



**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:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0034313

## About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 38 long-term places and eight respite care places. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy. The centre is currently undergoing a redevelopment programme and is now providing accommodation for 28 residents. The respite and convalescent placements have been temporarily relocated to other centres located nearby with the respite placements returning once the works have been completed.

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

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 28 September 2021	08:30hrs to 17:05hrs	Margaret Keaveney	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live. Residents said that they were happy with the care given to them and that the staff were friendly and kind.

On arrival to the centre, the inspector was met by a staff member who ensured that all necessary infection prevention and control measures, such as hand hygiene and temperature checking, were completed prior to accessing the centre.

The centre is laid out over two floors, with administration offices and a day care centre on the ground floor and residents' bedrooms and communal areas on the first floor. The completion of redevelopment works in the centre had been delayed by the COVID-19 pandemic with works, such as replacing temporary wardrobes in some residents' bedrooms and repairs to handrails in residents' shared toilets, outstanding. The inspector was informed that all works were to be completed by the end of 2021.

The inspector observed that the centre was pleasantly decorated and clean with bright communal areas. The layout of the centre supported residents to mobilise freely throughout, including those with impaired mobility. The corridors were wide and fitted with handrails. Residents had unrestricted access to two patio areas, either alone or accompanied by staff. These areas contained seating and raised flowerbeds for residents to tend to. Residents also had access to a small, bright garden via a wheelchair ramp.

Residents were free to choose how they lived their lives in the centre. Throughout the inspection, the inspector observed many residents relaxing on seating in corridor alcoves and in the day room, watching television and chatting. Residents were observed to look relaxed and content, and were well dressed. A hairdresser was again visiting the centre, which one resident told the inspector she was delighted about. During periods of the COVID-19 pandemic, when the hairdresser could not attend, two care staff had attended to residents' hair.

A dedicated activities coordinator led activities for residents over four days of the week, which included newspaper reading, reminiscence therapy, Sonas, Siel bleu, bingo and art and crafts. Residents spoken with stated that they read newspapers and watched television on days when no organised activities were available. The inspector observed that the weeks' activity programme was posted on a large noticeboard to make residents aware of the programme and to enable them to choose whether to attend or not. On the day of the inspection there were no organised activities scheduled. However, there was a selection of colouring books aimed at adults available to the residents in the day room, which the inspector observed one residents enjoying. Residents told the inspector that they enjoyed the activities on offer, in particular the bingo sessions, and that they had appreciated the efforts that staff had made during the summer barbeque in the garden. The

inspector was informed that staff had recently arranged access to online art gallery tours, for the residents to enjoy.

Many of the residents spoken with said that they enjoyed the food on offer in the centre. Residents were observed to take their meals in a large bright dining room or in their bedrooms. The dining room was pleasantly decorated with residents' craft works and there was a noticeboard displaying the menu of the day. Residents were offered snacks and refreshments throughout the day. Resident's bedrooms were clean and personalised with ornaments and family photographs. The inspector observed that there was adequate storage for all residents' belongings in both the single and shared bedrooms.

The inspector observed many visitors meeting with residents throughout the day, having complied with all infection control procedures on their arrival. Residents could receive visitors in their bedrooms and also in communal areas. The inspector observed that the use of the communal areas made it difficult to maintain privacy during visits. There was also a family room available for visits, at times when not in use by the hairdresser. Residents were supported to maintain community links individually with residents seen to go out with family members during the inspection day to local coffee shops. The inspector was also informed that staff often accompanied residents on short walks around the local area.

Residents had access to telephones and to their preferred daily newspaper. A local priest visited the centre weekly to celebrate mass in the centres' oratory.

The inspector observed friendly interactions between the residents and staff during the inspection. Visitors and residents spoken with were complimentary about the staff, saying that they were kind and attentive. It was clear that staff knew the residents well and respected their wishes and preferences. One resident told the inspector that staff made time each day to chat to her in her room, as she prefers not to visit the communal areas. Person-centred care was also evident as staff had placed a bus stop sign at a nurses' station, which the inspector was told was effective in reassuring and calming residents living with dementia, who at times voiced a wish to return home. Residents' privacy and dignity were also respected by staff, with staff observed to knock on residents' bedroom doors before entering and ensuring that bedroom doors were closed when giving personal care.

Overall, the residents expressed feeling content in the centre. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall this was a good centre, which provided residents with good access to nursing and health care that was monitored on a regular basis. However, some

improvements were required in care planning, residents' rights, premises, visiting facilities and infection prevention and control practices, to ensure that residents' preferences were respected and well-being protected. This will be further discussed within this report.

Health Executive Service is the registered provider for Dalkey Community Unit for Older Persons. There were clear governance and management arrangements in place, with the person in charge regularly meeting the registered provider representative and other members of the senior management team, such as the Quality and Patient Safety Manager and General Manager, to discuss resources and clinical care, and to escalate any issues in the centre. This ensured that the service provided was safe, consistent and effectively monitored. At the time of the inspection, the person in charge was supported in their role by four clinical nurse managers.

This inspection was unannounced to monitor compliance with regulations and to follow up on concerns raised through the receipt of unsolicited information which was focused on staff training, temporary absence or discharge of residents and risk management within the centre.

The provider had a comprehensive COVID-19 contingency plan in place which included learning from the COVID-19 outbreak in April 2020.

An annual review report for 2020 was made available to the inspector. However, although residents and their families had completed a survey on the service in 2020, their feedback and input had not been included in the annual review report.

Recent rosters were reviewed for the centre, and although there were some staff vacancies at the time of inspection, the inspector found that there were sufficient staff on duty day and night to meet the assessed needs of the residents. It was observed that where absences and vacancies arose they were covered by agency staff and that, as often as possible, the same agency staff were assigned to work in the centre, which ensured that residents remained familiar with staff caring for them and that staff were familiar with residents' needs. The provider had committed to a recruitment programme to fill health care assistant vacancies. There was a registered nurse on duty at all times as confirmed by the person in charge and the staff roster.

Staff had access to training to enable them to care for residents safely. The inspector reviewed training records which showed that a small number of staff required refresher mandatory in fire safety. However, the person in charge had scheduled fire safety training sessions four times per year, with the next session scheduled in the month following the inspection. New staff members completed a comprehensive induction programme, and annual appraisals for all staff were completed to promote their continuous professional development. The inspector observed that appraisals had not been completed in 2020 but were in progress for 2021. Staff spoken with said that they were well supervised and supported day and night.

The inspector reviewed the complaints logs for 2020 and 2021 and saw that all

complaints had been investigated and a response provided to the complainant on the investigation outcome. The satisfaction of the complainant was also documented. There was evidence the provider was responsive to learning from complaints and had subsequently implemented a number of improvements to the service, such as increased staff resources in the laundry service and the issuing of regular communication to families on infection prevention and control measures to be adhered to during visits. Staff were familiar with the complaints procedure, and residents said that they were confident that any concerns or complaints they had would be dealt with.

### Regulation 15: Staffing

There were suitable numbers and skill-mix of staff available to meet the assessed needs of the residents, and taking into account the layout of the centre.

There was at least one registered nurse on duty during the day and the night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training to support the delivery of safe care to residents. The person in charge had a training schedule in place to ensure that refresher training was completed in a timely manner.

Staff were appropriately supervised and developed in their roles by means of an induction programme and appraisal system. Staff had access to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that improvements were required in management systems within the centre to ensure that the service provided was appropriate to meet residents' needs and preferences. The inspector found that feedback from residents and their families had not been included in the annual review report 2020.



Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in the centre which identified the person in charge as the nominated person to deal with complaints. The complaints procedure was prominently displayed in the foyer detailing how residents and their families could make a complaint, and the appeals process to be followed if required.

Judgment: Compliant

### Quality and safety

Overall, there were a number of good quality and safe systems in place which supported residents to have a good quality of life in the centre. However, the inspector identified some gaps in care planning, residents' rights, premises, visiting facilities and infection prevention and control practices which required improvement.

A sample of residents' records were reviewed. The inspector observed that in each a comprehensive pre-admission assessment had been completed with the resident and, where agreed, with their family to ensure that the centre could meet the residents' care needs. A range of validated clinical risk assessments including those on nutrition, skin integrity, pain, manual handling and falls were completed following admission and used to inform the residents' care plans. The care plans reviewed were person-centred and provided clear guidance to staff on effectively supporting and caring for residents. However, the inspector saw in two residents' records, that care plans on their assessed needs had not been completed within 48 hours of their admission to the centre. The inspector also noted that activity care plans, which detail the hobbies and interests of residents, had not been developed for some residents, to enable staff to adequately met residents' recreational and social needs. There was evidence that care plans were regularly reviewed and updated as required.

Residents had regular access to general practitioners (GPs), with one visiting the centre on the day of inspection. In the sample of residents records reviewed, the inspector observed that residents had access to a range of allied healthcare professionals such as speech and language therapy, dietitians, psychiatry of old age gerontology, and that access to these services was timely. Residents had regular access to the physiotherapist Monday to Friday. Although the occupational therapist position within the centre was vacant on the day of the inspection, the inspector observed that residents who required this service were referred externally and attended to within an acceptable timeline. Residents were also seen to be supported to access local community services such as opticians, chiropody and dental care,

with the chiropodist having attended to all residents in the week prior to the inspection. Residents' health care needs were reviewed weekly by a multidisciplinary team.

Staff spoken with were aware of their responsibilities to protect residents and to report any safeguarding concerns. They had received training and were aware of the guidance provided by their safeguarding policy. The inspector reviewed the care plans of a number of residents involved in safeguarding matters reported to the office of the Chief Inspector of Social Services. The care plans demonstrated that the centres' procedure on safeguarding vulnerable adults from abuse had been followed, that any incidents or allegations had been thoroughly investigated in a timely manner and that residents' needs had been responded to effectively following such incidents.

An activities schedule on display within the centre showed that residents had opportunities for organised activities over four days per week, which included reading papers, reminiscence, bingo, siel blue and mass. On the day of the inspection, there were no organised activities scheduled and residents were observed spending time alone in their bedrooms, watching television and reading in communal areas. There were mobile privacy screens in shared bedrooms which enabled residents to undertake their personal care in private, and following the previous inspection, privacy films had been added to dining room windows which overlooked residents' bedrooms. Residents had access to telephones and newspapers and enjoyed religious services weekly within the centre. Residents who wished to participate in elections were supported to do so. There were arrangements in place for residents to access an advocacy service remotely.

The provider had completed redevelopment works in the centre, to improve the environment for residents. However, the inspector found that outstanding works impacted on residents' use of facilities within the centre, for example three shared toilets were out of commission as handrails were broken and a filing cabinet had been placed in the oratory due to lack of space in the nurse's station. The inspector also observed that the family room in the centre was multi-functional and so was not available to residents to use as a communal area at all times.

Although residents had completed an annual survey on the service, they were not provided with regular opportunities to voice their opinions on the quality of the service, as the provider did not have arrangements in place to facilitate this, such as resident meetings.

The centre had a standard operating procedure and risk assessment on visiting in place. Visitors were required to follow appropriate infection prevention and control measures on their arrival to the centre. Residents could receive visits from family and friends throughout the week, and visitors were not required to pre-book their visit. There were a number of areas throughout the home that facilitated visits, including residents' bedrooms, communal areas and the open garden. Although residents stated that they were happy with the visiting arrangements in place, the inspector observed that, due to the significant number of shared bedrooms in the centre and the number of residents spending time in communal areas throughout

the day, privacy during visits was impacted by the facilities provided to residents and their visitors.

The centres' risk management policy contained the requirements of the regulation, and specified risks were either part of the policy or referenced in accompanying policies. The centres' emergency response plan was reviewed, and addressed all relevant areas of service provision in the event of a major incident occurring. There was a risk register specifying clinical and health and safety risks within the centre. All identified risks were risk rated with existing and additional controls, and a responsible person and time-bound review date assigned to each. A comprehensive COVID-19 specific risk register was also in place.

Overall the centre was clean, with arrangements in place for daily monitoring of cleaning schedules to ensure that they were adequately completed. However, some improvements were required to ensure that infection prevention and control practices in the centre were effective. These are further discussed under regulation 27 below.

### Regulation 11: Visits

The provider did not have suitable facilities in place to ensure that residents could receive their visitors in private. On the day of the inspection, visits were facilitated in communal areas and in residents' bedrooms, most of which were shared bedrooms.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations, including the management of specified risks such as abuse and self-harm. The provider had developed a risk register, and had appropriately addressed identified risks.

Judgment: Compliant

### Regulation 27: Infection control

The following issues, important to good infection prevention and control practices, required improvement:

- An infection prevention and control (IPC) policy specific to the centre could

not be provided to the inspector on the day of the inspection.

- Inappropriate storage of residents' personal hygiene and care items could lead to cross-contamination. For example, the inspector observed toiletries in a shared bathroom and a residents' hairbrush on a window sill in a communal room.
- Inappropriate wearing of personal protective equipment by some staff. For example, some staff were observed to wear their masks under the chin while attending to residents' needs and under their noses in communal areas.
- A desktop in one nurses' station area was damaged and so could not be effectively cleaned.
- The hand hygiene sink in one sluice room was blocked by residents' equipment and so could not be accessed without the risk of cross-contamination.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, the inspector observed that for two residents, care plans on their assessed needs had not been completed within 48 hours of admission to the centre.

It was also noted that for some residents, care plans on their recreational and activities preferences had not been developed to support residents to maximise their quality of life in the centre and to reflect their changing needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to their general practitioner and to other health care professionals required, as part of their assessed care and support needs. A review of residents' needs was completed on a regular basis in the centre.

Judgment: Compliant

### Regulation 8: Protection

The designated centre had an up-to-date safeguarding policy in place and staff had

completed safeguarding training, with a refresher course every three years.

The inspector viewed a recent safeguarding concern which had been managed in accordance with the centres' safeguarding policy, and found that the person in charge had taken appropriate steps to protect the resident involved and others living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents did not have sufficient opportunities to participate in the organisation of the centre. For example, the provider did not facilitate regular resident meetings or surveys, to allow residents to have their preferences in the planning, design and delivery of services taken into account.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had not ensured that the premises was appropriate to the needs of the residents. For example:

- Three shared toilets were not available to residents due to broken fixtures.
- A family room was not available for residents' use as a communal area at all times, as it was fitted out for use as a hairdressing room and a snoezelen.
- There was inappropriate storage of equipment, such as wheelchairs, in the family room.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Dalkey Community Unit for Older Persons OSV-0000510

Inspection ID: MON-0034313

Date of inspection: 28/09/2021

## 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 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 Annual report has been updated and reprinted on 29/10/2021 the day after the inspection to reflect the Residents Satisfaction Survey. The updated Annual Report is available to view as always in the reception area.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The family room in Hill view ward will be cleared of wheelchairs as early in the morning as possible to enable family visits and privacy.</p> <p>This room is used by the hairdresser on Monday afternoon.</p> <p>The meeting room when not in use can be used as a quiet area for residents to have a family visit, or private medical visit.</p> <p>The wheelchair trolley bay opposite the sitting room will be put to better use i.e. wheelchairs etc. will be stored in a more compact fashion.</p> <p>The Oratory dividing doors will be closed more frequently, ensuring the area is a quiet private space available residents and family.</p> <p>The complaints officer has not received any complaints in relation to visiting on this site, at time of reporting.</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 local Infection Control policy for DCU was sent/scanned to notify HIQA on the morning 29/10/2021.</p> <p>All personal toiletries have been removed from window sills; some have been removed from linen trolleys.</p> <p>The Nurses desktop in Hill view ward will be replaced by the 24th Dec 2021.</p> <p>The sluice rooms on each ward is the central location for rubbish bags to be collected, the Porters collection times have been increased in frequency, so bin bags do not pile up causing any obstruction. The CNM's on the Wards will observe same and call for extra collection if needed.</p> <p>Spot checks on PPE/ Mask compliance by all staff will be documented weekly.</p> <p>CNM's will re-enforce the necessity for vigilance in this regard and all observed non-compliances in this regard will be escalated to the Unit Management Team and if necessary to the Provider Representative.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans will be completed within 48 hours of admission, by ensuring the allocated key worker is on duty for the two days following an admission and is given protected time to meet this regulation.</p> <p>All care plans Activities Section have been reviewed and updated to reflect the recreational and activities preferences of each resident taking their changing needs into account.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The continuing Nutritional meetings with residents help ensure that the catering/ food on offer reflect the resident's dietary suggestions.</p> <p>The residents meetings will be re-established and any resident's suggestions will be taken on board.</p> <p>Please note that during the reconfiguration process the DON did liaise with residents</p>	

about choosing new Curtains and floor coverings, showing residents samples of fabric and Linoleum etc.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
The building contractors are presently on site to address all outstanding works associated with the completion of phase 4 works together with all associated snags, some of which are reflected in the Inspection Report.  
The PIC has advised contractors to address items identified during Inspection as priorities. All works are to be completed by the 30th of November 2021.

## 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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	30/11/2021
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	30/11/2021

Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	29/10/2021
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	05/11/2021
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	05/11/2021
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	31/12/2021

