



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

Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	16 February 2022
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0036011

About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens. The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Wednesday 16 February 2022	09:15hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, residents gave positive feedback with regard to their lived experience in the centre. Residents told the inspector that they were well cared for by a team of staff who were dedicated to keeping them safe and supporting them to enjoy a good quality of life.

The inspector arrived at the centre unannounced and was met by the clinical nurse manager who facilitated the inspection in the absence of the person in charge. The inspector was guided through the centres infection prevention and control measures that included temperature check, hand hygiene and wearing appropriate face coverings. Following an introductory meeting, the inspector walked around the centre with the clinical nurse manager.

The atmosphere was observed to be relaxed and calm. Staff were busy assisting residents with their morning care needs while engaging in polite conversation. Some residents were sitting out in communal dayrooms while others watched television in their bedrooms. Residents were observed attending their hairdressing appointments and told the inspector that this service was provided weekly. The inspector spoke with four residents who told the inspector that they enjoyed living in the centre and felt comfortable in the care of familiar staff who knew their individual likes and preferences. There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat, activities they could take part in and their individual choices around what items of clothing they wished to wear.

Edenderry Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. It is a single storey premises that has benefited from extensive refurbishment over the years. Bedroom accommodation consisted of ten shared bedrooms and eight single bedrooms.

Throughout the day, residents were observed moving freely throughout the centre and sitting out in a variety of communal rooms. The centre had numerous communal and private rooms located throughout the centre that were accessible to residents as cross corridor doors were observed to be unlocked and open. Residents were observed attending the dining room throughout the inspection to chat with catering staff and request refreshments.

The residents' bedrooms were clean and bright and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Residents that spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably including adequate space to store personal belongings in wardrobes and bedside lockers. Call bells were available in all bedrooms and were observed to be answered promptly.

There were no bed rails in use in the centre and there was assistive equipment in

place to prevent residents falling. This included sensor alarm mats that staff identified as restrictive. While staff informed the inspector that residents could access the gardens at will, residents were restricted as garden doors were locked until brought to the attention of staff who immediately unlocked them.

Some residents chose to remain in their bedrooms and residents told the inspector that they were invited to attend group activities but preferred their own company and to watch television in their bedroom. Staff were observed checking on residents in their bedrooms to offer assistance and to ensure they were comfortable.

The inspector spent time listening to residents and relatives experiences of living through the COVID-19 pandemic and the challenges this presented when restrictions were in place. The inspector acknowledged that the COVID-19 pandemic had been difficult on residents and staff. Residents complimented the staff and management team for keeping them safe from COVID-19 and although some were anxious following the recent outbreak, they felt safe and reassured knowing staff were doing their best to protect them.

The lunchtime experience was observed by the inspector. Food was freshly prepared and specific to resident's individual nutritional requirements. Staff were observed providing discreet assistance and support to residents in the dining room and to those residents who remained in their bedroom.

An activities plan was on display in each unit with group and one-to-one activities scheduled and taking place throughout the morning. The format of communicating the activities plan to some residents, such as those with visual impairment, required review. Residents were observed enjoying manicures and hand massage on one side of the centre while music activities and group chats were occurring on the other side of the centre. In the afternoon, a live music session was held in the main dining room and residents were observed laughing, singing and enjoying each others company.

The next two sections of the report present the findings of this inspection with regard to the capacity and management of the centre, and how these arrangements support the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out over one day to:

- Monitor compliance with the Health Act (2007), as amended and the Regulations and Standards made there under.
- Follow up on the actions taken to address non-compliances found on the previous inspection on 15 July 2021.
- To review the registered provider application to vary condition 1 of their

registration.

Overall, the findings of this inspection were that the governance and management in the centre had improved since the last inspection. The oversight and monitoring systems had been strengthened to ensure residents received safe and quality care. However, improvements were required in the oversight and notification of incidents and the record management systems.

The Health Service Executive (HSE) is the registered provider of Edenderry Community Nursing Unit. Significant regulatory non-compliances were identified on the centres last inspection in July 2021 particularly with regard to fire safety, residents rights and the governance and management. Following that inspection and subsequent engagement with the registered provider, the registered provider gave a commitment to submit a compliance plan to address the regulatory non-compliances. On this inspection, it was found that the provider had implemented the compliance plan from the previous inspection which had improved the quality of life and safety for residents living in the centre.

The inspector reviewed an application to vary condition 1 of the centre's registration submitted by the registered provider proposing to repurpose an existing conference room into a dayroom for residents. On inspection, the new dayroom was appropriate to meet the needs of the residents and its intended function and was appropriately furnished. However, there was no system in place to ensure that residents could contact staff if they needed assistance. The inspector reviewed the proposed conversion of an existing dayroom into a conference room for staff. The inspector found that this proposed change would reduce the amount of communal space, available to residents impacting the choice of where they spend their day.

The clinical nurse manager facilitated the inspection in the absence of the person in charge and responded to any queries that arose during the day. Since the previous inspection, governance and management meetings had resumed where issues of risk, staffing and infection prevention and control were discussed in detail with the person nominated to represent the registered provider and actioned where necessary. There was evidence of information sharing and learning from other HSE centres located in the region. The management team monitored clinical information pertinent to the quality of care on a weekly basis such as the incidence of pressure wounds, restrictive practices, resident's nutritionally at risk, incidents and falls analysis. An audit schedule informed quality improvement initiatives with regard to care planning, quality of care and infection prevention and control. This information was analysed and with action plans developed to improve the service quality. A review of the COVID-19 outbreak that occurred in November 2020 had been completed and the management team had acted to implement the learning from this review to prevent and prepare for possible future outbreaks in the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. This included a risk register that contained risks specific to COVID-19 and the controls in place to mitigate the risk of harm to residents. The inspector found that the identification and review of risk required further oversight. For example, a risk assessment of fire evacuation procedures had

been completed and details the controls in place to protect residents. However, there was no review of the effectiveness of the actions taken once all controls were in place and operational.

Some notifiable incidents, as detailed under Schedule 4 of the regulations, had not been notified to the Chief Inspector as required by the regulations.

On the day of the inspection, the centre had sufficient resources to ensure the effective delivery of care to residents. Staffing levels and skill mix were appropriate to meet the needs of the residents.

Staff were supported and facilitated to attend training appropriate to their role and to ensure they had the required competencies and skills. Staff with whom the inspector spoke with were knowledgeable regarding safeguarding of vulnerable people, infection prevention and control, complaints management and fire safety. Staff demonstrated appropriate knowledge of their training. The person in charge and clinical nurse manager provided clinical supervision and support to all the staff.

A centre specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints procedure was displayed on each unit in the centre and residents, visitors and staff were aware of the procedure. However, the complaints records could not be retrieved on the day of inspection and was therefore not available for review.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had made an application to vary condition 1 of their registration. The requirements of the regulations were submitted by the registered provider.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of inspection, training records provided to the inspector for review evidenced that all staff had up to date mandatory training in safeguarding, fire safety and manual handling. Staff had also completed training relevant to infection, prevention and control.

There was adequate arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction process.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the designated centre had sufficient resources to ensure the effective delivery of care and support to residents. Further strengthening of the management systems and oversight of the quality and safety of the service was required. This was evidenced by:

- Record-keeping and file-management systems required strengthening to ensure records were securely stored and retrievable. For example:
 - The complaints register was not available for review.
 - Information was not made available for the inspector to review in a timely manner. Some information requested at the opening meeting, such as meeting minutes and the outbreak review was not received by the inspector until the end of the inspection.
- Poor compliance with the submission of statutory notifications to the Chief Inspector. For example, quarterly notifications in respect of residents who had died in the centre had not been submitted to the Chief Inspector as required by regulations.
- The risk register did not reflect the risks identified on this inspection and controls to mitigate the risk were not identified. For example:
 - cleaning agents left unsecured on the cleaning trolleys and in residents toilets.
- Risks were not reviewed or updated to assess the effectiveness of the controls in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did not set out the information as set out in the

Certificate of Registration.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The record of complaints made in the centre was not available for the inspector to review.

Judgment: Not compliant

Quality and safety

Overall, the service provided an appropriate standard of person-centred care for the residents in a safe and suitable environment. Improvements were found in the quality and safety of the service with regard to the provision of, and access to, meaningful group activities for residents. Improvements were also found with regard to fire safety precautions in the centre. However, further improvement was needed in respect of risk management, infection prevention and control, visits and residents rights.

The premises was bright, spacious and decorated to a satisfactory standard throughout. Circulating corridors were wide and fitted with handrails to support residents to mobilise independently and safely and all areas of the centre were wheelchair accessible. There was directional signage to assist residents and visitors to navigate the centre with ease. There was directional signage to assist residents and visitors to navigate the centre with ease. All areas of the centre were wheelchair accessible. The communal areas were decorated and furnished to make them homely in appearance and each communal rooms. All equipment used by residents was visibly clean on inspection.

The centre had an up-to-date risk management policy that set out the arrangements in place to identify and respond to risk to ensure the wellbeing and safety of the residents living in the centre. However, the policy did not contain all the risks as required by the regulations or the controls in place to mitigate those risks to residents.

On the day of inspection, the centre was nearing the end of an outbreak of COVID-19 that had affected seven residents and a number of staff. The inspector observed many good examples in regard to infection prevention and control (IPC) in the centre. The person in charge was identified as the COVID-19 lead and was supported in this role by the clinical nurse manager. The COVID-19 preparedness plan was updated following a previous outbreak in the centre and the outbreak

review identified areas for improvement. A colour coded, single use, mop and cloth system was in place and staff provided a demonstration of the cleaning procedure and cleaning agents used. However, some improvement was necessary with regard to implementing guidelines with regard to mask wearing. This is discussed under Regulation 27: Infection Control. Staff had access to the guidance published by the Health Protection Surveillance Centre and the Health Information and Quality Authority (HIQA).

Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and firefighting equipment. All records were made available for review and were up-to-date. Procedures to ensure the safe and timely evacuation of residents in the event of a fire had been reviewed following the previous inspection and their effectiveness was kept under review. Residents' personal evacuations plans were stored at the main reception area, at each individual nurses station and a summary was placed at the end of each residents bed. Staff were knowledgeable regarding residents individual evacuation needs and the procedure to follow in the event of fire alarm activation.

Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of malnutrition and falls

Residents were provided with unrestricted access to a general practitioner (GP) as required or requested. Where residents were identified as benefiting from additional health and social care professional expertise, there was a systems of referral in place and further evidence that recommendations made were implemented and updated into the residents plan of care. For example, recommendations made by dietetic services were seen to be implemented.

The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities in line with their interests and capabilities. Activities were resident-led and tailored to residents' preferences following feedback at resident forum meetings. Resident meetings were held and records reviewed showed a high attendance from the residents. There was evidence that residents were consulted with on the quality of the service, the menu and were kept informed of changes to visiting guidelines. The inspector observed several positive interactions between staff and residents throughout the inspection. Interactions were polite, supportive and respectful. Residents told the inspector that they felt at home in the centre and that their privacy and dignity were protected.

While visits were facilitated in the centre, visitors were required to book appointments between specific times and could not visit the centre without an appointment.

Regulation 11: Visits

The centre was open to visits on the day of inspection. Visitors were required to book a visiting appointment between specific times and the duration of the visit was restricted to one hour. This was not in line with the current Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities. Where the centre was operating outside of the current guidelines, a risk assessment to underpin this decision by the management team was not in place.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector was satisfied that the premises were designed and laid out to meet the needs of the current residents.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy that set out the arrangements in place for the identification, evaluation and management of risk. However, the policy did not contain all the risk, and controls to mitigate those risks, as required by 26(1)(c) of the regulation.

A risk register was maintained as part of the centres risk management strategy. The risk register was not updated as risks were identified and controls in place to mitigate risk. The inspector found that the risk register did not reflect some of the risks identified during this inspection. This is actioned under Regulation 23 Governance and Management.

Judgment: Substantially compliant

Regulation 27: Infection control

Some improvement was required under regulation 27: Infection control. This was evidenced by:

- Some staff were not wearing the correct face mask when providing care to

resident as required under the guidance issued by the Health Protection Surveillance Centre.

- Store rooms were overstocked with boxes stored on the floor which compromised effective cleaning of the area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records indicated that all fire-fighting equipment was serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place which included simulated full compartment evacuation with night time staffing levels. Staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were developed with 48 hours following admission to the centre and reviewed at regular intervals, no longer than four months. Care plans were informed through a range of risk assessment tools that were completed prior to updating care plans in consultation with the residents and, where appropriate, their relative.

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 access to a general practitioners (GP) who visited the centre weekly. Services such as physiotherapy, tissue viability nurse specialists, psychiatry of later life, speech and language therapy and dietetics were available when required. The inspector found that the recommendations of health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Residents were observed to engage in positive, person-centred interactions with one another and attend group activities and one-to-one activities.

Resident could freely move around the centre and access key areas such as the dining room, oratory and dayrooms. However, residents did not have unrestricted access to a secure enclosed garden space.

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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0036011

Date of inspection: 16/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Record keeping and file management systems have been reviewed to ensure records are stored securely and are easily retrievable.</p> <p>All Clinical Nurse Managers are aware of location of all files and records.</p> <p>The complaints register is filed in the office of the PIC and all Clinical Nurse Managers are aware of this file location.</p> <p>Quarterly notifications have been submitted retrospectively to the office of the Chief Inspector and will continue to be submitted in line with the statutory timeframes.</p> <p>The risk register has been reviewed and updated to ensure the controls identified are adequate to mitigate the risks identified.</p> <p>The risk management policy has been reviewed with controls to mitigate all hazards, as required by 26(1) (c) of the regulations.</p> <p>Lockable cleaning trolleys have been ordered.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and updated as set out in the Certificate of Registration dated (01/06/2020).</p>	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaints register is located in the office of the Person in Charge. All Clinical Nurse Managers are aware of Complaints register and where it is filed to ensure it is retrievable when required.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The visiting schedule has been revised in line with current Health Protection and Surveillance Centre (HPSC) guidance on visits in Long Term Residential Centers. Visiting is unscheduled with the exception of peak/ high activity times in the morning or evening when residents are being assisted with personal care. A risk assessment to underpin the rationale of decision is in place.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Risk Management policy has been reviewed with controls to mitigate all hazards as required by 26(1)(c) of the regulation.</p> <p>Risk assessments and action plans are now completed regarding risks identified at time of inspection.</p> <p>The risk register has been reviewed and updated to ensure the controls identified are adequate to mitigate the risks in place on the risk register.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Safety pauses and spot checks by the centre’s management team continue to be carried out to reiterate and ensure correct PPE (FFP2 facemasks) are worn when staff are attending to residents in line with HPSC Guidance.</p> <p>Stock in store rooms has been reorganised throughout the centre and extra shelving for storage is on order. Projected completion date 6th May 22(as per HSE maintenance).</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 door to the internal garden is no longer secured at any time to ensure residents have unrestricted access to the garden.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	21/02/2022
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	21/02/2022
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in	Substantially Compliant	Yellow	22/02/2022

	Schedule 5 includes the measures and actions in place to control self-harm.			
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	06/05/2022
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	25/02/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Not Compliant	Orange	17/02/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	17/02/2022

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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