



**Health  
Information  
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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:	Kinsale Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Rathbeg, Kinsale, Cork
Type of inspection:	Unannounced
Date of inspection:	04 November 2022
Centre ID:	OSV-0000584
Fieldwork ID:	MON-0038348

## About the designated centre

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

Kinsale Community Hospital is owned and operated by the Health Service Executive (HSE) and is located on the outskirts of Kinsale town. The centre is registered to provide care to 28 residents and consists of single, twin and triple bedded rooms. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. The centre provides 24-hour nursing care.

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

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 4 November 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Overall, residents spoken with by the inspector provided very positive feedback about the care they received and the services provided in Kinsale Community Hospital. Residents told the inspector that staff were extremely kind and that they always gave them time. One resident told the inspector they "couldn't wish to be in a better place" and another said they were "lucky to get such wonderful care". The inspector found that residents received a high standard of care in the centre, from a dedicated team of staff. During the inspection the inspector also had the opportunity to meet with three visitors, who were all complementary with regards to the care and support their loved one received.

The inspector arrived to the centre unannounced and completed the centre's infection prevention and control measures, before entering. Following an introductory meeting with the person in charge, the inspector was guided on a tour of the premises. During this time the inspector met with a number of residents, in both their bedrooms and in the communal areas.

Kinsale Community Hospital is a two storey designated centre, which can accommodate 28 residents. There were 26 residents living in the centre on the day of this inspection. The centre had recently been refurbished and extended and was observed to be finished to a very high standard. The inspector saw that the staff and provider had invested time, in making the centre as homely as possible. For example; there were pictures on the walls of local scenery, paintings from local artists and comfortable seating throughout. It was evident that work on the site was ongoing and the old existing building was currently being refurbished, as well as the gardens to the back of the centre. The inspector observed that the majority of the centre such as bedrooms and communal rooms were generally clean throughout. However, some rooms such as the utility rooms and kitchenettes were seen to be visibly unclean, which required to be addressed. This is further detailed under regulation 27.

The new extension to the centre, which had been opened in June 2022, incorporated 14 new single en-suite bedrooms, one twin room and one triple room, which was for short stay residents. All single and twin rooms were occupied on the day of this inspection. Residents living in the new single rooms spoke positively about them. They told the inspector they loved their large bright bedrooms and having their own space. One resident told the inspector it was "great to have their own toilet and shower facilities" and another said they enjoyed the peaceful surroundings that the bedroom afforded them. The inspector saw that these bedrooms were clean and bright with textured curtains, brightly painted walls and flat screen televisions. Many were seen to be furnished with personal items, such as photographs, plants and ornaments which created a comfortable, homely environment. In the majority of the centres bedrooms, there was sufficient space to store personal belongings in wardrobes and individual chest of drawers. However, one twin room in the centre was observed to have insufficient wardrobe space,

which is discussed under regulation 12.

It was clear from the observations throughout the day that staff knew residents well in Kinsale Community Hospital and all interactions with residents were seen to be respectful and courteous. Residents told the inspector that staff were quick at answering their call bells and they were always respectful towards them. Residents were observed to be content and relaxed in a variety of communal areas around the centre. The inspector observed that residents' choice was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Some residents chose to have breakfast at a later time and this was facilitated.

The inspector observed that residents had very good opportunity for social stimulation throughout the day. Activities on the day of that the inspector saw residents attending were, a painting class, mass and a meditation session. The inspector observed that there were numerous displays of residents art work in the centre, the most recent being from Halloween. It was also evident that staff adopted a social model of care and were observed sitting with residents throughout the day, reading them papers and chatting to them about their family and their past. Residents with communication difficulties were observed to be provided with alternative systems to communicate, such as white boards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced risk inspection carried out over one day by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that residents in Kinsale Community Hospital received a good standard of healthcare and very good opportunity for social engagement. However, improvements were required in record keeping, recruitment practices, complaints management and in the monitoring of infection control practices and risk within the centre.

The registered provider of this centre is the Health Service Executive (HSE). The organisational structure within the centre is clear, with roles and responsibilities understood by the management team, residents and staff. The management team, operating the day to day running of the centre consists of a person in charge and two clinical nurse managers. The Chief Inspector of Social Services had been informed, the week prior to this inspection, that a new person in charge had been appointed. They were present on the day of inspection and had the nursing and

management experience, as required by the regulations.

Support was provided to the centres management team by a General Manager for Residential Services, who represented the provider. There was evidence of monthly quality and patient safety meetings, with the general manager and directors of nursing from other community hospitals in the Cork region. Topics discussed included incidents, complaints, staffing and COVID-19. Although staff attended a daily safety pause, where topics such as risk of falls, clinical care and infection were discussed, there was little evidence that formal meetings with staff or residents took place within in the centre, which is further detailed under regulation 23. There was an audit schedule in place and information from these audits was being used to improve quality. However, the oversight of cleaning processes by management required review, as discussed under regulation 27.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The staffing level was appropriate for the size and layout of the building. However, this inspection found that there was not an appropriate amount of staff allocated to cleaning the centre, which posed a risk to residents, this is actioned under regulation 27. The risk management systems within the centre also required to be enhanced. Although some environmental risks were identified and there was a risk register in place, this did not contain all risks present in the centre. This is further detailed under regulation 23.

There was a mandatory schedule of training in place for all staff in areas such as fire safety, safeguarding and infection control. Some training in responsive behaviours was overdue, which is actioned under regulation 16. The inspector found that the information and records required by Schedule 2, 3 and 4 of the regulation were available for review. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place for staff before commencement of employment. However, staff personal files were not maintained in line with the requirements of the regulations and the provider did not ensure that references were obtained for all staff, before commencement of employment. There was also not documentary evidence of a comprehensive induction programme for new staff. Overall, findings of this inspection were that record keeping and file management systems required action, to comply with regulatory requirement. This is further detailed under regulation 21.

The centre had a complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern, however, complaints were not always recorded in line with regulatory requirements, as discussed under regulation 34. Incidents were reported to the Chief Inspector, within the required time frame, as required by the regulations.

## Regulation 15: Staffing

On the day of this inspection the number and skill mix of staff on duty was appropriate, to provider care for the number of residents living in the centre. There

were five registered nurses and three healthcare attendants, providing care to 26 residents. These staff were knowledgeable and demonstrated competence in their work. However, there was an insufficient amount of staff allocated to cleaning, which is actioned under regulation 27.

Judgment: Compliant

### Regulation 16: Training and staff development

The following required to be addressed to ensure compliance with regulation 16:

- a review of training records indicated that training in responsive behaviours was due for 16 staff working in the centre.
- there was not documentary evidence of a comprehensive induction programme, for newly-recruited staff to ensure they understood their roles and responsibilities. This was also contrary to the providers policy.

Judgment: Substantially compliant

### Regulation 21: Records

This inspection identified that significant improvements were required in records, evidence by:

- a review of four staff files found that three did not have references from the most recent employer or in some instances had character references as opposed to references from previous employers. This is not in line with robust recruitment for the protection of residents and the requirements of regulations.
- as found on the previous inspection, rosters were not being maintained effectively, to include all staff members on the premises.
- records specific to incidents, complaints and risk management were not maintained in a way in that they were easily accessible.

Judgment: Not compliant

### Regulation 23: Governance and management

The following management systems required action to ensure the service provided is safe, appropriate, consistent and effectively monitored:

- the oversight of complaints, records and infection control processes, as detailed under the relevant regulations.
- the communication systems with staff and residents. Although staff attended a safety pause daily to discuss the pertinent issues of the day, systems of communication with staff and management required to be improved. For example; the last staff meeting on record was in January 2022, ten months prior to this inspection.
- the risk management systems within the centre. For example: risks identified on the day of the inspection were not present on the risk register such as the elevator being broken and the absence of cleaning staff. Therefore, it was difficult to determine if these risks were being appropriately monitored.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Based on a review of incidents the inspector was satisfied that all notifications were submitted, as required, by the regulations to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

This inspection found that complaints records did not always included adequate detail of the complaint, the outcome of any investigations and the action taken. It also did not evidence if the complaint was satisfied. The inspector noted that there were three separate complaints records in use and there was insufficient oversight of complaints within the centre by management. A number complaints were not resolved and remained open at the time of this inspection. The complaints policy was also out dated and required to be updated.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were in place and were available to staff. The majority of these policies were for review in October 2022, the month of this inspection. The inspector was informed that there were plans in place for this review in the coming weeks. The complaints policy was found to be out-of-date and this is actioned under

regulation 34.

Judgment: Compliant

## Quality and safety

Overall, findings of this inspection were residents in Kinsale Community Hospital enjoyed a good quality of life, had good access to medical care and a social and recreational programme. However, this inspection found that areas pertaining to infection control, risk management and consultation with residents required to be addressed. These will be discussed under the relevant regulations.

There was evidence of very good access to medical care with regular medical reviews by general practitioners. Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. There were systems in place for referral to specialist services such as dietetic, speech and language and palliative care. 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 and physiotherapy.

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments, among others. These assessments informed the care plans developed to meet each resident's assessed needs. Care plans were found to be person centred and were updated four monthly, as required by the regulations.

This inspection found that many of residents' rights were respected in the centre and their choices were promoted by all staff. Residents had opportunities to participate in meaningful co-ordinated social activities, that supported their interests and capabilities. However, there was not evidence that residents were consulted with, as outlined in the centres statement of purpose, and this is further detailed under regulation 9.

Improvements were noted in fire safety since the previous inspection. There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting were serviced in accordance with the recommended. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. Staff had completed their annual fire safety training and there was evidence that fire drills were taking place of compartments.

## Regulation 10: Communication difficulties

Residents who had communication difficulties were facilitated to communicate freely in the centre. There was evidence that specialist communication aids were sought where appropriate, and care plans identified individual residents requirements.

Judgment: Compliant

### Regulation 11: Visits

Visits were well managed in line with the current guidance and were not restrictive. The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors. The inspector observed that visiting was facilitated in the centre throughout the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents residing in a twin room in the centre did not have access to appropriate wardrobe space, to store and retain their clothes.

Judgment: Substantially compliant

### Regulation 17: Premises

As mentioned earlier in this report, the registered provider had invested in substantial upgrades and additions to the premises. This had afforded residents with additional communal space and single en suite bedroom. Residents spoke positively about the new premises and the impact on their quality of life. The premises was appropriate to the number and needs of residents in the centre and conformed to the matters set out in Schedule 6.

Judgment: 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 practices. This was evidenced by;

- insufficient cleaning staff allocated in the centre, which had a direct impact on the level of cleanliness. For example; some areas such as sluice rooms and kitchenettes were visibly not clean.
- cleaning records indicated that there were gaps in cleaning on some days, in the past two weeks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were noted in fire safety since the previous inspection. Certification was evidenced regarding fire safety equipment, and daily and weekly fire safety checks were comprehensive. 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.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From a review of residents care records it was evident that assessments and care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be person-centred and were updated every four months or more frequently, when there were any changes to the residents' care or condition, as per regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Good standards of evidence based health and nursing care and support was provided for residents in this centre. Residents had timely access to general practitioners (GPs) from a local practice, allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff, with good outcomes for residents.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff delivered care appropriately to residents who had responsive behaviours. The least restrictive practice was seen to be used, in accordance with national policy, as published on the website of the Department of Health. Training in responsive behaviours was expired for 16 staff, which is actioned under regulation 16.

Judgment: Compliant

### Regulation 9: Residents' rights

The method of communication and consultation with residents required to be enhanced. There were no residents meetings recorded since the last inspection, one year earlier. Although a residents survey had taken place, it was found that where suggestions were made by residents, such as a request for more time outdoors, there was not evidence that these has 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kinsale Community Hospital OSV-0000584

Inspection ID: MON-0038348

Date of inspection: 04/11/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Staff identified with training due had been booked for the next available training. There are 2 training sessions arranged for responsive behaviours in January 23.</p> <p>There is an ongoing comprehensive induction programme in place as per HSE policy, CNM’S and person in charge to monitor same and to keep the records in staff files for all newly recruited staff.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            Person in charge Commenced to review all staff files and replacing the character references with professional references, same strictly seeking professional references for all new employees from the most recent employer.</p> <p>The rosters were amended on the day of inspection(4th Nov) with the names of all the staff members working on the premises.</p> <p>Implemented an ongoing monitoring programme of incidents records, complaints and risk register by PIC to maintain in an easily accessible manner. In early Jan 23 introduction of use of shared drive for all the above and staff can lodge their complaints, so managers can see it without delay.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The new PIC commenced to oversee the complaints regularly and with the introduction of shared drive in the new year same will be easily accessible. There is a new infection control link practice nurse in the premises to assist all staff to adhere infection control processes in conjunction with management team.</p> <p>2 Clinical nurse managers and PIC communicating with staff on a daily basis and ongoing safety pauses. Next Staff meeting arranged in early January 23 and there will be ongoing regular quarterly staff meetings for next year.</p> <p>Ongoing Risk assessments being carried out and updating the risk register on a regular basis. The HSE health and safety officer visited the site on 15th of November and provided the guidance to staff to identify, manage and monitor the identified risks. Arranged Nominated staff member training in excel risk register on 19th of Jan 23. Training on risk assessment &amp; Risk Management awareness and incident management being rolled out from January and nominated staff will attend the training sessions from January to March.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>There are effective arrangements to address each complaint and an open culture towards the management of complaints is in place in Kinsale CH. The Management team oversee the complaint registers in each unit and these are actioned appropriately. All previously outstanding complaints have been addressed and documented as per policy. The implementation of shared drive procedure for recording in Jan 23 will resolve issues and all staff and managers can follow up the complaints in an easily accessible manner.</p> <p>Complaint policy updated locally on 20/12/22.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>There is a fitted wardrobe has been sanctioned for the room, awaiting the work to be undertaken as planned in January. Provided extra storage units until the fitted wardrobe established to store residents possessions. Staff monitor and ensure about Residents have enough storage space in that room on an ongoing basis.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cleaning schedule has been amended to ensure effective cleaning of all the areas. The newly appointed agency cleaner got appropriate training and aware of cleaning schedule and necessary documentation. Management team monitoring the same.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Resident meeting conducted on 28th of November 2022 and all issues identified were actioned. There is an arrangement in place to conduct regular resident meeting 3 monthly and report the feedback to the management to be actioned.</p>	

## 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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	05/02/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2023
Regulation 21(1)	The registered provider shall ensure that the	Not Compliant	Orange	31/01/2023

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	30/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/12/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Not Compliant	Orange	30/01/2023

	appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	30/01/2023
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	28/11/2022