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:	St Augustine's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	04 August 2022
Centre ID:	OSV-0000649
Fieldwork ID:	MON-0036473

About the designated centre

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

St Augustine's Community Nursing Unit is a 33-bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina close to St. Muradech's Cathedral. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. An internal courtyard garden and a further garden to the front of the building was available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 August 2022	10:00hrs to 19:00hrs	Leanne Crowe	Lead
Thursday 4 August 2022	10:00hrs to 19:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, inspectors found that residents were content with living in the designated centre. Residents had good opportunities for social engagement and they were supported to participate in activities. Inspectors spoke with a number of staff and residents on the day of inspection. It was evident that staff knew the residents well and were committed to ensuring that their health and social care needs were met.

The centre is a single storey, purpose built nursing home that can accommodate a maximum of 33 residents in twin and single bedrooms. The centre is located in the town of Ballina and there are views of the town from some bedrooms and a communal day room. A number of communal rooms are available throughout the centre, including various sitting rooms and an oratory. A secure courtyard and garden was also accessible to residents.

When the inspectors arrived, they were guided through necessary infection prevention and control measures on entering the designated centre. These processes included hand hygiene, the wearing of appropriate personal protective equipment (PPE) and checking for signs and symptoms of COVID-19. Additional alcohol hand gels and PPE stations were available throughout the centre in order to promote good hand hygiene practices. Following an opening meeting with the person in charge, the inspectors were guided on a tour of the premises.

Residents were observed participating in a number of activities during the day of the inspection, including bingo, watching television and listening to music. Staff responsible for activities had developed scrap books which contained photos of activities and other events. Photos included celebrations of St Patrick's Day, Easter and multiple birthday parties, as well as residents planting flowers and interacting with animals from a local pet farm.

Some residents were observed mobilising independently throughout the centre on the day of inspection. Others preferred to spend time in their bedrooms where they had access to a television and radio. Residents were very complimentary of staff and knew them by name. One resident explained how staff ''really listen'' to them and and noted that this was very important to them. Another resident described staff as ''wonderful''. Residents were observed chatting and laughing with staff in a comfortable and familiar manner.

Adequate storage was provided and storage rooms appeared to be clean and well organised. Residents' bedrooms and communal bath and shower rooms had been fitted with ceiling hoists to aid resident mobility. Many residents had personalised their rooms with items such as photographs, ornaments and soft furnishings. Residents appeared to have sufficient space for storing their clothes, toiletries and other belongings. One resident who spoke with inspectors described the centre as ''spotless''.

The next two sections of the report will present the findings in relation to governance and management arrangements in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The Health Service Executive (HSE) is the registered provider for St Augustine's Community Nursing Unit. While there were a number of communal areas for residents to spend time in during the day, inspectors found that the registered provider had breached a condition of the centre's registration by converting a sitting/dining room into a staff room without notifying the Chief Inspector. Inspectors also identified that a room, previously designated on floor plans as a visitors' room, was functioning as an office on the day of the inspection. This was discussed with the management team that were present in the centre. From a review of floor plans submitted to the Chief Inspector as part of the recent renewal of the centre's registration, the purpose of at least two other rooms had been changed from their stated purpose without notifying the Chief Inspector.

There was a person in charge of the centre but inspectors found that the management structure in place did not correspond with the information outlined in the centre's Statement of Purpose (SOP). The SOP stated that the person in charge reported to a director of nursing, who was the person in charge of another designated centre. This person was documented as working 0.2WTE in this centre. The SOP also stated that the person in charge was supported by a full-time clinical nurse manager. This clinical nurse manager post had been vacant for a number of months prior to the inspection and a review of actual and planned rosters indicated that the director of nursing was not working in the centre in accordance with their defined whole time equivalent. As a result, it was not clear how the person in charge was supported in their role. Additionally, the SOP did not identify a designated person to deputise for the person in charge in the event of their absence, instead stating that any absences would be covered by an unnamed nurse. These arrangements were not sufficiently robust to ensure that the reporting structures were clear in particular when the person in charge was absent.

There were regular meetings at organisational level, which were attended by the person in charge. There was also meetings between local management and staff. Minutes of these meetings were available for review. A programme of audits was in place which assessed compliance with key clinical areas as well as other aspects of the service. Some of the audits reviewed did not set out the actions that were required to bring about improvements in compliance and did not follow up whether

or not improvements had been achieved. An annual review of the service had been completed for 2021.

While a directory of residents was maintained, it did not include all of the information required by Schedule 3 of the regulations.

Regulation 15: Staffing

A planned and actual staff roster was available. The roster reflected the staff on duty on the day of inspection and demonstrated that there were sufficient numbers of staff available to meet the needs of residents in the centre until 5.30pm. A decrease in the number of staff rostered between 5.30pm and 9pm each day did not ensure that there were sufficient staff on duty to effectively supervise residents who were spending time in communal areas and to ensure that their individual needs would be attended to in a timely manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training programme was available to staff, which comprised mandatory training and other topics to support them in carrying out their roles. A small number of staff required updated training in fire safety and safeguarding. Actions relating to these are detailed under regulation 28 and regulation 8 respectively.

Judgment: Compliant

Regulation 19: Directory of residents

The inspectors found that there was an up-to-date directory of residents in place. However, it did not include all information as per Schedule 3 of the regulations, for example:

- the telephone number of a resident's next of kin or any other person authorised to act on their behalf
- the resident's gender
- the name and address of of the authority, organisation or other body which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 21: Records

The staff rosters reviewed by the inspectors did not clearly set out the specific roles for each member of staff listed on the roster. For example, the allocation of staff and their assigned roles were not accurately reflected on the roster for multi-task attendants.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example;

- The registered provider was found to be in breach of a condition of their current registration, as they had converted a number of rooms from their stated purpose without notifying the Chief Inspector. This had reduced the communal space that was available for the residents
- A risk register was maintained in the centre. While risks were appropriately documented, records indicated that some risks were not addressed in a timely manner. For example, a risk relating to the decrease in staffing levels after 5.30pm was added to the register in April 2019 but this risk was still open at the time of the inspection and it was not clear what actions had been taken to comprehensively mitigate this risk
- There were systems in place to monitor the quality of the service delivered, including the auditing of areas such as nutritional care, health and safety and infection prevention and control. However, where audits identified gaps in practice, quality improvement plans were not consistently developed. For example, an audit which identified that improvements were required in communication systems with residents and relatives had no associated action plan.

The management structure was not clearly defined and did not sufficiently identify the lines of authority and accountability. There was a person in charge working full-time in the centre. However, the management structure in place on the day of the inspection did not reflect the structure that was set out in the centre's SOP and did not ensure that there were robust deputising arrangements in place in the absence of the person in charge.

Judgment: Not compliant

Quality and safety

Overall, residents were found to receive a good standard of care. A number of residents told inspectors they felt safe and supported while living in the centre. Inspectors were assured that, for the most part, residents' medical and health care needs were being met. However, further oversight was required to ensure that the services provided we were consistently safe and appropriate for all residents' identified needs. These findings are discussed under the relevant regulations.

The provider had made some improvements to the centre since the previous inspection, including the installation of ceiling hoists and decorative works to some communal rooms. A maintenance programme was ongoing but further improvement was required to ensure that the premises was brought into compliance with Regulation 17, Premises. An action relating to the provision of sanitary facilities is repeated in this inspection report.

The provider had carried out a fire safety risk assessment in 2021 and works to address the issues identified were at an advanced stage at the time of the inspection. The provider is required to submit confirmation by a competent fire safety consultant to the Chief Inspector that the works outlined in the fire safety risk assessment were completed to a satisfactory standard.

The centre was visibly clean on the day of inspection. There was an identified infection prevention and control lead within the designated centre. The staff member was responsible for monitoring compliance with the national standards for infection preventions and control such as hand hygiene and the safe disposal of sharps. Staff had received education and training in infection prevention and control. However inspectors found that the current layout of the laundry room did not ensure that clean and dirty linen were separated in order to reduce the risk of cross contamination. This risk had not been identified as part of the centre's infection and prevention audits and is discussed further under Regulation 27, Infection Control.

The provider, through a programme of testing, had recently detected the presence of Legionella bacteria in the centre's water supply. The provider had implemented a management plan that included the installation of water filters and a comprehensive sterilisation and regular flushing of the water storage system, which interrupted the water supply to the centre for three days. A series of re-sampling was ongoing at the time of the inspection to determine if the water supply had been cleared of Legionella bacteria.

A review of the documented assessments and care plans for each resident reflected the care received by residents, as observed by the inspectors on the day of the inspection. Care plans were based on a comprehensive assessment of residents' needs. Care plans were detailed and person-centred. However, further oversight was required to ensure that nutritional care plans were developed for all residents to ensure their nutritional needs were identified and addressed. This is discussed

further under Regulation 5, Individual Assessment and Care Plan.

There was evidence that the health care needs of residents were regularly reviewed and that residents had access to social and health care services in order to maintain their health and well being. Residents had access to a general practitioner (GP) of their choice and were supported by a team of allied health care professionals including physiotherapy and occupational therapy. Residents had access to health screening programmes and a full range of health services in the community including dental and optical services. There was also evidence of access to Psychiatry of Later life service and gerontology specialist services.

Inspectors found evidence of assessment of residents' preferences, interests and past activities. This information was used to develop individualised social and activity care plans. Residents were offered a choice of activities to meet their needs and preferences including visits from a local pet farm, music, art, aromatherapy, reflexology, exercise and reminiscence therapy. There were sufficient numbers of trained staff on duty to support the facilitation of the activities programme. The centre had its own transport service to facilitate outings for residents. Regular residents' meetings were held and records of these indicated that residents' feedback was sought in relation to activities as well as food and nutrition, environmental hygiene and staffing.

Residents' wishes in relation to their preferred religious practices were recorded and respected. A local priest attended the centre on a weekly basis to celebrate Mass. Other religious and pastoral services could also be made available if required. Residents were also supported to attend the oratory within the centre.

Residents had access to television, radio and newspapers. There were flexible visiting arrangements in place and residents were also supported to use electronic devices to maintain contact with family and friends. Inspectors observed that residents were facilitated to access advocacy services and that information regarding these services was available to residents in the designated centre.

Regulation 17: Premises

Two actions identified at the previous inspection in 2021 are repeated at this inspection:

- There were not sufficient bath and shower facilities for 33 residents. This was a repeat finding from the previous inspection. There was one twin bedroom with en-suite shower facilities. However, the remaining residents, up to a maximum of 31 people, had access to one assisted bathroom and two accessible shower rooms. This did not ensure that all residents in the designated centre had equal or timely access to shower facilities
- Some areas of the ceiling in the centre were stained, suggesting that a water leak may have occurred from the roof or from a source in the attic space. Water damage was also noted on walls in a quiet sitting room. On the day of

the inspection, it was not clear what plan in place to ascertain the cause of the water damage and to ensure that the premises including the roof and attic spaces were of sound construction as required under Schedule 6 of the regulations.

A number of wall surfaces were chipped and required repainting.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk register was maintained in the centre, which included the risks required by regulation 26 and the corresponding control measures in place to minimise these risks. A finding in relation to the provider's response to some identified risks in a timely manner is featured under Regulation 23, governance and management.

Judgment: Compliant

Regulation 27: Infection control

There were some good practices identified in relation to infection control at the centre. However, inspectors found that while the laundry room had a one way system, the size and configuration of the room did not ensure that clean and dirty laundry could be appropriately segregated, which posed a risk of cross-contamination.

Additionally, some surfaces of furniture or other objects were slightly damaged, which impacted on the ability to effectively clean and decontaminate them.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors were not assured that the provider had adequate precautions in place against the risk of fire:

- A small number of staff required updated training in fire safety
- Residents who wished to smoke were required to do so in the centre's courtyard area. This area did not contain a shelter nor did it contain appropriate facilities to support residents to smoke safely, such as a smoking apron or any fire fighting equipment

- Fire drill records describing the simulated evacuation of residents were not sufficiently detailed to assure inspectors that residents could be evacuated in a timely manner, using the night duty staffing complement. The provider was requested to complete additional drills to provide the necessary assurances regarding the simulated evacuation of residents. Evidence of a drill was submitted following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents files and found that each resident had a comprehensive assessment of their care needs. Care plans reviewed were informed by these assessments. However oversight was required to ensure each resident's health care needs were identified and the care interventions that staff must complete were clearly described. For example, not all residents who had nutritional care plans completed and therefore there was a risk that their nutritional needs would not be identified.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a GP of their choice. GPs visited residents in person and were contacted if there were any changes in the resident's health or well being. Residents also had specialist input from the psychiatry of old age, a consultant in gerontology and the palliative care team as and when required.

Allied health professionals such as physiotherapy, occupational therapy and podiatry were made available to residents. There were no wounds in the centre on the day of inspection, however tissue viability nurse specialists were available if required.

Residents were referred to Health Service Executive (HSE) screening programmes and supported to attend appointments.

Judgment: Compliant

Regulation 8: Protection

A small number of staff required updated training in the safeguarding of residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a good level of activity provision and there were daily opportunities for residents to participate in interesting group or individual activities as preferred.

While residents' rights and choices were promoted, inspectors noted that twin rooms only contained one television, which would require residents who were sharing a bedroom to share access to the television. At the time of the inspection, the twin rooms were occupied by one resident and as such there was no adverse impact on the current residents but the provision would need to be reviewed as occupancy increased in these rooms.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0036473

Date of inspection: 04/08/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: As from week commencing 4th December another member of staff will be rostered to ensure the evening from 530pm to 9pm is covered to meet the residents needs. This Risk will now be closed	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Completed – All the information required as per schedule 3 of the regulations are now up to date in the directory of residents.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Completed - The staff roster is updated to reflect specific roles for each staff member	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• All rooms that were converted for other uses will revert back to their original purpose by the end of December 2022

• As from week commencing 4th December another member of staff will be rostered to ensure the evening from 530pm to 9pm is covered to meet the residents needs. This Risk will now be closed
• A new audit system/ plan will be implemented to monitor the quality of service delivered. A QMS (Quality management system) will be implemented to ensure the gaps in practice will be addressed.
• Statement of purpose has been updated to reflect suitable management structure
• On each shift there are two registered nurses day and night who take charge of the unit when the PIC is absent from unit.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 17: Premises	Substantially Compliant

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

Currently the roof is being replaced in 3 phases which will be completed by 31st December 2022. We are currently in Phase 3. This will address any leaks on to the ceilings and these areas will be repainted

The one assisted bathrooms and two assisted showers are all now back in operation. The unit was refurbished and registered based on the current sanitary accommodation provision. There have been no complaints regarding access to shower/bathroom facilities from residents. Access to these areas is dealt with efficiently through scheduling to ensure resident's needs are met.
As per schedule 6 PART 3 of the regulations we are assured that there are sufficient amount of assisted bathrooms/showers to meet the needs of our residents. There are currently 24 residents on site.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - Dirty and clean areas have been since identified clearly with floor markings along with designated spaces for laundry trollies which will allow movement of washed clothes to clean area without cross contamination. - Furniture will be repaired or replaced to allow them to be effectively cleaned or decontaminated.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Training has been scheduled for the month of October for all staff over a number of sessions to ensure all staff are up to date in fire training - A smoking shelter will be provided along with appropriate facilities to support the residents safely - Additional drills were completed, and evidence of the drill was submitted.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: - An audit has been completed to identify the gaps in care plans and assessments on health care needs of each resident. The Results of the audit will be communicated to all staff and will be actioned	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: - All the staff will be trained in safeguarding of residents	

- Staff have received Memo’s requesting to complete safe guarding training by the 6th October.

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	04/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/09/2022
Regulation 21(1)	The registered	Substantially	Yellow	19/09/2022

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
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.	Not Compliant	Orange	15/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2022
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	Substantially Compliant	Yellow	30/11/2022

	implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	30/11/2022

	persons in the designated centre and safe placement of residents.			
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	31/10/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/10/2022