



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Announced
Date of inspection:	10 December 2019
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0027024

## About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 24 residents and the designated dementia unit, Lee suite accommodates 13 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and was hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

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

Number of residents on the date of inspection:	42
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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
Tuesday 10 December 2019	10:00hrs to 17:00hrs	John Greaney	Lead
Wednesday 11 December 2019	09:30hrs to 16:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The inspector met with residents and relatives and noted that, throughout the inspection, residents were seen to be treated with dignity and respect and choices were being respected.

Residents said they were happy with care provided and with facilities in the centre. They felt their privacy and dignity was respected. One resident stated that they liked to have female staff assist with personal care and this was supported and facilitated by management and staff. All residents spoken with said they felt safe in the centre as staff were always around.

Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. They said that they knew how to make a complaint and felt it would be addressed.

Relatives spoke very highly of the staff saying that they were very receptive to any requests. They stated that they were always kept informed with regard to any changes in their relative's condition.

## Capacity and capability

There was a clearly defined management structure in place, with effective governance arrangements for the day-to-day operation of the centre. There were effective management systems for the monitoring of the quality and safety of care delivered to residents. There was a need to review the annual review of the quality and safety of care in the context of supporting the findings of the review. Some minor improvements were also required in relation to personnel records, the complaints process and the directory of residents.

The person in charge worked full time in the centre and reported to one of the directors, who was usually present in the centre for three or four days each week. The person in charge was supported by a clinical nurse manager and was also supported on day to day operational issues by an assistant general manager.

There were systems in place for monitoring the quality and safety of care provided to residents. There was an annual review of the quality and safety of care. There was a need, however, to incorporate the findings of audits into the review to support the findings of the review and also to develop an action for the forthcoming year. There was a wide range of audits across a range of areas.

There were systems of communication in place to support staff with providing safe

and appropriate care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and residents' needs.

Duty rosters were maintained for all staff and during the two days of inspection, the number and skill-mix of staff working during the day and evening was observed to be appropriate to meet the needs of the current residents.

The inspector reviewed a sample of staff files, which included most of the information required under Schedule 2 of the Regulations. Evidence of registration for 2019 was seen for nursing staff. Garda vetting was in place for all staff and no staff commenced employment until all aspects of vetting were in place. References were available for all staff in the sample of files reviewed, including a reference from the person's most recent employer. While there were employment histories for each member of staff, there were gaps in the employment history of some staff for which a satisfactory explanation had not been recorded.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was a monthly audit, which could be enhanced further through more detailed trending.

Staff were appropriately supervised and supported to perform their respective roles. Training records indicated that all staff had attended up-to-date training in mandatory areas. There were robust procedures in place to manage pensions and resident's monies.

There was adequate oversight of complaints. Staff recorded both verbal and written complaints. The independent appeals process for complaints required further clarification.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse and has the required experience in care of the older person and in management. Residents were familiar with the person in charge and it was evident that she was engaged in the day to day operation of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Based on a review of the staff roster and the observations of the inspector, there

were adequate numbers and skill mix of staff to meet the needs of residents on the days of the inspection. Residents were complimentary of staff and stated that they were responsive to their needs.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended up to date training in mandatory areas of safeguarding, fire safety, responsive behaviour and manual handling.

Judgment: Compliant

### Regulation 19: Directory of residents

The Directory of Residents contained most of the items required by the regulations, however, the gender of the resident and telephone details of the next of kin were not always recorded.

Judgment: Substantially compliant

### Regulation 21: Records

Records in accordance with Schedule 2, 3 and 4 of the regulations were stored securely and easily retrievable. A review of a sample of personnel records indicated that most of the requirements of Schedule 2 were met. All staff had Garda vetting in place prior to commencing employment. Of a sample of four files reviewed, there was a gap in the employment record of one staff member for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

### Regulation 22: Insurance

A certificate of insurance was available indicating that the centre was insured against risks, including loss or damage to a resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

There is a clearly defined management structure with clear reporting arrangements for the day to day operation of the centre. The person in charge is supported by a clinical nurse manager. A director of the centre is usually present in the centre for three days each week and there is an assistant general manager present in the centre for five days each week. The inspector was informed that a management team meeting is held each week but minutes were only available for two of these meetings. There are monthly clinical governance meetings to discuss clinical issues such as the health status of residents, accidents and incidents, wound care, restraint and safeguarding.

The quality and safety of care is monitored through monthly data collection of falls, nutritional status, medication errors, complaints and infections. There are regular audits of issues such as bed rail usage, medication management, nutrition, the environment, nursing documentation and hand hygiene. There are associated action plans to address any required improvements identified through the audit process. The audit of falls could be enhanced further, such as having more detailed time slots for when falls occurred, in order to identify any trends or high risk periods for falls. There was an annual review of the quality and safety of care for 2018. The person in charge was requested to consider the incorporation of the results of audits into future annual reviews to support the findings of the review.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services. The contract included details of the room to be occupied by each resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that contained all of the requirements of Schedule 1 of the regulations.



Judgment: Compliant

### Regulation 31: Notification of incidents

A review of accident and incident records indicated that notifications required to be submitted to the Chief Inspector were submitted as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints that identified the complaints officer and an appeals process. The procedure on how to make a complaint was on prominent display in the centre. There was a need to review the independent appeals process as details of the independent appeals process in the policy differed from what was contained in the notice on display. A review of the complaints log indicated that complaints were recorded and investigated.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Written policies and procedures were in place in accordance with Schedule 5 of the regulations. All were reviewed at a minimum of every three years.

Judgment: Compliant

## Quality and safety

Overall, residents healthcare needs were provided to a good standard. Their rights, privacy and dignity and independence were promoted and protected. While there was evidence of good practices in the centre and care was person-centred, some improvements were required in relation to meeting the social care needs of residents.

The design and layout of the centre was generally suitable for its stated purpose.

Resident' accommodation comprised sixteen single bedrooms and seventeen twin bedrooms. All except one of the bedrooms were en suite with shower, toilet and wash hand basin. There was ample communal space and outdoor space that was landscaped to a high standard and was readily accessible to residents.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required

The rights and dignity of each resident was respected. While there was a programme of activities, it required review in the context of the provision of activities for residents that were more dependant or had a cognitive impairment. There was also a need to review links with the local community with regard to outings to local amenities and attractions. Residents rights were protected through access to voting and religious services. adequate measures were in place to protect residents from being harmed or suffering abuse.

Fire safety practices were reviewed and it was evident that there was a positive focus on fire safety. There were adequate systems in place for staff to receive fire safety training and to participate in regular fire drills. There were also systems in place for the maintenance of equipment and reviewing fire precautions. Records of fire drills could be enhanced through including more detail of the scenario simulated in the drill, as an opportunity for learning. There was a need to review arrangements for the supervision of the smoking room and also a need to review care plans for residents that smoke to ensure they reflected the requirements identified through a risk assessment.

There were written operational policies on the ordering, prescribing, storing and administration of medicines to residents. Medication administration practices observed by the inspector were in compliance with policies and with recommended practice.

There were adequate systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were complimentary about the quality of food, the choice available and the quantities provided.

## Regulation 11: Visits

There is open visiting and visitors were seen to come and go over the two days of the inspection. Visitors were welcomed and knew staff by name. There were adequate facilities for visitors to meet with residents in private separate from the residents' bedrooms, should they so wish.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents have adequate storage space for personal property and possessions. There were adequate laundry facilities and arrangements for the safe return of clothes to residents following laundering.

Judgment: Compliant

### Regulation 13: End of life

There were adequate arrangements in place to provide appropriate care and comfort to residents as they approached end of life. Family and friends were facilitated to remain with the resident overnight and had access to tea and coffee making facilities. Appropriate arrangements were in place to support family members following bereavement. The centre had a large chapel and a priest visited the centre on a regular basis and celebrated mass each Saturday in the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre has bedroom accommodation for 50 residents in 16 single bedrooms and 17 twin bedrooms. All bedrooms, with the exception of one single room, are en suite with shower, toilet and wash hand basin. For operational purposes the centre is divided into three sections, The Funcheon, The Blackwater, and The Lee suites. Residents have free access between the Blackwater and Funcheon suites, however, The Lee suite is designated for dementia residents and access is controlled through a fingerprint controlled door.

The centre is bright, clean and in a good state of repair. The centre was decorated for the festive season, which included the creation of a Santa's Grotto for the forthcoming Christmas party that was organised for residents and their families. It is comfortably furnished and there is a good standard of decor throughout. In addition to en suite facilities there are other sanitary facilities that include an assisted bath. There is adequate communal and dining space and access to secure outdoor space.

Appropriate assistive equipment was provided and there was a programme of preventive maintenance.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

Residents had a choice of food at mealtimes, including residents prescribed modified diets. Food was attractively presented and residents were given good sized portions. Assistance was offered to residents in a discreet and sensitive manner. Most residents had their meals in the dining room.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide available to residents. The guide included details of the services provided and facilities available in the centre. It also outlined the procedure for making a complaint.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and risk register which detailed and set out control measures to mitigate both clinical and non-clinical risks identified in the centre. There was an emergency plan detailing what to do in the event of emergencies and included the safe placement of residents in the event of prolonged evacuation.

A review was required of the supervision arrangements for residents that smoked. The care plan for a resident that smoked did not correspond with the arrangements in place for the supervision of that resident while they smoked. There was also a need by a systematic process for the supervision of residents while they were in the smoking room.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

All staff had attended up-to-date training in fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. Personal emergency evacuation plans were in place for all residents to identify the most appropriate means of evacuation of each resident in the event of an emergency. Fire drills were conducted regularly. There was a variation in the detail contained in fire drill records, specifically in relation to the method of evacuation for each resident and the time to evacuate, in the scenario simulated. Night time scenarios were incorporated into the drills.

Records of preventive maintenance were available demonstrating that fire safety equipment was serviced annually. There were also records available of the preventive maintenance of the fire alarm and emergency lighting.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There was a policy and procedure in place for the management of medications. There were regular audits of medication management and staff were facilitated to attend medication management training.

Nurses transcribed medications. There were two nurses' signatures for each medication transcribed and each was signed by a general practitioner. There were adequate systems in place for the management of medicines requiring special control measures. Medication administration practices observed by the inspector were compliant with recommended guidance.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment conducted prior to admission to ascertain if the centre could meet their needs. Following admission residents were assessed regularly using recognised assessment tools. Care plans were then developed following these assessments and these were updated regularly. There was a variation in the quality of care plans, with some providing good guidance on the care to be delivered while others were generic in nature and did not adequately reflect

person-centred care for that resident.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics, following referral. Systems were in place to ensure that residents that qualified for the various national screening programmes, such as BreastCheck, CervicalCheck and BowelScreen, were facilitated to avail of these programmes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector observed that staff had the appropriate skills to respond to and manage responsive behaviours to enable positive outcomes for residents. All staff had attended training in responsive behaviour. The use of restraint was kept to a minimum. Three residents had bed rails in place and each had a risk assessment conducted prior to the use of bed rails. There was also an exploration of alternatives to bed rails, such as the use of low low beds and movement alarms.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

The provider had clear processes in place to protect the finances of residents, including residents for whom they were pension agent.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had control over their daily routine, such as when to get up in the morning and when to go to bed. Adequate processes were in place for consultation with residents in relation to the day to day operation of the centre. There were regular residents' meetings and annual surveys.

There was a programme of activities that included group and one to one activities, some of which were facilitated by external providers. There was a need to review the programme of activities, particularly in relation to the provision of activities for the more dependent residents and those that had a cognitive impairment. Based on the observations of the inspector, activities were geared towards residents that were more independent and other residents were seen to spend much of the day in chairs with little stimulation other than music videos playing in the background. There was also a need to develop further links with the community. The inspector was informed that there were no outings for residents to local attractions and amenities during 2018.

Judgment: Not 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 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0027024

Date of inspection: 11/12/2019

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>We have updated the resident's directory with all residents' information for current residents and we have allocated a member of staff specifically with the task of monitoring this register to ensure it is continually updated and compliant at all times.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have updated the employee files with the required information.</p> <p>We have implemented a user friendly checklist for all new employees to ensure we are fully compliant and that all employment history is complete and that the required documentation is in place</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>In future annual reports we will incorporate the results of any audits and what measure we put in place to rectify and improve in this area.</p>	

We have enhanced our audit tool to identify periods of risk to facilitate a root cause analysis and implement corrective action where required and identified.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

We have reviewed our complaints policy and updated to include an independent appeals process/

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

We have updated the care plan for this particular resident with the level of supervision required noted as per our risk management policy. We have allocated one staff member per shift to monitor also.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Theoretical and practical fire drill trainings are now recorded separately. We also document the method of evacuation for each resident and the time it takes to evacuate the area.

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:

We are currently reviewing and updated care plans for all residents to ensure all care needs are addressed in a person centered manner.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

We are currently reviewing our activity plans for the Centre, this will include an individual activity assessments for each resident.

The outcome of this review will for the framework for the activity plan for each resident.

This includes a detailed survey to identify areas of interest for each resident.

We have arranged for specialist training in this area for two staff members who specialize in Activities to update their skills and knowledge in this area and specifically for residents with cognitive impairments.

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/01/2020
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	06/01/2020
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	14/01/2020
Regulation 23(d)	The registered provider shall ensure that there	Substantially Compliant	Yellow	23/01/2020

	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.			
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.	Substantially Compliant	Yellow	06/01/2020
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.	Substantially Compliant		06/01/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	14/01/2020

	fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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.	Substantially Compliant	Yellow	06/01/2020
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	30/03/2020
Regulation 9(2)(b)	The registered provider shall provide for residents	Not Compliant	Orange	30/04/2020

	opportunities to participate in activities in accordance with their interests and capacities.			
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