



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

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0037437

About the designated centre

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

Lourdesville Nursing home is located in the vicinity of Kildare town and close to many areas of interest, including the Curragh, Curragh racecourse, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. The centre now operates from the ground floor only. Bedroom accommodation consists of single, twin and three bedded rooms. Communal accommodation includes a large dining, day rooms, conservatory, quiet room, small dining room, activities room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre can accommodate a maximum 42 residents, male and female residents over the age of 18, of varying dependencies, for long and short-term stays. 24-hour nursing care is provided to cater for various needs, including dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post-operative care. The registered provider is a sole trader and employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Thursday 5 January 2023	08:35hrs to 15:45hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents and staff, it was evident that residents were supported to have a good quality of life in this centre. The inspector met with many residents during the inspection and spoke with six residents in more detail. Residents spoken with gave positive feedback and were complimentary about staff and the care provided in the centre. There was a homely atmosphere in the centre on the day of this inspection.

There were 34 residents residing in the Lourdesville nursing home at the time of inspection. Following an introductory meeting, the inspector did a walk-around of the nursing home with the person in charge. Personal care was being delivered in many of the residents' bedrooms, and observation showed that this was provided in a kind and respectful manner. Staff were observed to knock on residents' bedroom doors before entering.

There was a choice of communal areas and an enclosed garden, which was seen to be well maintained. The inspector observed that a Christmas nativity scene was displayed in the garden. Residents were enjoying the view and were positively commenting on the scene while walking in the corridor. Areas requiring decorative upkeep in the centre had been well-maintained since the previous inspection, and every area of the centre was very clean.

The bedroom accommodation consisted of single rooms, double rooms and one triple room. Residents' bedrooms were seen to be personalised with pictures and photographs; however, the inspector observed that the layout of the bedroom and the personal space for some residents in the double-occupancy bedrooms was compromised, and access to bathroom facilities was limited and required further review as identified under Regulation 17: Premises.

The inspector observed that at mealtime in the centre's dining room, residents sat together in small groups at the dining tables. There was an appropriate number of staff members available to assist residents during mealtimes, and they were observed to be respectful and discreet while assisting residents. Residents were provided with a choice for all their meals and confirmed the availability of snacks and refreshments at their request.

There was a weekly activity schedule available, which was advertised on notice boards. A dedicated activity staff was employed to coordinate and deliver the centre's activity programme Monday to Friday. Staff were allocated to carry out activities at the weekend.

The inspector observed that visiting was facilitated. Visitors spoken with were very complimentary of the staff and the care that their family members received.

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.

Capacity and capability

Overall, the inspection found that residents living in the centre were supported to enjoy a good quality of life and that the registered provider was making progress in addressing areas identified for improvement and previous non-compliances.

This was an unannounced risk inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider had progressed with the compliance plan following the previous inspection in February 2022. Improvements were found in relation to Regulation 31: Notification of incidents and Regulation 17: Premises. However, based on the findings from this inspection, further actions were required by the registered provider to address areas of Regulation 15: Staffing, Regulation 24: Contract for the provision of services, Regulation 16: Staff training and development, Regulation 23: Governance and management, Regulation 27: Infection prevention and control, Regulation 9: Residents' rights and further improvements are required under Regulation 17: Premises.

The registered provider entity is Seamus Brennan. The centre was operationally managed by the person in charge, who worked Monday to Friday on a full-time basis. However, the inspector found that the centre provider did not ensure the centre operated at all times in line with the management structure as set out in the statement of purpose and function (SOP). According to the centre's statement of purpose, the person in charge was supported in their daily role by an Assistant Director of Nursing and two clinical nurse managers. At the time of inspection, there was only one clinical nurse manager in the centre, and they were working as a staff nurse with no dedicated time to perform any managerial duties. This meant that the centre was relying heavily on the person in charge, who was the only supernumerary management personnel. The registered provider informed the inspector that they had recruitment plans in place to fulfil the management vacancies.

There were arrangements in place for staff to access a variety of training. The staff training matrix indicated that all staff were up-to-date with their training and that staff had access to supplementary training relevant to their roles.

Key areas of the quality and safety of the service were regularly reviewed, and where the need for improvements was identified, these were progressed and implemented.

Contracts of care were examined, and these included details of care needs facilitated in the centre. Nonetheless, a review of contracts of care was required to

ensure that the terms on which a resident resided in the centre were accurately described.

Documentation on any incidents which were notifiable under regulations had been submitted to the office of the Chief Inspector within the required time frame.

The centre had a comprehensive complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints.

Regulation 15: Staffing

Staffing resources found on the day of the inspection were not consistent with the number of staff described in the designated centre's statement of purpose. There were a number of planned and unplanned vacancies, including the role of assistant director of nursing, one clinical nurse manager, two healthcare assistants and two household and kitchen staff. Although the provider informed the inspectors that they were actively recruiting, at the time of inspection, effective arrangements had not been made to replace them. The clinical nurse manager was working as a staff nurse rather than in a supernumerary capacity to compensate for a shortfall in staffing.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date training, including fire safety, safeguarding vulnerable adults, manual handling, infection prevention and control and other training relevant to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The residents' directory was reviewed, and it was found to contain all of the required information outlined in Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The governance and management structure had been significantly weakened, and alternative arrangements to replace planned absences or vacancies had not been made at the time of inspection. The clinical nurse manager was scheduled to undertake staff nurse duties on the day of inspection instead of supporting the person in charge, supervising staff and providing oversight and monitoring of the service. Furthermore, there were two open vacancies for management personnel, as identified under Regulation 15: Staffing. As a result, the person in charge did not have sufficient management support to ensure effective oversight and supervision of staff and residents' care needs.

Some management systems for oversight of the centre were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

- The inspector found that residents' rights for privacy and dignity were negatively impacted by premises as outlined under Regulation 9: Residents' rights.
- Oversight of fire safety precautions in the centre was not sufficiently robust, and staff practices were not effectively monitored. For example, a number of fire doors were observed to be wedged open across the centre, thus impacting the fire containment measures in the centre. This was addressed on the day of the inspection at the request of the inspector.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts between the resident and the

registered provider and found that they did not clearly set out the terms on which a resident shall reside in the centre. For example, the room number and the room occupancy of the resident's bedroom were not recorded. Furthermore, the fees and additional fees for the services were missing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents, as specified by the regulations, were notified within the required timescales, including quarterly incident reports as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre, and the complaints procedure was displayed in the reception area. On review of the complaints log, there was evidence that complaints were documented, investigated and outcomes recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available and updated within the prescribed time frame.

Judgment: Compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health and welfare were maintained by a satisfactory standard of evidence-based care. However, improvement was required with regard to infection control and residents' rights.

The inspector reviewed a sample of records for residents who had additional support needs relating to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and saw that the care plans gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how to manage such behaviours in a dignified manner if they arose.

The premises were seen to be clean, and there were oversight arrangements in place for cleaning schedules. Infection control training was available to staff, and staff were observed to be following infection control guidelines and good practice with the correct use of personal protective equipment (PPE) and hand hygiene. Despite the numerous examples of good practice observed on the day, there were some gaps and issues fundamental to good infection prevention and control that required further improvement as outlined under Regulation 27: Infection Control.

Some areas pertaining to the premises required action to ensure the premises were maintained in line with the requirements of Schedule 6 as identified under Regulation 17: Premises.

Residents reported feeling safe in the centre, and staff were aware of what to do if there was an allegation of abuse. Procedures were in place for the management of residents' monies, and locked storage was provided for residents' valuables.

There was a varied recreational and occupational programme of activities and outings available to residents in the centre. Residents had access to radio, television and other media. Independent advocacy services were available. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Residents attended meetings, and the inspector saw that minutes of these meetings and attendees were documented. The outcomes were clearly identified, and action plans were in place.

Regulation 11: Visits

There were appropriate visiting arrangements in place to ensure that residents could meet with their friends and loved ones on a regular basis, in communal areas or in private.

Judgment: Compliant

Regulation 18: Food and nutrition

Food was freshly prepared in the centre's own kitchen. The inspector saw that there was a good choice available at each meal, modified diets were nicely presented, and table settings were suitable. The residents had access to fresh drinking water at all times.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents; however, it did not contain all the information as per the requirements of the regulation. For example, the terms and conditions relating to residents' residence in the centre, the procedure for complaints and the arrangements for visits were missing.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; however, some action was required to be fully compliant. The following issues were identified, which had the potential to impact the effectiveness of infection prevention and control in the centre and required actions.

- Some surfaces did not have a smooth surface to allow for effective cleaning. For example, the trolleys used for storing the towels and items used for residents' personal hygiene appeared unclean and rusty. Some floor coverings were damaged or were lifted up.
- There was inappropriate storage of items and boxes on the floor around the centre, which meant that the floor area could not be cleaned properly.
- Linen skips used in the centre did not have a lid to cover the contents to ensure safe transport, thus potentially leading to a risk of cross-contamination.
- A lockable cupboard for safe storage of chemicals was not available in the sluice room.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed care plans for residents displaying responsive behaviour (how residents with dementia may communicate anxiety or distress caused by triggers in the environment) and saw evidence of best practices, diversion strategies and least restrictive and non-pharmaceutical interventions used to enable better outcomes for residents or mitigate the recurrence of such episodes.

Judgment: Compliant

Regulation 8: Protection

The inspector found that staff had the training to ensure they had up-to-date knowledge and skills in relation to staff protection and safeguarding vulnerable adults. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

The provider was not acting as a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was not assured that the privacy and dignity of residents were consistently promoted. For example:

- Six residents had to travel through a busy communal room and reception to access the nearest shower facilities. This impacted their privacy and dignity.
- The inspector observed that commodes were left in the bedrooms during the day while residents were not in the bedroom, which also negatively impacted residents' rights to privacy and dignity.

Judgment: Substantially compliant

Regulation 17: Premises

A number of improvements were required to ensure compliance with schedule 6 of

the regulations. For example:

- While two bedrooms were of suitable size, the layout for the needs of residents was not adequate. There was only 4.2- 4.65 m² of space available behind privacy curtains. This only afforded space for a bed and locker, which would impact a resident's ability to move freely and undertake activities in private, such as getting dressed.
- An adequate private screen was not provided in bedrooms around the sink in these bedrooms. The inspector acknowledged that these rooms were single occupied on the day of inspection.
- Appropriate equipment and adequate storage was not available in line with residents' assessed needs. The inspector observed that the commodes were left in the bedrooms during the day while residents were not in the bedroom; in addition, there were no chairs available for residents in some bedrooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0037437

Date of inspection: 05/01/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Management has filled the CNM2 position from within existing staff this will ensure greater support and distribution of the workload for the PIC which has come into effect immediately.</p> <p>A position of Data processor has been filled from outside the centre, a position to assist the D.O.N. with general admin duties has been filled from within the centre which will also assist in the general daily duties.</p> <p>As positions arise Management will continue to use the following sources for recruitment purposes.</p> <p>(1) Radio (2).Newspapers (3) Liasing with a Recruitment Firm as staff are required.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing:Management has filled the CNM2 position from within existing staff this will ensure greater support and distribution of the workload for the PIC and will assist in the supervision and the safe delivery of care which has always been a priority in L.N.H. This appointment has come into immediate effect.</p> <p>A position of Data processor has been filled from outside the centre, a position to assist the D.O.N. with general admin duties has been filled from within the centre which will also assist in the carrying out of general daily duties. As per Regulation 15.</p>	

<p>Delivery of care practiced in L.N.H. will continue and be monitored maintaining the high standards already in place.</p> <p>Double Rooms are being readjusted ensuring Privacy and Dignity for all residents will be adhered to refer to Regulation 9 Residents Rights/ Regulation Premises 17.</p> <p>Bathroom 44: Contractors are in place to start work on renovations to Bathroom 44 thus providing the necessary facilities to ensure residents rights to privacy and dignity were not impacted.</p> <p>Fire Safety precautions have been reviewed, staff have been instructed to remove all wedges from Fire Doors and ensure they are not used in the future thus impacting fire containment measures within the centre.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contracts of Care have been fully revised/updated by Management to include terms and conditions on which a resident shall reside in the centre.</p> <p>Room numbers and room occupancy recorded.</p> <p>Fees and fees paid detailed and included on all contracts.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • SOP has been updated to include all relevant information required by the resident. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>In order to ensure effectiveness of infection prevention control and allowing effective cleaning of all surfaces with a smooth finish the necessary steps have been taken</p>	

rendering them fit for purpose.
 Floor covering where damaged have been repaired or replaced.
 Items/ boxes for storage – shelf has been put in place allowing all items to be stored on same which in turn allows for cleaning underneath.
 New covered in Linen Trolleys are being secured in order to prevent cross-contamination
 Cleaning Chemicals have been removed from the Sluice Room and stored in a locked press on the cleaning trolleys.
 Ongoing discussion / training with staff on infection Control.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Terms and conditions as stated in "Contract of Care".
 Management have secured a Contractor to undertake the renovation of Bathroom 44 to Provide all the necessary facilities of showering etc in Zone 2 to secure privacy and dignity for the residents within the area. See Regulation 17 Premises. Refer to Regulation 23 Governance & Management. Bathroom 44: Contractors are in place to start work on renovations to Bathroom 44 thus providing the necessary facilities to ensure residents rights to privacy and dignity were not impacted.
 All commodes have been removed from bedrooms during the day.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Management have secured a Contractor to undertake the renovation of Bathroom 44 to provide all the necessary facilities of showering etc in Zone 2 to secure privacy and dignity for the residents within the area.
 Rooms 18 & 19 have been reassessed by management re the layout in order to create additional space for the residents. We have secured the services of specialist consultants who specialise in the installation of these screens in hospitals for the H.S.E Curtain Rails are being fitted to extend this area.
 A new rail has been sourced and fitted to allow privacy and dignity to residents while using the sink in a shared room.
 All commodes have been removed from bedrooms during the day while residents are absent from rooms.
 Highbacked armchairs are available for bedrooms as required.



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	31/03/2023
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.	Not Compliant	Orange	31/07/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre	Substantially Compliant	Yellow	31/03/2023

	concerned.			
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	14/02/2023
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	14/02/2023
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	31/07/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Substantially Compliant	Yellow	14/02/2023

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	14/02/2023
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.	Substantially Compliant	Yellow	14/02/2023
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	14/02/2023

	any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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	14/02/2023
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	31/03/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2023

