took place. The Risk Management Policy was updated to ensure a more robust risk management system was in place. While there were risk assessments in place a more formal risk register is being devised to ensure better oversight of the risks in the nursing home.

Regulation 27: Infection control

Substantially Compliant

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

A contractor has been appointed to complete works in the store room, sluice room and laundry room. The necessary materials have been ordered and work will commence in these areas.

Shelving has been placed in the cleaning room, ensuring that items are not stored on the floor.

The daily Health and Safety Risk Environment Audit has been revised to ensure better compliance with Regulation 27. Resident's items have been removed from the storeroom, labelled correctly and stored in residents rooms.

Face to face IPC training has been carried out by the IPC Link Practitioner for all staff. This training will be yearly and will ensure that all staff are compliant with Regulation 27.

As part of the overall review of Governance and Management an audit cycle has been implemented and IPC audits will be completed monthly. The Audit Tool will be stored on the electronic records system which will provide prompts when audits are due.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Following the Inspection a review of the Fire Policy was undertaken.  Simulated evacuations have been held with both Day and Night staff.  Gaps around utility pipes have been sealed to ensure better compliance with fire regulations.  External lighting has been ordered and will be fitted by the electrician</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Pre admission assessments will be recorded on the electronic records system and initial care plans compiled before a resident is admitted. Ensuring that care plans are completed within 48 hours of admission is now a key performance indicator and will be audited by the Senior Management Team and reported on in the Management Team Meetings and the Annual Report.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  Following the Inspection a review of the documentation around the use of restraints was held with the Senior Nursing Staff and PIC. The documents used for these assessments was updated to ensure that the resident and/or Next of Kin sign a consent form agreeing to the use of restraints.</p> <p>Currently this is reviewed 3 monthly with the resident and/or Next of Kin at the care plan reviews.</p> <p>We will also ensure that the restraint assessments forms are completed yearly as a</p>	

minimum and signed by the resident or the NOK.

## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/10/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/10/2022
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	Orange	30/09/2022
Regulation 23(d)	The registered provider shall ensure that there	Not Compliant	Orange	31/08/2022

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/10/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/10/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Orange	31/10/2022

	followed in the case of fire.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/08/2022