



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

Issued by the Chief Inspector

Name of designated centre:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Unannounced
Date of inspection:	08 August 2023
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0040424

About the designated centre

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

The Park Nursing Home is designated centre and is located within the suburban setting of Castletroy, Limerick city. It is registered to accommodate a maximum of 56 residents. It is a two-storey facility with a lift and four stairs to enable access to the upstairs accommodation. Bedroom accommodation comprises 52 single bedrooms (21 downstairs and 31 upstairs) and two twin bedrooms (upstairs) with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Upstairs, communal areas comprise a large day room, dining room, family visiting room, hairdressing salon and smoking room, and seating in the foyer. Upstairs there is a lounge, dining room with kitchenette, a separate kitchenette, physiotherapy gym, lounge seating area with balcony views of the main entrance, foyer and gardens. Residents have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery. The Park Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Tuesday 8 August 2023	09:30hrs to 17:00hrs	Rachel Seoghthe	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were generally content living in the designated centre. All residents spoken with were complimentary of the staff and the care they provided. The inspector heard positive comments such as 'staff are very good here' and 'life is good'. Notwithstanding the positive feedback received, this inspection found that a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. Following an introductory meeting with the person in charge, the inspector spent time walking around the centre which gave them an opportunity to meet with residents and staff. The atmosphere in the centre was calmed and relaxed. Many residents were having breakfast in their bedrooms and some residents were receiving assistance with their personal care needs. Residents were seen to be relaxed in the communal areas throughout the centre. The inspector observed that staff mingled among the residents, providing assistance and encouragement as necessary.

The Park Nursing Home is a two storey premises located in Castletroy, on the outskirts of Limerick city. The designated centre is registered to provide long term and respite care to a maximum of 56 residents. There were 55 residents living in the centre on the day of this inspection. Residents' bedroom accommodation was arranged in twin and single bedrooms on lower and upper ground floor levels. Access between these floors was facilitated by a passenger lift and a stairs.

The inspector observed that the centre was homely and well furnished throughout. The reception area was bright and spacious and well used throughout the day of inspection. The decor in this area was enhanced by a weekly delivery of a colourful flower arrangement, which were displayed for resident enjoyment. Activities schedules and daily menus were displayed in the reception area for resident information. There were a number of communal rooms available to ensure that residents had sufficient comfortable space to congregate, such as a spacious, well furnished sitting room on the ground floor. Additional seating was located in an area known as the coffee dock located beside the nurses station on the first floor. A number of residents chose to spend their day relaxing in this area. A designated visitors' room was also available if residents wished to meet their visitors in private.

Residents' bedrooms were personalised with items such as their photographs, artwork and ornaments. Residents' bedrooms had sufficient space to meet their needs including adequate wardrobe and storage space for their clothes and personal belongings. Residents could choose to lock their own bedroom doors as they wished. Resident bedrooms appeared clean and generally well laid out. Residents reported finding their rooms comfortable and suitable for their needs, however it

was noted that several bedroom walls were scuffed and floor surfaces were damaged.

There were views of a large enclosed garden from a sitting room on the ground floor. Doors from the sitting room led directly out to the garden, however the staff informed inspector that residents had to request assistance to open this door as it was keycode locked and alarmed. The inspector walked through the garden and found that it was secure, well maintained and decorated with colourful furniture, flowers and bunting. Additionally, a secure courtyard designed for resident use, located off the reception area, was also locked and residents could not go outside independently. This was a repeated finding from a previous inspection.

The inspector spent time observing residents in the communal rooms in the centre. Residents appeared relaxed and comfortable in their environment. Staff were present to provide assistance and support to residents. Residents were observed having coffee in and residents were enjoying a daily fruit smoothie. Residents were offered one-to-one activities such as manicures. The inspector spoke with a resident who was watching a concert which was being shown on television in the communal sitting room. The resident told the inspector that staff knew it was their favourite musician and they were very appreciative that staff had remembered this and arranged for it to be shown. A game of bingo was in progress, followed by a singalong on the afternoon of the inspection. The inspector observed that some residents with higher support needs were relaxing in the coffee dock area where a musical dvd was playing. The inspector also spoke to residents who preferred to spend time in their rooms, listening to the radio, and they expressed that this was their preference.

The inspector observed residents dining experience on both floors of the centre. Dining rooms were arranged so that residents had the opportunity to socialise and residents were observed enjoying the company of one another. Meal times were relaxed and staff sat beside residents to provide assistance and support with their meals in a respectful manner, when needed. Residents were provided with a choice at mealtimes and could also chose to have their meals in the privacy of their own bedroom, if they wished. Residents commented positively about the quality and variety of food provided in the centre and one resident informed the inspector that they were 'never hungry!'.

The provider had made some improvements to the centre since the previous inspection, including repairs to the kitchenette on the first floor. A maintenance programme was ongoing however, further improvement was required to ensure that the premises was brought into compliance with Regulation 17: Premises. Additionally, the organisation of storage space required improvement as the inspector observed that one storage room was cluttered and resident equipment was not segregated from records and general supplies.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety

and independence. Residents who required assistance with mobilising were well supported by staff.

Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported access this service if required.

Visiting was facilitated in line with national guidelines and the inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the provider's compliance plan response to the previous inspection in June 2022.

Mowlam Healthcare Services Unlimited Company is the registered provider for The Park Nursing Home. The person in charge is supported in their role by a regional health care manager and a director of care services in the senior management team. Within the designated centre, the person in charge is supported by an assistant director of nursing (ADON) and a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities. The assistant director of nursing deputised in the absence of the person in charge. There was a registered nurse on duty on both floors in the centre twenty four hours a day, supported by a team of care and support staff.

The provider had management systems in place to monitor the service through regular meetings where key areas of the services were discussed and analysed. Records of meetings viewed by the inspector detailed the attendees and the agenda items discussed which included staffing, incidents and resident care needs. Actions agreed were recorded. There was an auditing system in place to monitor the quality and safety of the service. The inspector viewed records of clinical and environmental audits undertaken of falls prevention, medication management, food safety, complaints and hospitality. Records showed that that while most audits completed effectively identified quality improvement actions, further oversight was required, as three hand hygiene audits completed which identified reduced compliance, did not

contain quality improvement plans. Furthermore, restricted access to residents outdoor space was not identified through the auditing process.

The inspector found that staff levels in the centre required review to meet the needs of residents. While there were sufficient nursing staff on duty at all times, cleaning staff resources were reduced at weekends. The management team informed the inspector that recruitment plan was in place to address this shortfall. This is discussed under Regulation 15: Staffing.

There was a comprehensive programme of training in the centre. Training records viewed by the inspector and discussion with staff confirmed a good level of ongoing training was provided and encouraged in the centre. Staff who spoke with the inspector demonstrated knowledge of the residents needs. There was appropriate supervision of staff by the management team.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre.

There were effective record and file management systems in place. All records required by schedule 2, 3 and 4 of the regulations were well maintained and stored securely in the centre. A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

A directory of residents was maintained which contained all of the information as required under Schedule 3 of the regulations.

The registered provider had undertaken annual review of the service for 2022 in line with the requirement regulations.

Regulation 14: Persons in charge

The person in charge of the centre had been appointed in June 2023 and worked full time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was well known to the residents.

Judgment: Compliant

Regulation 15: Staffing

There was insufficient staff resources to maintain the cleanliness of the centre given the size and layout of the building. A review of the rosters demonstrated that there

was a reduction in house-keeping staffing resources at weekends. This did not ensure that the centre was cleaned to the required standards to ensure residents were protected from infection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors evidenced that all staff had access to mandatory training. Staff demonstrated appropriate awareness from the training undertaken.

Arrangements were in place to ensure that staff were appropriately supervised in their roles, to ensure safe and quality care provision to residents.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the designated centre's directory of residents confirmed that it contained all the required information set out under Regulation 19.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. The insurance contract was renewed in June 2023.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure that the management systems in place ensured that the service was safe and effectively monitored. For example,

- the system of auditing did not ensure that a quality improvement plan was developed from all audit findings.

- poor oversight of the maintenance of the premises and infection control procedures
- repeated failure to address the resident right to access outdoor space independently

Judgment: Substantially compliant

Quality and safety

Overall, residents were well cared for, comfortable and their nursing and health care and social needs were met. Residents' were satisfied with their care and supports and spoke highly of the staff who cared for them. However, while there was evidence that residents rights were respected, improvements were required to ensure that residents could access all safe outdoor areas at will. In addition, improvements were required in relation to infection control, premises and assessment and care planning. These will be addressed under the relevant regulations.

Residents' healthcare needs were promoted through ongoing access to General Practitioner (GP) services. The centre employed a physiotherapist who was on-site twice a week, to provide care and assessments to residents. Access to other health and social care professionals such as a dietitian, speech and language therapist and occupational therapist was available to residents who required these services.

Records viewed demonstrated that residents' needs were comprehensively assessed and their risk of deterioration was regularly monitored using validated assessment tools including risk of falls, malnutrition, pressure related skin injury and dependency levels. These assessments informed residents' care plans in line with their preferences and wishes. Residents' care plans were being completed in consultation with residents and their families. However, action was required to ensure that care plans relating to the management of wound care adequately described the care interventions to be completed, to direct nursing staff to provide appropriate wound care. This finding is discussed further under Regulation 5: Individual assessment and Care Planning.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. It was clear that residents were offered choice in relation to the food served at mealtimes. There were sufficient staff available at mealtimes to assist residents with their meals. Any changes to residents' diets were communicated promptly to staff. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended.

Infection prevention and control measures were in place and monitored by the management team. There was evidence of good practices in relation to infection control such including the monitoring of multi-drug resistant infections (mdros) and

house-keeping staff were knowledgeable regarding cleaning systems. However, the inspector identified that several hand hygiene sinks were visibly unclean and further action was necessary to bring the centre into compliance with Regulation 27.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However, the inspector identified a number of areas requiring improvement as detailed under Regulation 17: Premises.

Overall, the inspector found that residents rights were respected in the centre. There was evidence of consultation with residents in the planning and running of the centre. Residents views on the quality of the service provided was accessed through resident and family surveys. Resident meetings were convened regularly, to ensure residents had an opportunity to express their concerns or wishes. Minutes of residents meetings indicated that residents' feedback was also sought with regard to the quality and safety of the service, the quality of the food, laundry services and the staffing. However, the inspector found that restricted access to safe outdoor spaces did not ensure that residents could choose to go outside independently. This is discussed under Regulation 9: Residents rights.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. Activities in the centre included outings, music therapy and live music.

Measures were in place to safeguard residents from abuse. All staff interactions with residents observed by the inspector were kind and caring. The provider did not act as a pension agent for any resident.

Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspectors observed that visitors were made welcome in the centre and many visitors were in attendance on the day of this inspection.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations, for example ;

- Floor covering at the entrance to the nurses station on the first floor was peeling and posed a trip hazard. Furthermore, floor covering that was continued to form skirting at the base of the walls in a number of residents' bedrooms was peeling away from wall surfaces. These findings did not ensure that the floor surfaces were adequately maintained or that effective cleaning procedures could be completed.
- One communal resident bathroom had no grab rails in place, as required under the regulations.
- Blinds were damaged of one of the residents communal sitting rooms.
- There was a hole in the ceiling surface of the smoking room where a utility pipes had been removed.
- Paintwork was chipped and damaged on wall surfaces in some resident bedrooms.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- The area around the water outlets in a number sinks used by staff for hand hygiene was visibly stained. This finding did not give assurances that these areas had been thoroughly cleaned and this posed a risk of cross infection.
- Sink surfaces in a number of utility rooms were visibly unclean and this posed a risk of cross infection.
- One communal bathroom was visibly unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation demonstrated a good knowledge of residents' individual needs, however a small number of records required improvement. For example,

- Care plans in relation to wound care were not developed based on comprehensive and up-to-date assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Access to the enclosed courtyard and garden was restricted with use of key code locked, alarmed doors. This arrangement placed restrictions on residents' freedom of movement and their choice to access the outside space without the support of staff to open the door for them. This is a repeated finding from a previous inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0040424

Date of inspection: 08/08/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The PIC will ensure that staffing levels are always sufficient to ensure that high standards of cleaning can be consistently maintained throughout the home. • The PIC has reviewed the housekeeping rosters and the housekeeping hours are maintained at a consistent level over 7 days per week. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The PIC will ensure that a quality improvement plan (QIP) is developed and implemented based on findings from audits. Audit findings and associated QIPs will be discussed at monthly management meetings and with relevant supervisors to ensure effective implementation of recommended improvements. • A review of premises will be undertaken by the Facilities Team and a QIP will be developed to address any identified deficits within an agreed timeframe. • The Infection Prevention & Control (IPC) Lead nurse will continue to complete IPC audits and escalate findings to PIC, and together they will agree and implement a QIP to address any non-compliances. • Doors to outdoor space will be unlocked during the day to ensure residents have independent access. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The flooring at the entrance to first floor nurses' station was repaired on the day of inspection. • There is a programme of works in place to repair/replace the floor covering throughout the home where it has been identified that there is an infection control risk. • The missing grab rail to communal bathroom has been installed. • The damaged blinds in the communal sitting room are scheduled to be replaced. • The hole in the ceiling of the smoking room has been repaired. • There is a phased refurbishment plan to address the required decorative upgrades of resident bedrooms, and this programme will commence in October 2023 and continue throughout Q1 of 2024. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC has reviewed and adjusted housekeeping hours and schedules to ensure cover is consistent over a 7-day period. • The housekeeping daily cleaning schedule has been reviewed and amended to facilitate effective cleaning of all areas of the home in accordance with Infection Prevention & Control guidelines. • The PIC will review actions from the IPC audit each fortnight and liaise with clinical and housekeeping staff as required. IPC and standards of cleanliness of the environment will be discussed at each monthly management meeting to maintain awareness of all staff about the importance of consistency in maintaining appropriate standards. 	
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:</p> <ul style="list-style-type: none"> • PIC will ensure that care plans are developed based on residents' assessed care needs. All residents will have a skin integrity assessment and if there is a need for a wound care plan, this will be implemented based on the recommended treatment plan. • For those residents with pressure ulcers all information and recommendations 	

regarding Tissue Viability Nurse (TVN) and other allied health services' consultation will be included in the care plan.

Regulation 9: Residents' rights

Substantially Compliant

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

- PIC will ensure that residents have access to the secure enclosed courtyard and garden; the doors will be unlocked daily so that residents can freely and safely access outdoor space independently.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	30/09/2023

	provided is safe, appropriate, consistent and effectively monitored.			
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	30/09/2023
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	30/09/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2023