



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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Supported Care Home
Name of provider:	Mount Carmel Community Trust Company Limited by Guarantee
Address of centre:	Prologue, Callan, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0000546
Fieldwork ID:	MON-0036631

About the designated centre

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

Mount Carmel Supported Care Home was opened in 1985. The centre is part of the local community and in 1982 the site on which the centre was built was donated by the local Parish and it is run by a Board of Management made up of local people and their representatives. The registered provider is Mount Carmel Community Trust Limited. The centre provides residential services to low dependency residents over 65 years. (Any deviation from this age range would be recommended by the Manager and approved by the Board of Management). The centre provides long-term and respite care for residents who are mainly capable of living independently and who require minimal assistance in a home-from-home environment. All residents are admitted following an assessment by the person in charge and a team of social and health care professionals. If residents develop a higher level of dependency and additional care is required; they will be provided with the necessary support in seeking other more suitable forms of accommodation. There is a day care facility that provides services for up to a maximum of 12 clients. The total capacity of the centre is for 20 residents. It is a single story building located on the main street of Callan, in a quiet area within walking distance of all local shops and amenities. All bedrooms are single with four having en suites with shower toilet and hand basin. There is approximately 18 staff working in the Centre. The centre is funded by a grant from the Health Service Executive (HSE), resident's fees, fundraising and some staff provided by a An Foras Áiseanna Saothair (Training and Employment Authority also known as FÁS) and Tús which is a community work placement scheme providing short-term working opportunities for unemployed people.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Thursday 28 July 2022	09:45hrs to 17:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

To gain an insight into the residents' lived experience, the inspector spoke at length with a number of residents and observed staff practices. From what residents told the inspector, and from what was observed on the day, it was clear that the residents of Mount Carmel Supported Care Home received a high level of care from compassionate and skilled staff. The centre's supportive model of care ensured that the rights of the resident were promoted at all times and independence was encouraged.

The inspector arrived unannounced to the centre and observed that the front door was open, with residents coming and going at their leisure, tending to the flower pots and sitting enjoying the fresh air. An opening meeting was held with the person in charge and following this, the inspector completed a walk around of the premises. The centre was laid out on ground floor level with wide corridors and easy access to each bedroom and communal room. The centre was clean and generally well-maintained and was warm and comfortable. There was a relaxed atmosphere and staff interacted with residents in an unhurried manner. Residents commented on how respectful the staff were, saying staff always knocked on the door and waited for a response before entering the room. All residents spoken with said how comfortable they were in the centre. One resident was delighted to have a new ensuite bedroom. Bedrooms viewed by the inspector were individually decorated and contained sufficient storage space for personal items and to display photographs and memorabilia. There were hand sanitiser dispensers located in convenient areas for staff and resident use. All staff were seen to wear personal protective equipment (PPE) such as surgical face masks appropriately. Residents confirmed that they had been kept informed of any COVID-19 related restrictions which impacted their movement within or outside of the centre. Residents' meetings included COVID-19 as a standing agenda item and records showed that any changes to the residents routines had been communicated to and discussed with them thoroughly. Residents spoke of their relief that visiting restrictions had been lifted, and stated "we are back to the way it used to be".

Communal areas were homely in style and decor. The main sitting room was the heart of the home and residents were seen to gather here throughout the day to chat and to watch TV. The oratory was in use for residents daily Mass and for quiet reflection and prayer. Residents were seen outside throughout the inspection, some going for walks into town, appointments and visits. Internet access was available for residents, and many residents had their own personal mobile phones and devices. The centre provided a tablet for resident use. One resident was streaming live local music from this on the day of inspection. Residents knew the person in charge and each staff member by name, and said they could approach anyone if they had a concern. One resident said no issue was too big or small to be discussed and that she was grateful that minor issues were dealt with quickly by the staff. Some residents did report that they were not entirely satisfied with the laundry services,

saying items regularly went missing. This is discussed further in the report.

A recent resident satisfaction survey showed that all respondents were satisfied with the activities on offer in the centre. This echoed what the residents told the inspector on the day. Residents reported enjoying activities and they could choose whether or not to participate. Residents were encouraged to maintain their previous hobbies and interests and to maintain links with the local community. On the day of inspection, there was an external person leading an art class in the day care centre. Bright eye-catching murals of residents and staff were being completed and there were hung outside for all residents and visitors to see. This proved a great talking point with residents pointing out previous and current residents and staff. Other activities in the centre included Bingo, film nights, visiting musicians and exercise classes. Meals were served in the centre's dining room and there was choices available for each meal. Residents praised the chef and stated they had no issues with the food on offer.

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

Capacity and capability

There were good overall governance systems in this low-support centre, which focused on maintaining a safe and comfortable environment for residents, whilst also respecting their individual rights and preferences. The registered provider ensured that the service was appropriate to the needs of the residents. Some improvements were required in the areas of training provision and the notification of incidents.

This was an unannounced inspection which took place over one day. The purpose of the inspection was to monitor ongoing compliance with the regulations and standards and to follow up on an application to remove two restrictive conditions from the centre's registration. Following the previous inspection in January 2021, and subsequent engagement with the registered provider, the Chief Inspector renewed the registration of the centre with two additional restrictive conditions. Restrictive condition 4 was aimed at improving the premises to ensure that there were adequate fire safety measures and adequate showering facilities in place. Restrictive condition 5 aimed to ensure that the centre was in full compliance with Regulation 14: Person in charge. The registered provider was required to comply with these conditions by 31 December 2021. The registered provider submitted an application to remove these conditions. The supplied information was verified during the course of the inspection. The inspector observed that additional fire doors had been installed, reducing the risk of fire spreading rapidly. An additional shower had been installed, bringing the centre in line with the recommended ratio of bathing and showering facilities. The person in charge had completed a suitable

management course and was now fully compliant with Regulation 14.

The inspector found that the governance structure in the centre were appropriate to the size and ethos of the centre. Mount Carmel Community Trust Company Limited by Guarantee is the registered provider of Mount Carmel Supported Care Home. The centre is partially funded by the Health Service Executive (HSE) under section 39 of the Health Act 2004. Further funding is provided by residents' own contributions, and fundraising efforts. Adequate resources are allocated to ensure residents' needs are met. The centre is registered to provide care to residents with a low to medium dependency level who do not require full-time nursing care. There are arrangements in place to assist residents to seek alternative placement should their dependency level increase. Nursing care is provided in the centre two days per week. The person in charge works full-time in the centre and is responsible for the overall governance of the centre, in line with the centre's social model of care. There is a deputy person in charge and senior care worker who take responsibility in the absence of the person in charge. The centre employs a number of care workers, of which their tasks include supporting the residents in their daily routines, and cleaning duties. There are also dedicated catering and maintenance personnel working in the centre.

There were good communication systems within the centre. Regular staff meetings were held where all aspects of the service were discussed, and plans for improvements made. The board of management held monthly meetings, where the person in charge presents a comprehensive report on the centre including any relevant resident, staffing or environmental risks. There is good oversight of the centre. The person in charge collates weekly data including incidents and accidents, COVID-19 updates, complaints and enquiries. A schedule of regular monitoring was in place, including weekly cleaning audits, regular medication management audits and reviews of any falls occurring in the centre. There was evidence of identification, analysis, and learning from events. Areas for improvement were identified and action taken to ensure the required improvements were made. While there was a low level of incidents occurring in the centre, records showed that when incidents did occur, appropriate actions were taken including a full review to determine any ways to minimise recurrence. Some notification had not been submitted to HIQA as per the requirement of Regulation 31.

The overall provision of training in the centre was sufficient, with staff being up-to-date with most mandatory training modules, via a combination of in-house and online training platforms. There was evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. The roles and responsibilities of each staff member was clearly outlined. Complaints were well-managed in line with the centre's own policy. Residents confirmed that they were consulted with regularly by the management and staff and that their queries were dealt with quickly, and as a result, any issues they had would not reach the level of a formal complaint.

Regulation 14: Persons in charge

The person in charge had completed a relevant management qualification and now fulfilled the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Records of staff rosters showed that the centre employed a sufficient amount of staff, with an appropriate skill-mix, to meet the currently assessed needs of the residents in a safe and timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

Training in safeguarding of vulnerable people had not been completed by five staff members. This is important, to ensure that residents are adequately protected, and that staff are aware of potential safeguarding issues.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files reviewed by the inspector were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda vetting disclosures were in place for all staff, and the management team assured the inspector that no staff member commenced employment without this in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that an annual review of the quality and safety of care delivered to the residents in 2021 had been completed. This is

required to ensure that that such care is in accordance with the regulations and standards.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place and set out the terms of each resident's accommodation, services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of residents' records, and the centre's incident and accident log identified a serious incident which had not been notified to the Chief Inspector in line with regulatory requirements. Additionally, notification of all fire alarm activations had not been submitted each quarter, as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre held a record of all complaints received. These were seen to have been well managed and included details of the investigation into the complaint, the outcome of the complaint and the satisfaction of the complainant.

The complaints procedure was displayed prominently in the entrance hall and included details of access to independent advocacy services.

Judgment: Compliant

Quality and safety

The centre promoted a social approach to resident support, underpinned by a philosophy of care that prioritised each residents' individual human rights. The

centre's statement of purpose outlines that the aim of the centre is to provide a service that enables residents to live their lives to their full potential, maintaining and maximising independence. The inspector found that this approach was seen in practice. Residents were treated with empathy, dignity and respect and their views and opinions were considered and valued. Some improvements in relation to the current laundry service, infection control practices and fire safety were required.

The centre had good oversight of the resident's individual health needs. Residents were supported to attend their own general practitioner (GP) and other healthcare services with their families and where required staff were made available to attend any appointments with residents. There was good medical oversight of each resident and improvements were seen in the management of medications since the previous inspection. For example, all residents had a who self administered medication were assessed routinely to determine their level of ability to continue self administering. Medication management was reviewed weekly and a record of all prescribed medications were held with the administration record to minimise errors. When medication-related errors or near misses did occur, these were reported and analysed and opportunities for learning from these errors was communicated to staff.

Improvements were also seen in relation to clinical assessment and resident care planning. Records reviewed by the inspector identified that all residents had a comprehensive assessment and care plan completed on admission to the centre. Validated assessment tools were routinely completed to assess for various risks including malnutrition and falls. As the centre can only cater for low to medium dependency residents, each residents' dependency levels was reassessed regularly. Residents confirmed that they were made aware on admission that they may in time need to move to a higher dependency facility, should their dependency level increase. Residents were involved in the development of their individual care plans. Care plans were updated in line with changing needs, for example social care plans were updated during the various levels of COVID-19 restrictions to include the ways to ensure that residents maintained contact with their family, friends and the wider community.

The centre's COVID-19 contingency plan outlines that residents may need to be transferred to another medical facility if they contract COVID-19. This plan was put in place in January 2021, where 10 residents were confirmed to have contracted the virus, with some having to be transferred to receive nursing and medical care. Recent, smaller outbreaks in March and June 2022 affected a total of 7 residents. The inspector found that a planned and coordinated approach to the management of these outbreaks had helped to contain the spread of the virus. Staff who spoke with the inspector were knowledgeable about the COVID-19 preparedness plan and confirmed that the plan was discussed at staff meetings and handovers, and they knew what steps to take should a resident be confirmed with the virus. Procedures remained in place for testing of staff and there was a high uptake of the COVID-19 vaccine in both staff and residents. Laundry facilities were provided in the centre. Efforts had been made to ensure this area had a unidirectional flow of dirty to clean items. As discussed under Regulation 12: Personal possessions, the current system required review to ensure that residents personal items were laundered and

returned to them promptly.

The centre's staff provided activities for residents on a daily basis. The inspector reviewed the activity schedule on offer to the residents and noted that the activities reflected residents' interests and capabilities. The communal areas of the centre including the day care centre had been arranged to allow for small and large group activities. Residents were invited to participate in activities and their right to decline was respected.

Overall fire safety in the centre was well-managed. The installation of new fire doors had improved the evacuation procedures in the centre's large corridor, by reducing the size of the fire compartment by half. This was important as there was only one member of staff on duty overnight. Fire training was completed by all staff and regular fire drills simulating various emergency scenarios were conducted. Residents regularly participated in these fire drills and fire safety briefings and each resident had a map of the nearest escape route in their bedroom.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Regular residents meetings were held where residents were encouraged to give their views and feedback on the service provided. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

Regulation 11: Visits

There was open and unrestricted visiting procedures in place on the day of inspection. Arrangements were in place to minimise the risk of potential spread of infection. A brief screening process for symptoms of COVID-19 was conducted prior to visitors entering the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector identified that some residents were unhappy with the current system of laundering of their personal clothing, including items going missing, items being damaged and items being returned to the wrong residents. The system of marking or tagging residents clothing required review, as there was different methods in use, which may cause confusion as to what items belong to which resident.

Judgment: Substantially compliant

Regulation 17: Premises

The overall premises was designed and laid out to meet the assessed needs of the residents and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the many good practices in infection control seen on the day, the inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- There were some examples of worn, scuffed and peeling surfaces including bedroom doors, handrails and bedtables which hindered effective decontamination and cleaning
- None of the hand hygiene sinks throughout the centre were compliant with current recommended specifications. In addition the inspector identified sinks that required cleaning
- Sluice room racking requires review to ensure that cleaned sanitary equipment such as urinals and bedpans can be inverted while drying and have suitable drip trays

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records showed that the emergency lighting systems in the centre had not been subject to regular servicing and annual inspection. The maintenance of all fire equipment and means of escape is necessary to ensure the safe evacuation of residents in an emergency.

Following the inspection, annual inspection and servicing of the emergency lighting system was undertaken, and records were submitted to the inspector for review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide care staff and nurses on the safe management of medications. All staff participating in the administration of medication had received appropriate training to enable them to do so in a safe manner. Medicines were seen to be administered in accordance with the prescriber's instructions.

Medicines were stored securely in the centre. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were seen to be person-centred in nature and detailed any required interventions. There was routine completion of risk assessments using validated tools to assess various clinical risks including risks of pressure ulcers and falls, and to monitor dependency levels.

Based on a sample of care plans viewed, there were appropriate interventions in place to meet the various needs of the residents. There was evidence of a holistic approach to care, with care plans reviewed at regular intervals, not exceeding four months, or more frequently when there was a change to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a GP of their choice in the local area. There was evidence of frequent GP reviews and appropriate referrals to health professionals such as physiotherapy, chiropody and optical services. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The individual rights of the residents were upheld in the centre. Residents were encouraged and facilitated to participate in the organisation of the centre, through surveys and residents meetings. Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote in elections. Residents could practice their religious beliefs.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by staff and by external personnel. Televisions, telephones, radios and internet facilities were available for residents' use.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Supported Care Home OSV-0000546

Inspection ID: MON-0036631

Date of inspection: 28/07/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>While there is a training matrix monitoring training for all staff further monitoring of the matrix will take place to ensure that any gaps in training provision are filled in a timely fashion.</p>	
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>An annual report for 2021 will be produced by November 2022 and further to this a SMART measure will be introduced that an annual report for the previous year will be produced in the first quarter of the following year going forward.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • While incidents are recorded internally via our Incident & Accident form, and these are 	

documented in the manager's monthly report for the board of management and are also discussed at the Governance sub-committee there was an incident that was not notified to HIQA as required under regulatory requirements. Following discussion at the Governance sub-committee it was agreed that the committee will have oversight of regulatory requirements of notifiable incidents.

- While all planned and unplanned fire alarm activations are recorded in the in the Fire Safety Register Folder under weekly testing and false alarm register sections respectively these were not submitted as required. This will now be submitted via NF03B quarterly returns.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 We are currently in the process of trialing a new identification system for the laundry and a staffing restructuring took place prior to the inspection following feedback from residents.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Currently investigating a cost-effective procedure that will remedy the issue with the peeling varnish on some of the doors in the Centre. This was the result of a domestic varnish put on top of the lacquered and the domestic varnish reacting to the lacquer and peeling.
- Investigate the cost of bringing the hand hygiene sinks up to standard and source funding to allow this work to be done.
- Installation of drip trays under the raking in the sluice room to allow the equipment to be inverted to assist in drying.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Because of Covid-19 the annual testing of the emergency lighting had not occurred, this was rectified post the inspection and the annual inspection will be taking place from here on. While the annual inspection did not take place, weekly checks of the emergency lighting had been taken place by the maintenance person and these checks had been recorded in the has been recorded in the Fire Safety Register Folder</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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	30/11/2022

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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	31/03/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2022
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.	Substantially Compliant	Yellow	31/08/2022