



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

Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	04 June 2021
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0033180

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 33 single bedrooms all laid out over three floors. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Friday 4 June 2021	08:35hrs to 16:15hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, this was a good centre where a relaxed and friendly atmosphere was seen. It was evident that residents rights were respected and there was a lovely sense of community in the centre. The centre was warm and homely and provided adequate physical space for residents to have their individual assessed needs and preferences met. One resident told the inspector that while the centre was not their home, living within the centre has been the next best thing.

Upon arrival to the centre, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. All visitors or service providers had to go through a sign-in process that included a temperature check, a questionnaire, hand hygiene and the wearing of personal protective equipment (PPE) such as a face mask.

A short opening meeting was held with the person in charge and the registered provider. Following this, the inspector was then guided on a tour of the centre. During this tour of the centre, the inspector met and spoke with staff and residents in the corridors and in communal areas. The inspector observed practices between staff and residents and spoke at length with three residents to gain an insight of the lived experience in the centre. Residents were complimentary of staff and confirmed to the inspector that they were very helpful when assistance was requested and the ethos of the centre was reflective of the care that they received.

The inspector found that the environment was warm, comfortable, clean and met resident's needs. The inspector found that some areas of the premises required review which will be discussed further within this report. The inspector observed that two bedrooms were in use that were not within the registered footprint of the designated centre, this was not in line with the providers registration and is discussed under regulation 23.

The centre was based across four floors with bedrooms based on the ground floor, first floor and second floor. The second floor was organised into three separate units to include areas referred to as the second floor, the chamblanc floor and third floor. Communal spaces such as day and dining rooms were based on the ground floor and were set up to allow for social distancing. The centre also had access to a chapel, a small oratory and garden space. Residents were seen to move freely through the centre and many took walks on the well-kept grounds of the campus.

Residents' bedroom accommodation were all single rooms with the majority en-suite. For those bedrooms without an en-suite, toilet facilities were located nearby. Residents' bedrooms were personalised with personal items and souvenirs. Residents said that their bedrooms and personal space met their needs and that they had enough room to store their clothes and belongings.

Staff who spoke with inspectors were knowledgeable about residents and their needs. Staff were found to be kind and caring in their work and in conversations heard, showed that they were familiar with residents likes and preferences, which were respected. It was evident that staff knew residents well and the inspector observed staff to have a good rapport with residents throughout the day. The inspector found that staff promoted a person-centred approach to care and interactions between residents and staff were observed to be respectful and empathetic.

The inspector was informed that the centre had operated as normal as possible throughout the pandemic in line with public guidance. The centre had community sisters who continued to attend the nursing home for meals. Mass was said within the oratory by the priest which had appropriate signage for social distancing and was available for viewing on the centres televisions.

There was a calm and homely atmosphere in the centre. Residents had easy access to an enclosed garden area which had views of Phoenix Park. The centre had a dog, a goat and a sheep and the inspector was told that the goat and sheep were new additions during COVID-19 as the centre had made a real effort for variety during the restrictions imposed due to COVID-19. Residents told the inspector that they enjoyed going out to the garden to feed the animals.

The inspector spent time observing how residents spent their day, how they interacted with staff and each other and participation in meaningful activities. There was a staff member in the role of activity coordinator, however health care assistants also participated in the provision of activities. The inspector observed different activities taking place during the inspection such as chair exercises facilitated by Siel Bleu, bingo, a sing along session and a walk in the garden to feed the animals. During the activities, staff members were observed to bring out the best in residents, encouraging them to participate in the activities. These positive interactions between staff and residents contributed to the calm atmosphere in the centre. The inspector observed residents laughing, smiling and having fun while participating in activities. Residents commented that they enjoyed the activities.

Residents reported that communication in the centre was good. Records showed that the person in charge kept residents informed about public health measures required to minimise risks associated with COVID-19 at resident meetings. Residents also confirmed that they had regular discussions with staff about the pandemic on an individual basis and how they had been provided with lots of information.

All residents observed on the day were well dressed in appropriate clothing and footwear. In conversations with residents, all of the residents who spoke to the inspector were highly complimentary of the service provided. Residents said that if they had a concern or a complaint they would raise it with staff and it would be dealt with quickly.

Resident's rights and dignity were seen to be respected, staff were observed to knock on bedroom doors before entering. The inspector reviewed evidence of consultation with residents through residents meetings. The centre also had a

suggestion box and advocacy service information was displayed throughout the building.

The inspector observed the dining experience in one of the dining rooms and found that choice was offered. There was enough staff available to provide support and assistance for residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. Throughout the day, the inspector observed frequent tea and drink rounds and residents reported that food was "wonderful" and that they were satisfied with the choices available to them reporting that there was "a great variety".

Overall, the inspector observed a relaxed and happy environment with plenty of opportunity for residents to participate in meaningful activities. Feedback from residents was that management and staff were supportive, caring and that they felt safe and content in the centre. Staff spoken with stated that they felt supported by management. 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 on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was being delivered to the residents. The centre was a quiet and relaxed place to live where residents' rights were upheld. There was evidence that there was sufficient staffing resources to ensure that care and services were provided in line with the statement of purpose. Prior to the COVID-19 pandemic, the centre had a good level of compliance identified during inspection in 2019. Improvements were required in the oversight of the provider to ensure that the centre was complying with the regulations and that there was systems in place to monitor the service provided to include the environment. At the time of the inspection the provider was not in compliance with the Health Act in that they were accommodating two residents in bedrooms that were not part of the registered designated centre. While an application had been submitted to add the additional rooms, it had not been approved by the Chief Inspector.

This was an unannounced inspection to monitor compliance with the regulations and following receipt of a late application to the Chief inspector to renew registration of the centre.

Mount Sackville nursing home is an unincorporated body with two members on the board of committee. The management team was stable and the centre was well resourced. The management team were aware of their roles, responsibilities and they worked closely with each other. The provider representative worked full-time in the centre supporting the person in charge (PIC) who managed the centre on a daily basis. The PIC was appropriately qualified with overall responsibility for the delivery

of clinical care. The management team consisted of housekeeping and catering managers to support the registered provider representative and the PIC to manage the centre.

A range of staff were seen to be available in the centre including the management team, a clinical nurse manager (CNM), registered nurses, health care assistants, activity staff, reception, household (cleaning and laundry), catering staff and maintenance.

The centre had a training plan identified for 2021. Staff spoken with said they had received sufficient supervision and training to do their jobs.

The provider had contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management were unable to attend work and to ensure the centre remained sufficiently resourced with staff.

The centre had remained COVID-19 free for residents throughout the pandemic. Seven staff members had been confirmed with COVID-19. The management team told the inspectors that the staff team had worked very hard to remain COVID-19 free for residents and they were proud of this achievement. Residents and staff had received both vaccinations to offer them protection against COVID-19. The centre was seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures.

There was a comprehensive audit schedule in place which included audits relating to resident assessments, records, falls, medication, hand hygiene and antibiotic usage. An audit summary was also completed on a quarterly basis. Records from monthly management and staff meeting minutes showed that the overall governance of this centre was good, however improvements identified are further discussed under regulation 23.

The centres complaint process identified the people within the centre responsible for managing complaints:

- The nurse in charge was the first point of call to manage complaints. Where complaints were unresolved, this was escalated to the person in charge as the complaints officer.
- The provider was the person responsible for appeals and there was an independent appeals person available.

There was a low number of complaints in records within the centres complaints register. The inspector found that when complaints were made they were dealt with promptly and thoroughly investigated. Residents confirmed that if they had any concerns or complaints, they would feel comfortable to highlight these to management or to staff.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was not made within the specified time frame and was not accompanied by full and satisfactory information in regards to the matters set out in Schedule 2, Part B of the Registration Regulations.

Judgment: Not compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff to meet the assessed residents' needs. Rosters showed there was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that staff had access to appropriate mandatory training such as safeguarding of vulnerable adults, infection control, fire safety and manual handling.

Seven staff were trained to take swabs for the detection of COVID-19. A range of additional training courses were provided to staff to support them in their roles within the centre on areas such as dementia awareness, hydration, diet, nutrition and cardiopulmonary resuscitation.

Judgment: Compliant

Regulation 23: Governance and management

An application to renew the centres registration had been received and within this application the provider had amended the footprint of the centre. On the day of inspection, the inspector found that the two new bedrooms included in the application to renew registration were occupied prior to being registered by the Chief Inspector. This was a breach of the Health Act 2007 in that the provider was not complying with conditions applied to the registration of the centre. The provider took action to return to compliance.

The inspector reviewed falls, medication errors and antibiotic usage audits for the month of April. The inspector was told that the findings of the medication errors audit was discussed directly with staff for follow up. Documentation outlining the

completion of actions identified from audits was not seen.

Management meetings were held and provider oversight occurred in a number of areas, for example catering and housekeeping. The inspector was not presented evidence that there was oversight of clinical audits at management meetings or in any other committees.

An annual review of the quality and safety of care delivered to residents was completed for 2020. However this review did not incorporate feedback or consultation with residents and their families.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector was informed that the centre did not have a complaints procedure. There was information relating to complaints displayed in a prominent position within the centre which outlined who manages complaints and the appeals process within the centre, however this document referred to the previous name of the nursing home which had changed in 2016 and did not outline a person responsible for ensuring all complaints were appropriately responded to.

The inspector reviewed the complaints logged within the register and found that they did not record the satisfaction level of the complainant.

Judgment: Not compliant

Quality and safety

The quality of service and quality of care received by residents was of a high standard. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector identified that some improvements were required with the premises, risk management and infection control.

The inspector found that staff were knowledgeable of residents' preferences and their care needs which was reflected in individual care plans. A range of nursing assessment tools were in place to assist staff to monitor resident's needs, such as manual handling, falls risk screening tool and barthel activities of daily living. The inspector reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents who had wound care, residents who were losing weight and residents who were high risk of falls. Records showed that residents' assessments reflected their needs and the care plans outlined the care they required

to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents' needs were met in line with their wishes.

The inspector reviewed bedrooms where a change of the centres footprint had occurred and found that these met the requirements of schedule 6. While residents were living in a homely environment and overall the premises were found to be clean, the inspector observed that some areas of the centre required maintenance for example, there was paint peeling, damaged doors and skirting boards.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, residents had comprehensive access to general practitioner (GP) services and to a range of allied health professional services. The centre had an exercise programme held twice a week which supported exercises for older adults.

The environment was calm with a person-centred ethos of care in the centre. The inspector observed staff and resident interactions throughout the day and found that resident's privacy and dignity was respected in the delivery of general and personal care and support. There were no restrictions on residents' movements within the centre.

There was a choice of menu and residents expressed their satisfaction about the choice of food served in the centre.

There was a schedule of activities available within the centre. The wide variety of activities included in the schedule ensured that all residents had some form of activity they enjoyed in accordance with their interests and capacities available to them.

The inspector found that improvements were required as the centre did not have a specific risk management policy. The document reviewed was the centres Safety Statement which did not identify and mitigate the risks listed in Regulation 26: Risk Management.

Infection prevention and control strategies had been implemented to effectively manage and control COVID-19 in the centre. Staff were competent and knowledgeable and were observed to be following best practice with infection control procedures and hand hygiene. Alcohol hand gel was readily available throughout the centre. The inspector was informed that the centre had increased their cleaning provisions to allow for more frequent cleaning of the centre. However improved oversight of environmental and hygiene processes in the centre was needed to achieve full compliance with regulations, discussed further under regulation 27.

Access was available to private phone lines and video calls to facilitate residents to stay in contact with their families. Residents received visitors by appointment and the visiting arrangements in place were safe. Residents told the inspector that they were happy to have their families and friends visiting them once again.

Regulation 11: Visits

Visiting was occurring in line with the Health Protection Surveillance Centre on COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCs).

Judgment: Compliant

Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness:

- The flooring, skirting boards and doors at the side chapel were badly damaged from furniture and patient equipment
- The wood around the sink area in the staff changing area was damaged
- The wall in the staff changing area was chipped with visible holes
- The suitability of the cleaning store and sluice room in the basement required review from an infection control perspective, the walls were exposed brick and rust was also visible on the hand hygiene sink.
- A staff toilet had tiles painted which were cracked and prevented sufficient cleaning

Judgment: Substantially compliant

Regulation 26: Risk management

The centre did not have a risk management policy in place as required under Schedule 5 of the regulations.

Judgment: Not compliant

Regulation 27: Infection control

The centre was not completing environmental audits and as a result items identified on the inspection had not been identified by the provider. Improvements were required in the following areas which impacted on cleanliness and safety of residents:

- Hand sanitizer dispensers in communal areas were empty. Instead of being

filled appropriately, there were bottles of sanitiser sellotaped to the dispenser which could not be effectively cleaned.

- A shared bathroom had items of shower gel, shampoo and conditioner which should be used for single use only.
- The walls in the sluice room were exposed brick, without splash back behind the sinks and as a result could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records held in the centre. Resident assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans were regularly reviewed, up to date and contained all of the information required to guide care.

Overall, resident care and support plans were person-centred, informed by resident assessment and reflected staff knowledge of residents' interests and preferences.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre to support the residents' needs. Residents' had access to their General Practitioner (GP) who visited the centre each week throughout the pandemic. Records showed that residents had access to specialist consultants such as gerontology and psychiatry of later life.

Residents had access to allied health services and referrals were seen to take place to services such as the dietitian, tissue viability nursing, audiology and chiropody. Access was supported on site where possible and remotely when appropriate.

Residents who met certain criteria were facilitated to access health checks under the national screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents' rights to privacy and dignity were respected. Positive and respectful interactions were seen between staff and residents.

Residents had access to radio, television and newspapers. Residents were seen to spend time using newspapers to complete crosswords.

There was activity care plans for residents to detail their preferences for recreation. The inspector found there was sufficient opportunities for recreation seen on the day of inspection and within records of attendance reviewed. Residents told the inspector that the day passes quickly as they are "very well occupied".

Residents were encouraged and facilitated to participate in the organisation of the centre, via surveys and residents meetings. Records of a recent meeting detailed that residents were very happy to have the hairdresser back in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0033180

Date of inspection: 04/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Documentation, ie Accurate Floor Plans, Statement of Purpose that reflected them and the Providers' PIF were forwarded on May 21st 2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The two new rooms, occupied without approval have now been passed by our Inspector. The Audits that did not appear to have actions plans attached have now been amended so that these plans are very evident going forward. Managers Meetings never addressed Clinical Audits . These will now be addressed and minuted separately by the PIC, CNM and Provider with action plans attached. The annual review of the quality of the safety and care delivered to residents will revert to the practice of other years and include consultation and feedback with residents and their families. This section was omitted in 2020 The one for 2021 has been sent to families and residents on the 01.07.2021 with a deadline to reply by the 20.07.2021</p>	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaint procedure in place. The single poster still had St Josephs on it was removed and replaced.</p> <p>Complaint policy now in place since the 16.06.2021 although we mistakenly perhaps understood that the Health Act stipulated that a complaint procedure be in place.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>“The flooring, skirting boards and doors in some areas” refers to Side Chapel Door and adjacent Skirting Board. These were painted on the 08.07.2021.</p> <p>The Changing Room referred to has been refurnished on 07/07/2021</p> <p>The Cleaning Store, Sluice Room etc outside the Basement is in the process of refurbishment and will be completed by 21/07/2021</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We will develop a Service and Care Provision Risk Management Policy. This will be complete by the 28th of July 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Hand sanitizer dispensers purchased on the 08.06.2021

Resident with dementia reminded yet again to not leave her bar of soap at the sink.

Staff reminded to bring the toiletries with the resident back to their room after they are assisted with their shower

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	21/05/2021

	provider.			
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	21/05/2021
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	04/06/2021
Regulation 23(a)	The registered	Not Compliant	Orange	04/06/2021

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in 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	11/06/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	20/07/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	28/07/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in	Not Compliant	Orange	28/07/2021

	Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	28/07/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	28/07/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	28/07/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Not Compliant	Orange	28/07/2021

	actions in place to control aggression and violence.			
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	28/07/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	28/07/2021
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Not Compliant	Orange	28/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	11/06/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Orange	11/06/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	11/06/2021
Regulation 34(3)(a)	The registered provider shall	Substantially Compliant	Yellow	11/06/2021

	nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
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