



**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:	Our Lady's Manor
Name of provider:	Our Lady's Manor Incorporated
Address of centre:	Bulloch Castle, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0000080
Fieldwork ID:	MON-0034541

About the designated centre

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

Our Lady's Manor is a purpose-built centre, which can accommodate 118 male and female residents over the age of 18. The registered provider is Our Lady's Manor Incorporated, and the person in charge is supported by the nursing and healthcare assistant team. 24 hour nursing care is provided to residents of low, medium or high dependency, and qualified staff with the relevant skills are employed to meet the residents' needs.

All of the bedrooms are single, en suite rooms which residents are encouraged to personalise. Residents have access to an internal, secure garden and a balcony. The environment is non-institutional, a safe place to be, where resident's independence and confidence can be encouraged and maximised.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	102
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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 14 October 2021	09:55hrs to 20:00hrs	Michael Dunne	Lead
Thursday 14 October 2021	09:55hrs to 20:00hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Overall, inspectors observed a relaxed and happy environment.

The inspection was unannounced. Inspectors followed the centres COVID-19 infection prevention and control protocols on entering the centre. This included hand sanitising, donning personal protective equipment (PPE), recording temperatures and a questionnaire. This was also seen to be conducted for all visitors to the centre.

The centre is a large building set out over three floors. The person in charge and the registered provider accompanied the two inspectors on a walk around the centre. The design and layout of the building was spacious and ensured the privacy of the residents. Communal areas were organised to allow residents to relax with seated areas along corridors. During this tour, the inspectors met and spoke with residents in the corridors and in day rooms. Residents said that they enjoyed the view from the centres windows and balconies, which looked out over and enclosed courtyard and Dalkey harbour.

Resident's bedrooms were of sufficient size with ample space to store their possessions, including a lockable safe to secure their personal belongings. Residents had access to a television in their bedroom. Inspectors observed that many residents had decorated their bedrooms with furniture and other personal items such as ornaments and family pictures. Newspapers were delivered on request and phones were available for resident use.

There was a chapel available to residents for private prayer with mass celebrated each morning and rosary said every evening. Residents were also supported in pastoral ministry, which was provided by a member of the religious community. Religious support from other denominations were also regularly facilitated. The providers' ethos of the spirit of hospitality was observed during the inspection day and confirmed through conversations with residents, visitors and staff.

Teatime was observed by inspectors who found this to be a pleasant, calm and comfortable experience for people dining alone or with assistance from staff. Residents were supported to eat and drink at their own pace, in an unhurried and patient manner. Residents were offered choices of meals, drinks and snacks throughout the day. Two residents said that "food menus were well balanced and thought out and meals were presented nicely".

Residents were seen to enjoy time spent in the coffee shop with other residents or with their visitors. Residents could maintain contact with family members and friends during visits, trips out or by the use of phones or mobile internet devices.

Residents said that if they had a complaint or concern, it was dealt with quickly and they would talk to any staff if they had an issue.

Through records seen and conversations with inspectors, residents and visitors indicated that staff were wonderful and provided excellent care and go beyond what would be expected. Another resident said that care provided was conducive to healing and rest, as care was provided with empathy, kindness and gentleness. They were grateful to staff for their commitment and hard work in the past year. They commented that the activity co-ordinators did wonderful work and created "a lovely atmosphere"

There was an activity program displayed in the centre with a variety of choices available. Examples on offer were exercise classes to music, classical music, sing-a-long sessions, bingo, quizzes, a knitting group and movie showing. Two staff were trained in SONAS therapy. Ice cream parties took place in a well maintained secure courtyard where visiting musicians also played.

Inspectors observed staff and resident interactions throughout the day and found them to be based on respect and dignity. It was clear that staff were aware of resident's needs and preferences. Residents were called by their name and staff were observed to knock on residents rooms and awaited permission before entering their room.

Overall residents were happy with the kind care received from the staff team. The next two sections of this report present the findings of the inspection in relation to governance and management arrangements in the designated centre and on how these arrangements impacted on the quality and safety of the service provided to the residents.

Capacity and capability

There was a clear management structure in place which identified the roles and responsibilities of all staff working in the designated centre. Staff worked well together and there was evidence to show that communication systems were effective in ensuring key information was shared within the staff team. There was a clear commitment evident among care staff and the management team, to ensure that care and welfare services provided were of a high standard. The person in charge was visible in the designated centre and was familiar to the residents living there.

There were a number of systems in place to monitor the quality of care and welfare services provided to residents and in the main they were effective and assured the registered provider that service provision met the assessed needs of the residents. However, care plan and infection prevention and control audits did not identify some areas of practice that required improvement. Similarly, the oversight of the appraisal system and information relating to the description of services provided required

review to ensure they were effective and accurate.

This was an unannounced inspection to review the registered providers compliance with the regulations under the Health Act 2007. Inspectors also followed up on the receipt of unsolicited information which identified concerns regarding care provided to residents. Inspectors did not find any evidence to support this information and found that the standard of care provided to residents was of a high standard.

Our Lady's Manor is a 118 bedded nursing home located in the Dalkey area of Co Dublin with accommodation provided on the third, fourth and fifth floors of the designated centre. The registered provider is Our Lady's Manor Incorporated. The designated centre was well maintained and suitable for the needs of the residents however bathing facilities for a cohort of residents living on the fifth floor were not sufficient. Bathing facilities were located a significant distance from residents bedrooms and this impacted on their rights of privacy and dignity.

There were a number of areas provided for residents to socialise and meet their friends and family. A safe and secure garden area was available for residents to access while residents living on the upper floors of the centre could access a large balcony area.

There were sufficient numbers of staff working in the designated centre with the required skill mix to meet the needs of the residents. Call bells were seen to be responded to in a timely manner and overall residents did not have to wait for long periods for staff to support them with their mobility or other care needs. Staff had access to regular training and found that training was useful in their daily work. Inspectors found that staff were knowledgeable regarding their respective roles regarding fire safety and the safeguarding of residents. Inspectors observed a range of activities provided by the activity team throughout the day. These activities were well attended by residents on each floor of the centre.

The provider maintained records to a high standard with documentation made available for inspectors to review when requested such as resident contracts, management oversight information, fire safety and risk management records. There was effective management of the complaints process with all complaints dealt with according to the the complaints policy.

There was a COVID-19 preparedness plan in place which was reviewed at regular intervals and informed current practice to prevent the introduction of infection into the centre.

There was an annual plan of quality and safety completed for 2020 which was available for inspections to review. There was a continuous process in place to access residents and families views on the quality of the service provided. This information was incorporated into the annual review. Throughout this inspection it was clear that the registered provider was focused on ensuring the rights of residents was promoted and respected with residents given the necessary support to empower them to make their own choices about their lives.

Regulation 15: Staffing

There were sufficient staff numbers with the required skill mix available to meet the assessed needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training which included manual handling, safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. There was an established appraisal system in place however records reviewed by inspectors indicated that staff appraisals were not fully completed for 2020. Some appraisal forms were not signed off by the appraiser while others did not contain comments on staff performance.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which was available for inspectors to review. The directory contained the required information as set out under schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found many examples which indicated that effective oversight of care and welfare services were in place, however there were some systems of oversight that required strengthening, for example:

- Human Resource systems to ensure that staff were appraised on an annual

basis.

- Information management systems to ensure that documents describing the facilities available were accurate and current.
- The clinical oversight of Infection prevention and control processes as described under regulation 27.
- A review of the care plan audit system in order to ensure it captured relevant information when residents needs changed and therefore required an updated care plan

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of resident contracts and found that they described in clear detail the terms upon which residents resided in the designated centre. Contracts also contained information in relation to fees that maybe charged for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre. There were a number of amendments required to ensure that services currently provided by the centre were accurately reflected in the centre's statement of purpose, for example a more detailed description of the en-suite facilities available in the centre particularly in relation to residents living on the fifth floor.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place to deal with complaints received from residents or other stakeholders. The policy was dated 2019 and outlined the key stages of how a complaint was to be dealt with including investigation, feedback and appeal. The complaints policy was advertised in key locations within the centre. Residents spoken with in the course of the inspection were able to confirm that they could raise a concern or complaint with any member of the staff team. Staff spoken with also confirmed that they were aware of the

complaints policy and saw their role as one of helping residents understand and use the complaints procedure when required.

A review of the complaints register was undertaken and it showed that all complaints received were logged appropriately. Records also showed that complaints were investigated promptly, with feedback given at appropriate stages of the process.

Judgment: Compliant

Quality and safety

Overall residents wellbeing and welfare was maintained by a good standard of evidence-based care and support. While many residents were content living in the centre and felt safe there, improvements were required in relation to care plans, infection control and premises.

Residents along one corridor had long distances to travel to access bathing facilities. This practice could have a negative impact on their privacy and dignity. This is further detailed under premises regulation: 17.

In the sample of care plans reviewed, inspectors found that residents' choices, care needs and health requirements were set out clearly. However Care plans required improvement to ensure they included the most up-to-date care being given and were developed within 48 hours of admission.

Residents were comprehensively assessed before admission and at regular intervals thereafter. Preadmission assessment, transfer and discharge documentation did not include infectious or vaccination status, the provider was aware of this and was actively updating relevant documentation to include this information. The inspectors did see a record where a transfer letter had included infectious status of a resident.

Inspectors observed that residents' health and well-being was maintained by a good standard of evidence based care and appropriate medical intervention. If residents needs changed, there was evidence they were assessed by specialists. Records showed that residents and their relatives, where appropriate, were consulted in the development and review of the care plans. Care plans for end of life were regularly reviewed and detailed resident preferences to support their care and wishes.

A restraint-free environment was promoted in the centre. Inspectors saw that the person in charge and staff actively sought ways to reduce restrictive practices which was borne out in a low level of restrictive practice used. A comprehensive restraint register was maintained, and a multi-disciplinary team met regularly to review the register. Inspectors observed that residents who presented with responsive behaviours had behavioural assessments and care plans in place, which detailed appropriate positive behavioural supports to meet their needs. Staff spoken with

were knowledgeable of these supports and were observed to respond appropriately as the need arose. However, one resident's plan did not guide staff to use prn (as required) medication as a last resort. The nurse manager undertook to address this matter on the inspection day.

Residents had access to medical officers, psychiatry of old age and community mental health services. The centre had a physiotherapist who was available over five days each week. There was evidence of access to other allied health and social care professionals to assess, recommend supports and meet resident care needs. Assessments by tissue viability, dietitians and speech and language professionals were either in person by email or phone. Recommendations made by specialists were provided to reflect the current needs of residents, and guided staff in care delivery. Residents had access to palliative care specialist services for end of life care from the local hospice service. Eligible residents were supported by the provider to access national screening services.

The provider had arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and the appropriate steps to take should a concern arise. Staff were clear about their role in protecting residents from abuse and confirmed that they were familiar with the centre's safeguarding policy. In documents where safeguarding concerns were recorded they showed that the provider proactively followed best practice when dealing with any safeguarding concerns. Residents who spoke with inspectors said that they felt safe and well cared for within the centre.

The provider facilitated visits in a safe manner for both residents and their visitors. The inspectors viewed a schedule of visits which was being managed by reception staff. On the inspection day, face-to-face indoor visits were seen to take place where staff were seen to organise residents to be ready for their visitors. Visitors and residents said that they were delighted with the lifting of restrictions on visits and residents' pets were seen to visit also. While the centre facilitated safe visiting in line with HPSC guidelines, the residents' visiting care plans required updating to ensure that they were current with practice seen on the inspection day.

Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included implementation of standard and transmission-based precautions for residents, ample supplies of PPE. However, these were not always used appropriately in accordance with national guidelines, staff were seen to frequently touch the front of face masks or masks were worn below their nose. While there was evidence of good infection control practice outlined above, refresher training for the appropriate use of PPE and wound dressings and correct cleaning processes was required.

There was good monitoring of visitors, staff and residents for signs of COVID-19 infection. A seasonal influenza and COVID-19 booster vaccination program had taken place, with vaccines available to residents and staff. There had been a high uptake of the vaccines among residents and staff.

Residents' views and consultation in how the centre was run was highly regarded by

the provider and was used to enhance the lived experience of residents. This was achieved through resident meetings, conversations with residents, satisfaction surveys and the complaints process. Resident meetings were observed to be held on a regular basis. Improvements seen showed that the times meals were served had been changed to suit the preferences of residents. Internet access had been upgraded and times that medications were administered had been changed to later in the day.

Regulation 11: Visits

Visiting was facilitated in many areas in the centre and was well managed in line with the Health Prevention Surveillance Centre guidelines.

Judgment: Compliant

Regulation 13: End of life

Care plans were in place detailing residents' wishes in relation to their physical, social, and spiritual needs at end of life. There was evidence that residents were consulted when developing these plans, and where appropriate family, members were consulted.

Judgment: Compliant

Regulation 17: Premises

There were insufficient numbers of bathing facilities available for resident use on the fifth floor of the designated centre. Inspectors observed that there were 4 bathrooms available for 35 residents. The location of bathrooms on this floor meant that a significant number of high dependent residents on one corridor required assistance to travel long distances in order access bathing facilities.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register that was kept under review by the person in charge was

comprehensive and detailed. The risk register identified risks and included the additional control measures in place to minimise the risks identified.

Judgment: Compliant

Regulation 27: Infection control

There were issues important to good infection prevention and control practices which required improvement. For example:

- Alcohol based hand rub used on a dressing trolley was topped up which could lead to cross contamination.
- The clinical hand hygiene sinks in the centre did not meet the national standards
- Alcohol based hand rub was required at one lift
- Surgical instruments were cleaned with an unlabelled solution
- Staff retraining was required with regard to the correct wearing of face masks and gloves during cleaning processes
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had good arrangements in place to protect residents in the event of a fire emergency. These included regular servicing and monitoring of fire systems to include, firefighting equipment, means of escape and weekly checks on fire doors. Discussions with members of the staff team indicated that they had received the required fire safety training and were aware of the roles required of them when the fire alarm sounded. There were good levels of management oversight in place to ensure fire systems were safe and fit for purpose and included fire safety risk assessments and simulated evacuations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were person-centred the following required improvement;

- Resident visiting care plans needed to be updated to reflect national guidelines.
- Three wound care plans required updating to reflect the current treatment being given.
- Two resident care plans were not developed within the specified time frame.

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's health, well-being and welfare was maintained by a high standard of nursing, medical and health and social care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider was seen to actively promote a restraint-free environment. On review of the documentation inspectors found that each resident, displaying responsive behaviour, had a risk assessment completed. Inspectors reviewed the associated care plans and found person centred guidance in place that clearly guided staff to support and care for these residents.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Staff spoken with demonstrated their knowledge of what constituted abuse and of the steps to be taken in the event of a suspected or confirmed incident of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider respected residents' views concerning the quality of the service provided. Inspectors observed many examples where resident's choices, rights and dignity was being respected, promoted and upheld.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady's Manor OSV-0000080

Inspection ID: MON-0034541

Date of inspection: 14/10/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The appraisal system has been reviewed with a management system in place to ensure all appraisals are fully completed as per policy on an annual basis. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Appraisal system has been reviewed which will ensure all staff are appraised annually. • A system is now in place to ensure all documents describing the facilities are accurate and current. • The current system in place for reviewing care plans to ensure it captures relevant information when residents' needs changed has been reviewed with controls that will strengthen the audit process. 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

purpose:

- The Statement of Purpose has been changed to accurately reflect the en-suite facilities for the fifth floor.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A plan is in place to reduce the distance for residents to access bathing facilities on the fifth floor by converting the existing bedroom toilet area into wet shower en-suite on a phased basis in 2022 to be fully compliant with regulation.

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

- The single use alcohol hand hygiene/hand rub bottles on dressing trolley will not be refilled.
- In 2022 there is a planned project to replace the clinical hand hygiene sinks to meet national standards as a quality improvement.
- An additional alcohol-based hand rub has been fitted close to the referred lift.
- Staff have been advised on the importance of all solutions for cleaning surgical instruments to be labelled and appropriate to purpose. This will be audited as part of infection control audit.
- Further staff training has been completed with regard to the correct wearing of face masks and gloves during cleaning processes. Ongoing checks and audits will continue to ensure compliance of correct wearing of PPE.
- Staff have been advised of the importance of disposing of all single use dressing packs once they have been opened. This will be audited as part of the internal infection control audit.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

- All visiting care plans have been updated to reflect national guidelines.
- The three wound care plans have been updated to reflect the current treatment being delivered.
- The care plans for the two residents not developed within the specified time frame have been completed and all nursing staff are aware of the time frame to complete residents care plans on admission. This will be audited as part of our internal auditing system.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/11/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	31/12/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/11/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/11/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/11/2021