Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Bantry
Name of provider:	Aperee Living Bantry Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0037357

About the designated centre

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

Aperee Living Bantry is a single storey facility located approximately two kilometres from the town of Bantry. The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

How we inspect

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 5 July 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day, and was unannounced. Residents spoke positively about their experience of living in Aperee Living Bantry, and praised the staff for their kindness and care. The inspector spoke with eight residents and two visitors during the day, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspector observed interactions between the staff and residents throughout the day and found that they were respectful at all times.

On arrival to the centre, the inspector carried out the infection control procedures at the entrance to the centre. This included hand hygiene, temperature check and application of a mask. After an opening meeting with the Clinical Nurse Manager, the inspector was guided on a tour of the premises.

Aperee Living Bantry is a single story purpose built nursing home, situated on the outskirts of Bantry town. It can accommodate 50 residents in 42 single and four twin bedrooms. All bedrooms had en suite facilities. There were 42 residents living in the centre on the day of this inspection. All twin bedrooms were being used to accommodate only one resident on the day of this inspection, and had remained as single occupancy since the start of the global pandemic. There was adequate communal space for residents which included a large sitting room with access to an enclosed courtyard, two dining rooms, and a sitting room with a visiting area attached. The inspector noted that a previous quiet room had been converted into a new hairdressing room, since the previous inspection, and the hairdresser was in attendance on the day of this inspection. Residents told the inspector that they loved having their hair done.

Overall, the inspector found that the centre was well maintained and there was a full time maintenance personnel employed, who was observed carrying out work to the external grounds on the day of inspection. However, the inspector saw that the centre was visibly not clean in many areas, such as communal room floors and the sluice room, on the day of the inspection. It was also found that there was not sufficient housekeeping staff on duty, which is further detailed under regulation 16 and 27.

Residents were observed enjoying activities during the day. Some residents chose to remain in their bedrooms. There was one member of staff allocated to activities. In the morning three residents were observed knitting as the centre was making a large multi-coloured quilt. The inspector saw residents art work was hung on walls in the sitting rooms. On the evening of this inspection a musician attended the centre and sang songs and played a guitar. Residents reported this happened weekly and they really enjoyed it.

Residents were observed being served drinks and snacks throughout the day. Although residents each had the weekly menu displayed in their room, it did not

reflect the food available on the day and their was limited choice, which required to be addressed. Visitors were observed to be attending the centre during the day, some visiting outside in the garden. Visitors the inspector spoke with were complementary about the care their loved one received and the dedicated staff working in the centre.

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

Capacity and capability

This was an unannounced inspection carried out as the Chief Inspector had been notified that all of the company directors of Aperee Living Bantry Limited, which is the registered provider of Aperee Living Bantry, had departed from the company, and as such it was unclear who was legally accountable for the care and welfare of the residents living in the centre. This serious concern in relation to the governance and management structure triggered an immediate risk-based inspection of the centre. Findings of this inspection were that governance and management, infection control practices, fire safety and recruitment practices within the centre required to be addressed by the provider, to ensure the safety of residents. Management systems also required action and improvement and each of these areas are detailed under the relevant regulation.

This centre is part of the Aperee Living Group, which owns and operates a number of nursing homes throughout the country. Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. The management team consists of a person in charge, an assistant director of nursing and a clinical nurse manager, who had been appointed since the previous inspection. This team also had support from the groups senior management team, which consisted of a regional manager, human resources manager, and an operations manager. The person in charge was absent from the centre for an extended period, and the Chief Inspector had been notified of this expected absence, as per regulatory requirements. The ADON was acting as person in charge on the day of this inspection, and facilitated the inspection process.

Overall, the inspector found that the staffing number and skill mix on the day of inspection, were appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. However, there was not adequate resources allocated to housekeeping, which posed a risk to residents due to insufficient cleaning being carried out, which is further detailed under regulation 16. Training in the centre was being well monitored and records were well maintained, there were some small gaps in mandatory training, which are detailed under regulation 16.

Governance and management meetings were held monthly between the person in

charge and the regional manager, via a blend of in-person and telephone communications. Records evidenced that areas such as staffing, recruitment and incidents were discussed and quality improvement plans were developed. Weekly meetings occurred between the internal management team and key clinical performance indicators such as falls, restrictive practices and wounds were discussed. Information specific to audit findings were analysed and corrective actions were developed where deficits in the service were identified. However, this inspection found that management systems within the centre required strengthening, and these are detailed under regulation 23.

There was evidence of good systems of communication with staff on a daily basis and clinical care needs of residents were discussed. However, residents levels of dependency were found to be inaccurate on the day of this inspection. Therefore, it was difficult for management to ensure that staffing was appropriate having regard to the assessed needs of residents.

The inspector found that the information and records required by schedule 2, 3 and 4 of the regulation was available for review. Some staff personal files reviewed were maintained in line with the requirements of the regulations. However, vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were not in place for two staff and the staff rosters were not accurately maintained, as detailed under regulation 21. Incidents and complaints that occurred within the centre were appropriately documented and records were well maintained electronically.

Regulation 15: Staffing

The number of staff allocated to cleaning was not adequate considering the size and layout of the centre. From a review of rosters and from discussions with staff, it was evident that the centre had only six hours of cleaning per day for the past three weeks. This resulted in poor infection control practices, as detailed under Regulation 27. Management arranged for additional staff to be allocated for the remainder of the week to cleaning, in response to these inspection findings.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The following training was out of date in accordance with the centers training policy

- six staff were due responsive behaviour training.
- six staff were due manual handling training.

Judgment: Substantially compliant

Regulation 21: Records

Garda vetting was not available in the centre for review on the day of this inspection for two agency night staff working in the centre since February 2022, as per regulatory requirements. These two members of staff also were not detailed on the staff roster and staff were not fully aware of their role in the centre. A copy of the duty roster, with all persons working in the centre is required to be maintained, as per Schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the systems in place were not sufficiently robust and the following required to be addressed by the provider to ensure the safe delivery of the service;

- the management structure was not clearly defined as on the day of the inspection there were no named directors of the company and therefore, it was unclear who was legally accountable for the care and welfare of the residents living in the centre.
- the registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control systems and resources. The oversight of cleaning within the centre and the allocation of housekeeping resources was found to be inadequate on the day of inspection as detailed under regulations 16 and 27.
- a fire risk assessment of the premises had been carried out in in November 2021, which identified some areas as red risk. However, the inspector could not confirm that any of the recommended work had been carried out, which posed a risk to residents.
- the absence of garda vetting for two members of staff and an absence of their details from the roster did not provide assurances with regards to robust recruitment to safeguard residents.
- the dependency levels of some residents were found to be inaccurate and were not being effectively monitored. Therefore, this information could not be used to determine the level and skill mix of staff required.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had informed the Chief Inspector of the absence the person in charge, for an extended period, as per regulatory requirements.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

There had been changes to the directorship of the registered provider in that two directors had resigned their posts. The appropriate notice period of eight weeks was not given to the Chief Inspector as set out in the (Registration of Designated Centres for Older People) regulations 2015.

Judgment: Not compliant

Quality and safety

Overall, findings of this inspection were residents in Aperee Living Bantry enjoyed a good quality of life and had good access to medical care and a social and recreational programme. However, this inspection found that areas pertaining to fire safety, infection control and care planning required to be addressed and are detailed under the relevant regulations.

There was evidence of good access to medical care with regular medical reviews by general practitioners (GP). Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Where weight loss was identified, the nursing staff informed the GP and referred the resident to a dietitian and speech and language therapy. Records reviewed by the inspector confirmed that their advice was followed, and care plans were updated. Residents also had access to a range of other health professionals such as palliative care services, physiotherapy and tissue viability nurses. However, wound care practices within the centre required to be addressed, which is detailed under regulation 5.

Residents care documentation was maintained on an electronic system. Residents' care plans were developed following scientific assessment, using validated assessment tools. Some care plans were seen to be person-centred and updated at regular intervals. However, some care plans reviewed did not provide sufficient detail to direct care, as detailed under regulation 4.

Floor plans identifying zones and compartments were displayed for use, in the event of a fire. Fire safety training was up to date for all staff. Training records evidenced that fire drills were completed, cognisant of night time staff levels. However, the provider had not implemented the recommendations with regards to upgrades required to the fire alarm, as detailed under regulation 28. The provider had also failed to implement the findings of a fire risk assessment, which had been actioned under regulation 23.

that failure to implement the findings of this assessment posed a risk to residents, this is further detailed under regulation 28. As mentioned earlier in the report, the provider had arranged for a fire risk assessment of the centre to be carried out in November, 2021.

Staff demonstrated good compliance in hand hygiene and the wearing of face masks. It was evident that the provider had addressed the findings of the previous inspection, pertaining to infection control, for example; a new bedpan washer had been installed and the hairdressing facilities were relocated away from the clinical room. However, there was not sufficient staff allocated to cleaning within the centre which posed a risk to residents. This risk was further enhanced due to four residents on the day of inspection being suspected of having COVID-19 and one resident having a diagnosis of Clostridiodes difficile (C-diff). Therefore, enhanced infection control procedures including cleaning were required to prevent transmission.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The provider was in the process of making changes to the premises and the inspector was informed there were plans in place to enhance the clinical room. Some areas of the premises required painting as some bedroom walls and door frames were seen to scuffed.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. This was evidenced by;

- insufficient cleaning staff allocated in the centre, which had a direct impact on the level of cleanliness.
- equipment such as hoists were visibly unclean.
- some areas such as floors of communal rooms, communal bathrooms, and the sluice room were visibly not clean.
- deep cleaning of bedrooms was not taking place as per the centres policy.
- cleaning records indicated that there were gaps in cleaning on some days in the past two weeks.
- clinical waste bags were observed to be overflowing and the use of clinical waste bags in some instances in the centre was not appropriate, as they were being used for waste such as paper.
- equipment was seen to be stored inappropriately in bathrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was required to address the following:

- the quarterly inspection and test of the fire alarm system, dated May 2022, recommended that the control panel touch screen requires replacement and the detectors (dated 1999-2007) would require replacement, as they are past their recommended lifespan. However, there was not evidence that this work had been carried out and from discussion with management there was no information available with regards to this work being carried out.
- on this inspection the inspector was provided with a copy of the fire risk assessment of the centre completed in November 2021 (eight months previously). This identified areas of immediate risk within the centre, however, except for addressing gaps in daily fire checks, the inspector could not confirm that any other recommended actions had been taken, to ensure the safety of residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Not all care plans reviewed contained detailed information specific to the individual needs of the resident and were sufficiently detailed to direct care. For example:

- two end of life care plans reviewed were found to be generic and did not contain individual information. The management team acknowledged this finding and informed the inspector that a full review of these care plans was currently taking place.
- assessment tools to measure residents dependency levels were found to be inaccurate and some staff were not using the tools correctly. For example two residents were categorised as low dependency, however, on review they required more support than their care plan documented and they were medium dependency.
- a care plan for a resident with a cognitive impairment, did not reflect their level of cognition and it contained inaccurate information.
- as resident who was at very high risk of skin breakdown was for hourly turns, however, the care plan did not include this information.

Judgment: Substantially compliant

Regulation 6: Health care

One residents wound care documentation reviewed did not provide assurances that wound dressings had been changed as per the residents care plan or

recommendations of the tissue viability nurse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The following required action to ensure the rights of residents:

- ensuring residents had choice at mealtimes. The weekly menu on display in residents rooms and in communal areas did not reflect the meal available on the day of inspection and there was only one choice. The management team informed the inspector that there may be changes due to staff shortages and change of personnel in the kitchen. However, the residents were not informed of menu changes.
- although residents meetings were taking place in the centre, it was not evident if suggestions made at the meeting, one month earlier, had been actioned.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0037357

Date of inspection: 05/07/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have advertised for a housekeeping staff to cover the sick leave, meanwhile management arranged an additional staff to cover the shift.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We will continue with our robust training schedule for 2022 and working closely with home training matrix. Training matrix reviewed and staff who was due for training scheduled for training session	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Duties / responsibilities and Garda Vetting for the temporary contracted Night Porter Role shall be made available in the designated centre.	

The Night Porter position shall be included in the Off Duty going forward.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Statement of Purpose has been updated to reflect changes to the Management Structure of the Company, including named Director legally accountable for the care and welfare of the residents living in the centre.

• We have advertised for a housekeeping staff to cover the sick leave, meanwhile management arranged an additional staff to cover the shift.

• The outcome of the Fire Safety Risk Assessment shall act as a Register of the Fire Safety Risks within the residential centre. Where fire safety precautions have been identified as being required, but are not currently implemented, the Register shall be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.

• Duties / responsibilities and Garda Vetting for the temporary contracted Night Porter Role shall be made available in the designated centre. The Night Porter position shall be included in the Off Duty going forward.

• All Residents assessments reviewed, and any interventions acted upon. This will be monitored in a form of an audit on assessment and care planning at least quarterly by the DON and ADON

Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant

Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:
Notifications shall be submitted going forward within the specified timeframes and as required by the regulations.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A schedule of planned Maintenance works has been implemented to include painting of bedroom walls and door frames.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• We have advertised for a housekeeping staff to cover the sick leave, meanwhile management arranged an additional staff to cover the shift.

• Cleaning schedule for equipment commenced and this will be signed off by nurse in charge of the night
• All area identified as not clean during the inspection, cleaned immediately
• Deep cleaning of bedrooms completed
• Gaps in the cleaning schedule due to unscheduled sick leave in the housekeeping department
• Education given to the staff at hand over report that clinical waste bags to be used only for clinical waste and this needs to be removed safely when the bin is nearly full
• Awaiting capital work to provision of storage area

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Provider is committed to ensuring the fire detection and alarm systems implemented within the designated centre meet the applicable legislative requirements. An upgraded fire detection and alarm system has been ordered, pending delivery and installation.
• The outcome of the Fire Safety Risk Assessment shall act as a Register of the Fire Safety Risks within the residential centre. Where fire safety precautions have been identified as being required, but are not currently implemented, the Register shall be updated to detail a timebound list of actions to mitigate against any risks identified and reduce all identified risks to an acceptable level.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All Residents assessments and care plans reviewed, updated and any interventions acted immediately including End of Life care plan.

All skin integrity care plan reviewed and updated following inspection

The management team will review and audit care plans and assessment quarterly to ensure care plans remain person centred

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Wounds report and wound care plans will be reviewed every week by the management team to ensure that all are completed in accordance with residents needs regulation requirements

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Detailed daily menu is now displayed with multiple choice at mealtime on the noticeboard and communal area.

Suggestions made at Resident meetings - all actions completed and signed off by responsible person

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	14/08/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Substantially Compliant	Yellow	25/09/2022

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 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.	Substantially Compliant	Yellow	26/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	25/09/2022
Regulation 23(b)	The registered	Not Compliant	Orange	07/08/2022

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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 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	25/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/09/2022

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/09/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	05/08/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	16/08/2022

	from time to time, for a resident.			
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	16/08/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	16/08/2022