



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

## Issued by the Chief Inspector

Name of designated centre:	Lucan Lodge Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Ardeevin Drive, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	17 August 2022
Centre ID:	OSV-0000061
Fieldwork ID:	MON-0035615

## About the designated centre

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

Lucan Lodge Home is situated in a residential area in Lucan. The provider is registered as a designated centre under the Health Act 2007 to provide for the care of 74 residents over 18 years of age male and female with 24-hour nursing care available. Accommodation is provided over 3 floors. The registered provider states they can accommodate residents with Short, Medium and Long Term Care needs including Palliative Care. A specific smaller environment located on Level 1, that is specifically designed to meet the needs of residents living with Dementia. The aim of Lucan Lodge Nursing Home is to provide individualised care and attention for all of the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	69
--	----

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 August 2022	08:55hrs to 15:50hrs	Sinead Lynch	Lead
Wednesday 17 August 2022	08:55hrs to 15:50hrs	Sheila McKeivitt	Support

## What residents told us and what inspectors observed

The inspectors observed, while walking around the nursing home with the person in charge. Residents said that they felt safe living in the nursing home and that the care they received was in their opinion very good.

They said they saw their doctor on a regular basis and if they felt unwell the doctor was called to see them. They said they were involved in the running of the centre, they attended the resident meetings where they discussed their plans for the coming few months.

The inspectors observed staff sitting down and conversing with residents in a kind, patient, friendly and respectful manner. Residents were engaged in activities throughout the course of the inspection and appeared to be actively participating and enjoying their morning keep-fit class and their afternoon of music.

Inspectors were assured by residents that they received wholesome nutritious food. Residents described the chef as very obliging, preparing meals according to their likes and dislikes and buying in items to suit their individual preferences. They said there was always a choice and they never had an issue with the food.

Bedrooms were homely and filled with the residents personal possessions. Residents said that their clothes were regularly laundered in the centre. The personal storage units beside residents' beds appeared large enough for the storage of their belongings and clothes. Residents described the laundry service as good and said the clothes were always returned to their bedroom clean and fresh.

The inspectors observed that hand rails, skirting boards and door frames were chipped and required repair. In addition, some floor coverings and walls appeared unclean.

Residents told the inspectors that their bedrooms were cleaned regularly and they were always kept clean. The inspectors observed the house keeping staff completing their duties throughout the course of the inspection. Cleaning lists had been developed for the cleaning of residents' bedrooms, communal rooms and frequently touched surfaces.

There were hand sanitisers available for staff and wash hand basins in most of the bedrooms. Staff were observed sanitising their hands prior to entering and on leaving a residents bedroom.

Visiting had recommenced in the centre. However, there were unnecessary visiting restrictions in place. Nevertheless residents' and visitors spoken with were all happy and saw these restrictions as protective measures. The residents told the inspectors they enjoyed life in the centre and had absolutely no complaints.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

Overall, inspectors found a number of issues on the day which had not been identified by the registered provider, and as a result the inspectors were not assured that this was a well-governed centre. There were not effective systems and structures in place for overseeing the service. The current management system in the centre was not sufficiently robust to ensure it identified areas for improvement, specifically in respect of premises, Infection prevention and control, governance and management and protection.

The designated centre is a residential care setting operated by Passage Healthcare International (Ireland) Limited. The management team was made up of the provider representative, the person in charge, assistant director of nursing (ADON) and three clinical nurse managers (CNM). It is registered to accommodate 74 residents. The centre contained many communal areas where residents could spend time with family and friends. On the day of the inspection residents could be seen in these rooms attending the varied activity programme available.

There was no annual review available to residents or the inspectors. There were repeated non-compliance issues in relation to governance and management and Infection Prevention Control (IPC). The service had not adhered to their previously submitted compliance plan following the last inspection 18 months previous. The management team showed the inspectors the plans they had developed to introduce a new suite of audits in the immediate future. This will be discussed further under Regulation 23: Governance and Management.

The residents' had a contract of services provided to them. This informed the residents' of the service they were to be provided with and included any extra charges for other services made available to them.

Minutes of residents meetings were seen by inspectors, showing the last meeting in August 2022. Records showed to the inspectors identified that it had been nine months since the previous meeting. The provider representative assured inspectors that these meetings would be more regular going forward

There was a statement of purpose available which included a description of the centre, the layout and the staffing levels.

There was suitable staffing levels in the centre. A review of the training matrix showed that staff training was mostly up-to-date; however, on the day of the inspection the human resources manager (HR) arranged for two staff to complete their safeguarding training on the day of this inspection.

Increased supervision was required in relation to the cleaning and household duties. Some areas of the centre were documented as 'completed' but observations on the day of the inspection revealed gaps in the consistency of the cleaning.

Staff had vetting disclosures in place prior to commencing employment. Inspectors also saw evidence of induction for new staff. However, while records were available, the inspectors identified additional gaps as discussed under Regulation 21: Records.

There was a suite of policies made available to the inspectors. These policies had not been reviewed or updated in the past three years, and did not guide staff in the safe delivery of care. This is discussed further under Regulation 4; Written policies and procedures.

The incident and accident log was examined, and records showed that all notifications had been submitted to the Chief Inspector of Social Services as required.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre. They met the requirements as set out in the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Judgment: Compliant

## Regulation 21: Records

The registered provider did not have the required documents as set out in Schedule 2 for staff. For example;

- On the day of the inspection, there was one reference missing in respect of a staff member. This was not made available when requested.
- A record of current registration details of professional staff subject to registration was not available for another staff member.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Inspectors were not assured that the service was effectively monitored and that the management systems in place were sufficiently robust to ensure the service provided was safe, appropriate and consistent. For example;

- Many audits of the service could not be found for the previous one year such as infection prevention and control (IPC) audits.
- Improved oversight and increased supervision was required in relation to the cleaning and household duties.
- There was no annual review available for 2021 which was requested on two occasions.
- There was no evidence of resident consultation in relation to the quality and safety of care in the centre.
- The COVID-19 preparedness plan had not been reviewed since February 2022, which referenced out of date public health guidance.
- The compliance plan from the previous inspection had not been implemented in full.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspectors to view. These were in line with the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had the centre's statement of purpose in place which contained all the information required as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and accidents had been notified to the Chief Inspector within the required time frame as set out in the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre had the required Schedule 5 policies available in the centre. However, there was no evidence to show that these policies had been reviewed or updated in the last three years. These policies did not have up to date guidance available to guide staff in the delivery of care. For example;

- Complaints policy was out of date as of January 2019 and referenced a staff member, that had left the centre more than three years before, as a designated contact.
- Emergency policy stated the contact name of the previous person in charge who had since left the centre.
- Risk management policy expired in 2019 and showed no evidence of review or update in the last three years.

Judgment: Not compliant

## Quality and safety

Overall inspectors were assured that residents received a good standard of service. Residents told inspectors that they felt safe living in the home. However, further improvements were required in relation to the premises, infection control practices, nursing assessments and care plans and visits. Some of these remained outstanding since the previous inspection. For example, worn floor covering had not been

repaired or replaced throughout the communal rooms and corridors. It had been replaced in the dining room only. It remained worn, unclean, uneven and ripped in places. This has the potential to negatively impact the residents' safety when mobilising in some areas of the centre.

The centre is registered to accommodate 74 residents. Premises contained many communal areas where residents could spend time with family and friends. On the day of the inspection residents could be seen in these rooms attending the varied activity programme available. However, the overall maintenance of the premises was not adequate and impacted on the residents' lived experience in the centre, as further described under regulation 17; Premises.

Infection control practices had improved and the standard of cleanliness in the residents bedrooms had improved with the additional staff in place. However, the lack of managerial oversight to ensure processes and procedures of cleaning were implemented in practice, had resulted in a repeated non-compliance in this area and some areas of the centre not appropriately clean.

Inspectors reviewed a sample of resident's records and saw that most residents were appropriately assessed using a variety of validated tools within 48 hours of admission. However, care plans were not always in place to address the individual needs of the residents, particularly for residents displaying responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Wounds were well managed, with wound assessments and care plans in place for a sample of care records reviewed. Inspectors saw evidence of these residents having been reviewed by a tissue viability nurse specialist and having access to dietetic supports.

Inspectors saw evidence of end of life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Most staff in the centre had completed safeguarding training however, newly employed staff working in the centre had not accessed this training (this was addressed on the day) and the centre's safe-guarding policy was not up-to-date.

There was a good process in place for communication with a nominated family member for the sharing of information especially in the event of a COVID-19 outbreak in the nursing home. This allowed the centre to inform families of any changes to visiting arrangements.

## Regulation 11: Visits

Residents were receiving visitors in so far as is reasonably practical.

Judgment: Compliant

### Regulation 17: Premises

The register provider had not kept some areas of the centre suitably clean. For example, floor covering in the corridors and in the communal sitting areas were not clean, they appeared heavily stained. The flooring in these areas had not been repaired or replaced.

The register provider had not ensured that the premises conformed to all matters outlined in Schedule 6;

- Emergency call bells were not accessible from each resident's bed. For example, the inspectors observed that some residents living in multi-occupancy rooms did not have access to a call bell to request assistance if needed. All these residents were in bed at time observed by inspectors.
- Grab rails were not available on both sides of some communal toilets.
- Suitable storage was not available for equipment. Equipment was inappropriately stored in several areas throughout the corridors, stairwells and communal rooms. For example, four hoists were stored under a stairwell partially blocking a fire exit, linen trolleys were stored in communal bathrooms and oxygen was stored in a linen room which posed a fire safety hazard.
- There was unsafe floor covering in a number of communal areas including corridors and sitting areas, which pose a trip hazard to residents. Furthermore, the floor was not sealed and therefore could not be cleaned effectively in two store rooms.
- The centre was not suitably clean in all areas, for example a high level of dust was identified on a communal bath and shower trolley.

Judgment: Not compliant

### Regulation 26: Risk management

The risk management policy included all the areas outlined in Schedule 5 and there was an emergency plan available for review. However as referenced under regulation 4, the risk management policy was not reviewed within a three yearly time-frame.

Judgment: Compliant

## Regulation 27: Infection control

The inspectors found residents bedrooms to be clean and tidy, however, numerous other areas of the centre were not clean. The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example;

- A number of armchairs and sofas in use could not be cleaned properly due to the outer covering being ripped and internal padding being exposed.
- Bins were not hands free which posed a risk of cross contamination.
- Boxes of supplies were inappropriately stored on the floor of several storage rooms which meant that the floors could not be cleaned appropriately.
- Dressing trolley was inappropriately stored in the linen room.
- No infection prevention and control audits were available when requested.
- The hair dressing room was not clean, there were dark stains on the floor, and the cleaning schedule indicated it should have been cleaned.
- A clean linen trolley was stored in a sluice room.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

While overall the care planning arrangements were of a relatively good standard, the inspectors found some gaps in ensuring each resident had a care plan in place that reflected their current assessed needs. For example, one resident who was displaying responsive behaviours did not have a care plan in place to reflect the care being provided. Furthermore, the comprehensive nursing assessment to inform care planning was incomplete, therefore it was difficult to get a clear view of the resident's health status and initiate a holistic plan of care.

Judgment: Substantially compliant

## Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a good standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing

hospital care when required.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to a person-centred, well resourced schedule of activities which they enjoyed on a daily basis.

The resident's right to privacy was respected at all times. Those living in multi-occupancy bedrooms had access to an adequate amount of private space.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lucan Lodge Nursing Home OSV-0000061

Inspection ID: MON-0035615

Date of inspection: 17/08/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: With a view to assuaging the Inspectors' concerns during the Inspection, the Provider has introduced a policy where, in addition, to holding all staff records electronically within the Centre, in compliance with Regulation 21 of the Care & Welfare Regulations, paper copies of employment documents for all employees, going forward, are also held within the Centre in paper file format, with the personal identification numbers for all persons employed as nurses and physiotherapists within the Centre also being recorded on the paper HR files.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23(b) Following the Inspection, the Provider conducted a review of the management structure of the Centre with the focus to include lines of authority and accountability, specified roles, and responsibilities for all areas of care provision.  The Provider assures the Inspectors that, since 31 August 2021, the Chief Inspector pursuant to Section 50(2) of the Health Act, imposes a registration condition on the Provider which requires the Provider to operate the Centre at all times in accordance with the Centre's Statement of Purpose within the footprint of the designated centre on the floor plan dated 26/04/2021. This condition requires that the approved Statement of Purpose according to which the Centre must be managed may not be amended by Provider without the prior approval of the Chief Inspector. The Statement of Purpose	

defines the approved management structure of the Centre to include its lines of authority, accountability and responsibilities. The Provider is assured that all persons participating in the management of the Centre together with the Person-in-Charge have been registered by the Chief Inspector, since 31 August 2021, as fit and suitably qualified persons to hold those specified roles. The Provider wishes to assure the Inspectors that during the Inspection the Inspectors assessed the Centre's Statement of Purpose as compliant with Regulation 3 on the day of the Inspection.

Regulation 23(d), 23(e) & 23(f)

The Centre is registered by the Chief Inspector since 31 August 2021 and the Provider wishes to assure the Inspectors that the annual review required by Regulation 23(d) is currently underway and will ensure consultation in the ordinary course with residents and/or their families as appropriate with a view to the completion of the report on the annual review with same to be available for inspection upon request by the Chief Inspector in compliance with Regulations 23(e) and 23(f) of the Care & Welfare Regulations. The Provider assures the Inspectors that our Centre's resident meetings recommenced prior to the Inspection following the COVID-19 pandemic and they offer a place for residents to consult in the Centre's quality/safety of care.

Regulation 23(c)

The Provider has reviewed the safety and appropriateness of all management systems in the Centre with a view to ensuring their consistent and effective monitoring, and following the Inspection is in position to assure the Inspectors that:

1. All management systems within the Centre are overseen within a management structure that is set out in the Centre's Statement of Purpose as approved by the Chief Inspector;
2. A full audit schedule was commenced in the Centre in July 2022, prior to the Inspection, and all systems gaps established by the audit schedule prior to the Inspection are addressed and now in operation in the Centre;
3. The Provider continues to give effect to the Centre's Statement of Purpose which requires that two household supervisors must be employed by the Provider (but who are not required work on the same day);
4. The housekeeping supervisor who was absent on the day of the Inspection due to sick leave is now replaced by a permanent appointee, in circumstances where an employee housekeeper was "acting-up" as housekeeping supervisor on the day of the Inspection on a temporary basis; and
5. Warning signs are in situ where oxygen is stored within the Centre.

Regulation 4: Written policies and procedures	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The Provider following the Inspection conducted a review of matters of concern raised by

the Inspectors by reference to Regulation 4 on the day of the Inspection.

This review established that a number of policies had been reviewed and updated at material times within the last three years, to include the Centre's IPC policies to address the challenges posed by the COVID-19 policies. In addition, the Provider is assured that all policies and procedures of the Centre were reviewed at material times within the last three years. However, to assuage the finding of the Inspectors that all the Centre's policies and procedures had not been updated in the last three years, the Provider has adopted a plan to conduct a further review of the policies and procedures to identify the extent to which same require to be updated, if necessary.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Following the Inspection, the Provider conducted a review of call bells within the Centre on the day of the Inspection. The Provider wishes to assure the Inspectors that all call bells within the Centre are available for use having regard to the individual residents' care plans and their individual needs with ongoing intentional supervisory clinical checks regarding those need.

Following the Inspection, the Provider carried out a review of all toilets where the Centre does not have grab rails on both sides and while certain toilets have grab rails on both sides others do not. Accordingly, the Provider has directed the Centre's physiotherapist to carry out a professional assessment on the need for grab rails on both sides of all toilets within the Centre having regard to our current residents' profile and needs, and grab rails will be installed where required.

The Provider, since the Inspection, has carried out a full review of storage facilities within the Centre and the use of those storage facilities. A full overhaul of the storage areas has been completed. The Provider is satisfied that full overhaul there is suitable storage available for equipment and staff are reminded to store items appropriately.

Regulation 27: Infection control

Not Compliant

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

A more robust audit tool has now been devised and is in use in the Centre.

Chairs identified as being unable to be cleaned effectively have been disposed and

replaced.

Whilst flip bins were in use within some parts of the Centre on the day of the Inspection and these were very efficient and effective, the Provider following the Inspection has replaced them with pedal operated bins which are now put in place to ensure to minimize any risk of cross infection further.

A review of hot water usage following the Inspection confirms that for approximately 1 hour daily, when hot water tanks are replenishing, the water in the tap sometimes will not reach optimal temperature. To mitigate against this a further hand sanitizing unit is being installed.

A review of the use of storage areas and storage rooms has been undertaken and storage usage overhauled with appropriate directions to staff with regard to usage.

The Centre's COVID-19 Preparedness plan has been reviewed and updated.

The fan observed by the Inspector as being unhygienic during the Inspection is the property of one of our Centre's residents. The Person-in-Charge, following the Inspection spoke to the resident who really dislikes interference with objects in her room. The Resident agreed that the fan might be cleaned by staff following the engagement. .

Wherever hand washing cannot take place effectively an additional hand sanitizing unit is being installed.

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care planning and documentation are being reviewed by senior management monthly as part of clinical governance.

Monthly meetings will take place between DON and CNMs and areas identified for improvement will be relayed to ensure assessments are consistently translated and incorporated into personal plans.



## 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.	Not Compliant	Orange	30/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	30/11/2022

	effectively monitored.			
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 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.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Orange	30/11/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	30/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	30/11/2022

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/08/2022