



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

Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0034067

About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care. palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 5 October 2021	10:00hrs to 18:00hrs	Una Fitzgerald	Lead
Wednesday 6 October 2021	09:30hrs to 14:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents felt that this was a nice place to live and the inspector found that the residents received a good standard of care and support that met their assessed needs. Residents' medical and healthcare needs were being met. The inspector observed a relaxed and welcoming atmosphere. Residents appeared content and were well groomed.

This was an unannounced inspection. On arrival, a staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and a temperature check. On the day of inspection all residents had completed the vaccination programme and were due to receive their booster vaccine the day following the inspection. At the time of inspection no resident within this centre had had COVID-19. Residents expressed gratitude that they had been kept safe throughout the pandemic. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the visiting restrictions and the COVID-19 pandemic.

On entering the centre there is a large open reception area. Throughout the day this area was busy with residents and their visitors. Comfortable seating was placed at the reception area to allow residents sit down and rest. This also gave residents the opportunity to relax and to chat with people passing by. The design and layout of the centre supported the needs of the residents to move freely and safely. The corridors were spacious and there were handrails to support residents to mobilise freely. The building was warm and well ventilated. There was adequate natural and artificial light throughout the centre. Resident bedrooms had been recently painted and there was a programme of works scheduled to be completed on the flooring.

There was free access to well maintained enclosed gardens. The gardens were wheelchair accessible. The garden paths were free of obstruction. There was a solid wooden gazebo built that facilitated residents to sit outside and still be protected from cold winds and rain. In addition, there was a grotto area with statues of Our Lady for residents to sit and pray if they wished.

Most residents spent their day in the main communal dayroom and a small number of residents chose to remain in their bedrooms. Furnishings in the main dayroom appeared comfortable, well maintained and the upholstery was easily cleaned. The inspector observed that some of the specialised seating for residents required deep cleaning and repair on arm rests where they had become torn. Residents' bedrooms were personalised with ornaments, family photos and personal items of significance. Residents had adequate storage available in their bedrooms for personal items. A review of the privacy screening in some double bedrooms was required as the inspector found that the screening did not fully meet in two bedrooms and so privacy could not be guaranteed.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. Residents were aware of who to make a complaint to and although no resident spoken with on the days of inspection had made any complaints, they were satisfied that any concerns they had would be addressed.

The inspector spoke with multiple residents during the inspection and a small number of visitors. Residents complimented the service they received and described the staff as "terrific". Residents also told the inspector that they were happy with the length of time it took to have their call bell answered when seeking assistance. The management team had completed multiple call bell audits. Findings evidenced that staff were communicated with about the importance of answering bells in a timely manner.

Resident meetings were held and discussions were had on activities and the return of the hairdresser. Resident feedback was welcome and resident surveys had been completed. The inspector noted positive feedback was given. For example; one form completed outlined that the resident had been admitted for respite care but they left the centre feeling like they had been on a holiday.

The inspector spent time observing residents with dementia and their engagement with staff. While none of the residents met with were able to tell the inspector their views on the quality and safety of the service, the inspector observed that the residents were relaxed. The communal rooms were supervised by staff.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability 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 inspector found that residents received a good standard of direct care that met their assessed needs. The governance and management of the centre was committed to quality improvement and where possible non compliance found with regulations on the day of inspection were addressed immediately. The inspector found that the governance and management support available to the person in charge to allow them have sufficient oversight and monitoring of the system in place required improvement and strengthening.

Brooklodge Nursing Home Limited is the registered provider of the centre. This was an unannounced risk inspection carried out over two days to inform the registration renewal of the centre and to follow up on unsolicited information received by the office of the Chief Inspector specific to the quality of the care. The centre is registered to accommodate 45 residents in both single and double-occupancy bedrooms.

There was evidence of good systems of communication that included monthly governance meetings with the provider, quality and safety improvement meetings, staff meetings, clinical daily handover meetings and safety pauses each morning. There was evidence that the management team discuss all clinical and operational matters on an ongoing basis. In addition, the centre had introduced an electronic care planning system. With the exception of cleaning audits, the inspector found that the audits reviewed were comprehensive and where gaps were identified actions plans to address the gaps were in place.

Notwithstanding the progress made, the inspector found that the person in charge did not have sufficient support. The systems in place are not sufficiently robust enough to ensure sufficient oversight and supervision of staff. This was evidenced by:

- Residents were not having daily symptom monitoring for signs of COVID-19. For example, the practice of monitoring resident temperatures had discontinued. The inspector acknowledges that immediate action was taken on the day of inspection and the practice of daily temperature monitoring recommenced.
- Recruitment practices had not ensured that all staff had a Garda Vetting disclosure on file prior to commencing employment.
- The infection prevention and control auditing in place was not effective and did not capture that the building was unclean.
- Notifications were not submitted to the Chief Inspector as per regulation requirements.
- Repeated non compliance from the last inspection in February 2020.
- The annual review of the service did not evidence that residents had been consulted with.

The organisation structure that identifies the roles and responsibilities in all areas was not clearly defined. This lack of clarity contributed to the fact that management themselves were unclear on who has responsibility for the overall cleanliness of the building. On the day of inspection, there were 41 residents accommodated in the centre. While the inspector found there were sufficient numbers of staff on duty delivering the direct care, there was insufficient numbers of staff available or allocated to the cleaning of the building. This is a repeated non compliance from the last inspection.

Staff were provided with ongoing training and development relevant to their role and responsibilities. The inspector reviewed the training records for staff and observed that the information presented was not accurate. This information was not readily available by the end of inspection and was submitted following the inspection. Records evidenced that not all staff had received mandatory training in safeguarding, manual handling and management of responsive behaviours.

The inspector was satisfied that complaints were managed in line with the centres complaints policy. The complaints procedure was displayed in larger text at the reception area in the centre. A complaints log was maintained and was observed to contain all the information as required by the regulation. There were no open

complaints on the day of inspection and closed complaint records had clearly documented the satisfaction level of the complainant. Residents were aware of the complaints procedure and told inspectors they would not hesitate to raise a concern or complaint with a member of staff. Residents were confident that any issue raised would be resolved promptly.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

Recruitment of staffing levels for the cleaning of the building and the allocation of cleaning hours was required. The inability to consistently have sufficient hours allocated to cleaning meant that the centre had not maintained a high standard of cleanliness to provide a safe environment. This is a repeated non compliance from the last inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The supervision of staff practice required strengthening. This was evidenced by:

- The nurses were no longer recording resident daily temperature as part of the risk management strategy for early detection of any signs and symptoms of COVID-19. It was not clear why this practice had discontinued.
- Records evidenced gaps in Safeguarding and safety training. This is a repeated non compliance from the previous two inspections.
- The standard of cleaning for resident individual equipment required attention
- The standard of cleaning of the premises was inadequate.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
The management team had systems in place to oversee the quality and safety of care in the centre. While these systems generally worked well, further oversight was required in relation to staff supervision, some aspects of infection prevention and control and maintenance of parts of the premises. The totality of the findings evidenced that the person in charge and the support structures in place required strengthening to ensure that the systems are effective and result in improved levels of compliance.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The Statement of Purpose required review and updating to ensure it accurately reflected the layout of the centre. For example: <ul style="list-style-type: none"> • Floor plans submitted were not accurate and required updating. An assisted bathroom had been converted into a store room. A communal room had been divided into two rooms. • The organisational structure was not reflective of the reporting structures in place.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The inspector found three instances where a statutory notifications had not been submitted to the Chief Inspector as required by the regulations.
Judgment: Not compliant
Regulation 34: Complaints procedure

The inspector reviewed the complaints log. There was evidence that when a complaint is logged appropriate steps are taken as per the centre's policy. The documentation in place evidenced that the management engaged with the complainant to ensure that all reasonable measures were taken to ensure a satisfactory outcome.

Judgment: Compliant

Quality and safety

The inspector found that residents felt safe and were supported and encouraged to have a good quality of life in this centre. Residents reported that they felt the care and support they had received was of good quality. Notwithstanding the overall findings, improved oversight was required in infection prevention and control and the overall maintenance of the premises to ensure residents were provided with a safe and quality service.

The layout of the premises supports the needs of the residents and provided adequate indoor private and communal space and unrestricted access to pleasant outdoor areas. While some improvements had been made since the previous inspection such as the installation of water temperature regulators in hand washing sinks to prevent scalding, further maintenance of the premises is required. Storage facilities presented a challenge in the centre resulting in a bathroom being converted into a storage. The findings in relation to the premises are discussed under Regulation 17: Premises.

The inspector reviewed resident files. In the main, care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. Residents had access to medical and allied health care supports. Assessment and care plan updates were undertaken and outcomes discussed with residents and their representatives.

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. The inspector found that the recording of the resuscitation status of each resident had been completed. The information was retrievable in a timely manner.

Residents' laundry was managed on-site. The laundry facilities were managed appropriately to ensure residents clothing was managed with care and minimised the risk of clothing becoming misplaced. Residents were satisfied with the laundry

service.

The inspector reviewed the centres records in respect of fire safety and all documents were available for review and up-to-date. Daily checks of means of escape were documented and escapes were observed to be unobstructed. Certificates for the fire alarm and emergency lighting tests were reviewed. Each resident had a personal evacuation plan in place and simulated fire evacuation drills had taken place. Floor plans that detailed the evacuation through the nearest escape were prominently displayed throughout the centre.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Residents were observed to be engaged in activities throughout the day. Residents were familiar with the activity schedule on display and could choose what activity they wanted to attend or could choose to remain in their bedroom and watch T.V or chat with staff. Residents had access to religious services and could access mass daily via video link.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 17: Premises

The centre is purpose built and so, in the main, the design and layout meets the needs of residents.

A review of the design and layout of double bedrooms is required to ensure that they can accommodate and meet the needs of two residents. On the day of inspection there were two double rooms that were single occupancy. It was evident from the layout of one of the double bedrooms that if the occupancy were to increase to two residents their dependency needs would have to be independent as there was insufficient room to accommodate specialised seating or for the use of a hoist for transfer purposes. In addition, a review of the privacy screening was required. As stated previously, when screens were pulled they did not always meet and so the privacy of the resident was not guaranteed.

The provider had completed a review of the flooring in the centre and a renovation and repair schedule was due to commence that would address the deficits in the

flooring. A completion date will be provided in the compliance plan response.

On the days of inspection the premises were not clean.

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 was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

Further oversight was required to cleaning of some parts on the premises and to some equipment used by residents:

- resident equipment that was stored away for use was not clean and ready for use with the next resident.
- The inspector observed that multiple armchairs in the centre are worn in parts and this had an effect on the ability to clean to the standards required during a national pandemic.
- Some equipment including some specialised chairs were not visibly clean
- Some cupboards used to store personal toiletries in communal bathrooms were not maintained in a clean condition.
- Resident personal toiletries were found in rooms not occupied by that resident
- Windowsills in bedrooms had layers of dust and were not visibly clean.
- There was a build up of dirt and dust noted in multiple resident bedroom floors
- The floor areas surrounding some toilets were not visibly clean.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had made good progress on fire safety precautions and procedures

within the centre. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2021 and was attended by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The centre had recently invested in an electronic care planning system. Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP).

Visiting by health care professionals had resumed at the time of inspection. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required. The inspector found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following risk assessments and alternatives were trialled prior to use.

At the time of inspection there was a small number of residents that had responsive

behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans reviewed were person centered and guided care.

Judgment: Compliant

Regulation 9: Residents' rights

Through conversations with residents and staff, there was evidence that residents' choice and rights were upheld. Residents were encouraged to exercise choice in how they spend their day.

Residents were consulted about changes in the centre and were kept informed of changing visiting guidelines and restrictions relevant to the COVID-19 pandemic. The centre management kept a log of all telephone communications between staff and relatives that evidenced consultations had occurred.

Residents were encouraged to maintain links with their local community and had access to daily newspapers, radio, television and phone calls. Activities were scheduled daily and resident meetings documented satisfaction with the current schedule.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brooklodge Nursing Home OSV-0005164

Inspection ID: MON-0034067

Date of inspection: 06/10/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1)Cleaning hours will be increased. 2 cleaning staff will work from 9 to 5pm 7 days a week. there for we are increasing cleaning hours by 6hour per day. 2)Advertisement for staff placed in Local Paper and 3 local Shops and 4 Local Schools.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1) All staff have now completed Safeguarding, Manual handling and Infection control training 2) 20 staff will have completed Dementia/Challenging behaviour by 06/11/2021 3)All residents have daily temperature recordings documented.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:)Organizational structure has been changed to reflect Health care assistance report to	

staff Nurse.

2) New staff member will be employed to assist Management with supervision roles.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

1) Accurate Floor plans are being drawn up and will be submitted by Provider.

2) Organizational structure has been changed to reflect Health care assistance report to staff Nurse.

3) Statement of Purpose has been updated.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

1) All required notifications to date have been submitted.

2) All statutory notifications will in future be submitted to HIQA.

Regulation 17: Premises

Substantially Compliant

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

1) All window curtains have been Replaced and cubical curtains have been ordered.

2) Repair and Maintenance of floor covering is in progress.

3) Room 1, Room 19 will be used for 2 independent residents or 1 Non mobile dependent resident in each room.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none">1) Demonstration by Chemical Consultant on how to properly clean facility & residents' equipment has been arranged on 27/10/20212) All damaged chairs has been removed and replaced.3) Cleaning Schedule has been devised for Specialized chairs, equipment's, Communal Cupboards and will be audited weekly.4) All residents now have their own labeled personal toiletries which will be kept in their respective rooms.5) Deep cleaning of the whole facility is organized and will be performed by an outside specialist contractor when floor repairs have been completed.	

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	30/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	18/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Yellow	30/11/2021

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
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	18/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	30/11/2021

	infections published by the Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	19/10/2021