



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

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0032853

About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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 6 September 2023	09:10hrs to 17:30hrs	Robert Hennessy	Lead
Wednesday 6 September 2023	09:10hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, residents in the St Martha's Nursing Home were supported to have a good quality of life. The residents spoke with on the day of inspection were content and complimentary of the service provided. Inspectors spoke with both visitors and residents throughout the day of inspection and spoke to eight residents in more detail. One resident told inspectors that they had "good interaction with staff", another said "there was a very good director of nursing in place that you can talk to" and a further resident said that the centre had an "excellent atmosphere". However, from observations of the inspectors some actions were required to enhance the experience and the safety of the residents living there, which will be discussed further in the report.

On arrival at the centre, the inspectors were greeted by the person in charge. An opening meeting was held and this was followed by a walk around of the centre. The person in charge was only recently appointed but it was evident, during the walk around, that she knew the residents and their care needs well.

St. Martha's Nursing Home is a single storey building, located near Charleville town and is registered to accommodate 36 residents. Accommodation in the centre is in two units, side A and side B, with seven twin rooms and 22 single rooms. Thirteen of the single rooms and two of the twin rooms had en suite shower and toilet facilities while the remaining rooms had wash hand basin facilities only. The centre also had an assisted bathroom and toilet and two assisted shower rooms with toilet facilities. The inspector saw the centre was warm and clean throughout. Bedrooms were personalised with residents personal items on display. Residents that required specialist equipment had them available to them in the room, such as slings, specialist mattresses and cushions. One resident chose to lock their bedroom while they were away from there and had the key on them at all times. Actions required in shared bedrooms will be discussed further in the report.

In general, the centre was very clean and good systems of cleaning were in place. The cleaning staff spoken with were aware of the processes needed to ensure that infection prevention and control measures were in place.

It was evident that work had been completed in relation to premises, with new furniture in place and painting of bedrooms completed. However, some areas of flooring and skirting boards in the centre were seen to be worn and torn. A fire door on a bedroom was being held open by a chair as the mechanism for holding the door back was not operational. The resident in that room told the inspectors the maintenance man was working on it and was waiting on a replacement part. Premises issues will be discussed further in the quality and safety section of the report.

The centre had a well maintained enclosed outdoor garden with seating and raised beds. Residents were seen to have free access to the gardens throughout the day

with doors open as the weather was warm on the day of inspection. A smoking shelter was available for residents who chose to smoke, and these residents were seen to freely access the smoking area. Unsuitable soft furnishings in the smoking area, were seen by inspectors on the day, but these were immediately removed by the person in charge.

Residents had access to two day rooms that were separated by an archway, a dining room and a bright sun room. Communal rooms were nicely decorated and had televisions, home style dressers and lamps that gave the rooms a homely feel. The inspector saw that the majority of residents used the two day rooms during the day. During the inspection, the inspector observed that a staff member was assigned to activities for the residents and was seen assisting and interacting with residents throughout the day. Residents were seen undertaking gardening with the activity coordinator in the afternoon and bingo was played with a group of residents.

The inspectors observed communication between staff and residents and found that their interactions were person-centred and respectful. Residents confirmed to the inspector that they felt safe in the centre. The inspectors found that staff knew the residents very well and the atmosphere in the centre was relaxed and friendly. Staff were seen to be respectful of residents' rights, including their right to privacy and choice. Staff were observed assisting residents in a kind manner and ensuring their dignity was maintained at all times.

The inspectors observed the dining experience at lunch time and evening tea time. The menu and choices for these meals were available to residents in the dining room. The dining area was bright and the tables were well decorated. One the day of inspection most residents used the dining area for their meals. A small number used the day room to have their meals, while another small number of residents chose to have their meals in their rooms. It was evident to inspectors that staff serving the meal were aware of residents likes and dislikes and were seen offering the residents choice at meal times. Residents spoken with about the food were very complimentary. The lunch time meal was appetising with adequate portion size, action was required for the evening tea time meal which will be addressed further in the report.

Visitors were seen coming in and out throughout the day of inspection. Visitors that spoke with the inspectors were very happy with the service being provided for their loved ones. Residents were seen going out with visitors and visitors used different areas of the home to visit residents.

Residents were consulted on the running of the centre, through resident and family surveys and resident meetings that were held regularly in the centre. Residents surveys indicated that residents were very happy in the centre. A recently recruited activity co-ordinator provided activities for the residents to take part in throughout the day.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

In general, St Martha's Nursing Home was a well-managed centre where residents received good quality care and services. St. Martha's Nursing Home is a designated centre, registered to accommodate 36 residents, that is owned by Elder Nursing Homes (Charleville) Limited who is the registered provider. Operational management of the centre lies with Complete Healthcare Services which is part of the Mowlam Group. There was a clearly defined management structure in place, with clear lines of authority and accountability. The person in charge had been recently appointed and reported to a healthcare manager and director of care services who provided support and met regularly with person in charge to oversee the quality and safety of care to the residents in the centre.

The person in charge was well known to staff and residents. The person in charge had set out a plan for regular staff and residents meetings and committees had been created to facilitate these meetings. Staffing levels were suitable to the size and layout of the centre and for the needs of the residents. Staff were seen throughout the day of inspection to interact well with residents and were aware of their needs. Training provided to staff was appropriate to their role and was up to date. Training was provided in person when appropriate and staff were no longer reliant on online training.

Records in the centre were readily made available to inspectors on the day of inspection. All records were well maintained and secured in the centre. Staff records viewed by inspectors met the requirements of Schedule 2 in the regulations. The statement of purpose was current and contained the relevant information in relation to the latest regulatory change with regards to complaints. Insurance for the centre was up to date and the insurance certificate was on display at the entrance to the centre.

An auditing system was in place to monitor the quality and safety of the service being provided. Areas for service improvement were identified and action plans were created to achieve these improvements. Residents' meetings were taking place regularly where residents' concerns were identified. A comprehensive annual review of the service had been completed for 2022 and provided guidance on service improvements required in 2023.

There was a record of incidents that took place in the centre. Some notifications were submitted appropriately to the regulator. However, there were a number of three day and quarterly notifications that were not submitted, which will outlined under Regulation 31. Subsequent to the inspection these notifications were submitted retrospectively. A number of these incidents were not investigated and actioned properly.

A complaints log was maintained and the policy had been updated to reflect recent changes to the legislation. However, it was not evident from viewing the complaints log if the complaints had been followed through and resolved to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required qualifications under the regulations. She was well known to staff and residents, and was aware of her responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the ongoing needs of residents and there were suitable staffing levels with regards to the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and mandatory training was up to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance with the regulations and were made available to the inspectors on the day of inspection. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre. The insurance certificate was on display on the entrance to the centre.

Judgment: Compliant

Regulation 23: Governance and management

Some of the systems in place did not support effective governance and management of the centre:

- resources were not available to ensure issues relating to the premises could be undertaken as outlined under regulation 17
- oversight was required to ensure that the appropriate incidents were notified to the office of the chief inspector as required by regulation and all appropriate action was taken in response to these incidents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts were available to the inspectors and contained the fees, terms of service, room number and additional service costs to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

While a log of complaints was maintained, some complaints reviewed on the day did not appear to have been fully resolved to the complainants' satisfaction.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were a number of incidents as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge submitted these notifications following the inspection.

Judgment: Not compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well-being needs being met by the provider. Residents were protected from harm and abuse and visiting arrangements promoted the well-being of residents. The inspectors found that action was required in relation to the up keep of the premises, improved dining experience for the residents, infection prevention and care planning, which will be discussed under the relevant regulations.

The inspectors found that residents health care needs were met to high standard. Residents had access to GP services both regularly and as required, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Care planning took place in a timely manner and most care plans were comprehensive. Inspectors saw that care plans were lacking in relation to guidance of staff in instances of managing responsive behaviours.

Generally the premises was well maintained and the layout and size of most areas in the home met the residents' individual and collective needs. Much of the premises was well maintained and nicely decorated. Flooring, skirting boards and plasterboard in certain areas of the centre were worn and damaged. One door mechanism was not working in one bedroom with the door being held open with a chair.

The centre was clean and had staff had a good knowledge of the correct methods of cleaning. Action was required with storage which is discussed further under the

relevant regulation.

The fire safety management folder was examined. Fire safety training was up-to-date for staff. There was clear signage displayed to direct staff and residents in the event of a fire. Residents had personal emergency evacuation plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment and of the fire detection system. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre and these evacuations were conducted in a timely manner.

Residents were seen to have choice throughout the day when it came food, where they would spend their time and the activities they undertook. There was an activity co-ordinator employed to support residents throughout the day. Residents generally had choice when it came to meal time, issues with these choices for residents on modified diet at teatime is discussed under Regulation 18 Food and Nutrition. Residents had meetings throughout the year, where the residents were able to have their concerns identified and be consulted on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice. The centre was working towards becoming a restraint free environment.

Regulation 11: Visits

Visitors were seen coming and going freely to the centre on the day of inspection and a number of visitors spoken with were complimentary of the service their family members received.

Judgment: Compliant

Regulation 17: Premises

Overall the premises and outdoor space was generally well maintained. However action was required for the following:

- flooring in a number of bedrooms and the sluice room were torn and worn
- one bedroom had a small hole in the wall
- a number of bedrooms had plaster and paint missing along with skirting boards which were worn
- a fire door mechanism was not operational on the day and a chair was holding open the door.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure residents had choice at mealtimes:

- Inspectors saw that tea time meals were served early there was a long gap between this last meal of the day and the following days breakfast, this was identified in a residents meeting
- choice for residents requiring a modified diet was very limited at tea time.

Judgment: Substantially compliant

Regulation 27: Infection control

While the centre appeared clean overall and good systems of cleaning were in place, some issues in relation to infection control required action :

- cleaning was taking place in the day room while residents were having their lunchtime meal in there
- residents' toiletries in shared bathrooms were not segregated appropriately which may create cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and generally contained relevant information about the care and social needs of residents to facilitate the provision of care. The care plans were person centred and reviewed every four months or as required. However some action was required in relation to care plans for residents with responsive behaviours which is outlined under Regulation 7.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Residents were reviewed regularly and as required by general practitioners.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While restrictions were used in the least restrictive manner, care plans viewed for certain residents did not provide comprehensive guidance to staff on how to manage responsive behaviour issues in the centre and further responsive behaviour plans were required to direct person centered care.

Judgment: Substantially compliant

Regulation 8: Protection

The centre acted as a pension agent for a number of residents which was managed appropriately. Residents' personal items and valuables handed in for safekeeping were handled in a secure manner.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure residents privacy and dignity needs were met as :

- personal information regarding the residents was on display in shared

bedrooms.

- a privacy curtain in one shared bedroom did not cover the area sufficiently and one bed in a shared bedroom had no privacy curtain at all available to the resident to protect their privacy and dignity.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0032853

Date of inspection: 06/09/2023

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> <ul style="list-style-type: none"> • The PIC will ensure that issues relating to premises that can be addressed on site such as minor repairs to plaster on walls, touch up painting and replacement of battery to door closure device will be completed by the Maintenance Person. • The PIC will ensure that all issues related to the premises are reported to the Facilities Manager so that a plan can be developed and implemented to address these. • The Healthcare Manager will provide oversight and will review all incidents and complaints with the PIC. They will ensure that all appropriate notifications are submitted to the Authority in accordance with regulatory requirements. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The PIC will ensure that all complaints are fully investigated, that complainants' level of satisfaction is documented and that there are learning outcomes from the complaints process that are shared with staff and discussed at monthly management team meetings. 	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC, supported by the Healthcare Manager, will review all adverse events, incidents and complaints and will ensure that all notifiable incidents are reported to the Chief Inspector in accordance with regulatory requirements. • The Healthcare Manager will review all notifications with the PIC prior to submission. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The PIC will ensure that all minor and manageable repairs that can be completed on site will be completed by an in-house Maintenance Person, including the repair to holes in a resident bedroom, paint touch-up and plaster repairs to walls in some bedrooms. • The PIC will monitor the premises and will escalate issues of concern that require attention to senior management so that a plan to address these issues can be developed and implemented, including repairs to damaged flooring and provision/repair to door operating mechanisms. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The PIC and Catering team will complete a review of the evening meal to ensure there is greater choice for those residents on modified diets. • The PIC will ensure that modified diet menus are nutritionally assessed by the Dietitian. • The PIC will schedule a meeting with Dietician and Catering team to facilitate training on providing choice for residents on modified diets. • The PIC has met with the Catering team, and the evening mealtime has been changed to a later time. There is an evening snack served at 7pm (instead of 6pm as before) and snacks are available to suit those residents on modified diets. 	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will ensure that cleaning does not take place in communal areas during residents' mealtimes. A staff member is assigned to the dining room and will ensure residents enjoy protected mealtimes. • The PIC will ensure that resident toiletries are clearly labelled and separately stored in each resident's own individual cupboard. 	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will ensure that residents have a comprehensive care plan developed based on their assessed care needs. • The PIC will ensure that for those residents with responsive behaviours, their care plan will be updated to include recommendations from GP and Psychiatry of Later Life as required. These recommendations will be discussed at Daily Handover and Safety pause to ensure all staff understand how to manage residents with responsive behaviours, behavioural triggers and de-escalation techniques, and all episodes of behaviour and actions taken will be appropriately documented. 	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC will ensure that all resident PEEPs are discreetly placed behind wardrobe door. • The PIC will ensure that privacy curtains in all twin rooms provide complete privacy; the curtain that did not provide sufficient privacy on the day of inspection was rectified on that day. 	

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 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	31/03/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/10/2023
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/10/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Substantially Compliant	Yellow	30/11/2023

	accordance with the statement of purpose.			
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	30/11/2023
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	31/10/2023
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	Orange	31/10/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation	Not Compliant	Orange	31/10/2023

	to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.	Substantially Compliant	Yellow	30/11/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/11/2023