Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinsole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 and 19 February 2019
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0020890

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.
It provides twenty-four hour nursing care to 48 residents both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.
The centre is a single storey building comprising of 40 single en suite bedrooms and four twin bedrooms located in a rural area with local amenities close by. There is a specialist dementia unit, Murvagh Suite accommodating 14 residents in single en suite bedrooms and Warren and Rosnowlagh suites are for the remaining residents.
The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Current registration end date:	10/01/2021
Number of residents on the date of inspection:	47

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
18 February 2019	11:00hrs to 16:00hrs	Siobhan Kennedy	Lead
19 February 2019	09:00hrs to 17:30hrs	Siobhan Kennedy	Lead

Views of people who use the service

Residents told the inspector about their daily routines. They were positive with regard to the control they had in their daily lives and the choices that they could make regarding their personal care, bedtimes and selection of clothes to wear.They expressed satisfaction regarding their accommodation, food and mealtimes and in particular, they were happy with the support and assistance provided by staff. Some residents highlighted that the day could be long and some relatives believed that their were insufficient social and recreational activities for residents. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Capacity and capability

Overall the care and services to residents was safe and there was effective delivery of personal, nursing and medical care. There was a good atmosphere and residents and staff interacted well. However, a review of the governance arrangements identified that the registered provider representative (RPR) did not provide sufficient resources to provide opportunities for residents to participate in activities in accordance with their interests and capacities.

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

There was a full-time person in charge who had experience of the provision of residential care to older persons and provided leadership to the team. There were two nominated persons who were responsible in the absence of the person in charge. The person in charge confirmed that they were knowledgeable regarding their roles and management of the centre.

The matters arising from the previous inspection which was carried out on 9 February 2017 were satisfactorily actioned or were in progress.

Although the person in charge had maintained records in relation to monitoring the quality of services to residents an annual review report was not available for inspection. Completed audits reviewed by the inspector related to medication, health and safety, fire management, care plans, incidents and accidents, end of life care, skin integrity, moving and handling, nutrition and restraint. The audits were comprehensive and highlighted measures to improve the service if necessary.

The number and skill mix of staff at the time of inspection were sufficient to meet the general routines and nursing and medical needs of residents but as identified above there were insufficient resources to meet residents' social care needs. The management team consists of the person in charge and two clinical nurse managers. Nine nurses, 26 health care assistants and two staff members who provide day room supervision make up the care team. On the day of the inspection, in addition to the person in charge, two nurses and seven care staff were on day duty. An activity therapist was rostered only for two hours three days a week. Support staff include, cleaning, laundry, catering, administration and maintenance.

There was a recruitment policy and procedure, however a sample of documents to be held in respect of each member of staff were not fully in compliance with the regulation, particularly in relation to employment history, references and Garda vetting. Records of the current registration details of all professional/nursing staff subject to registration were available and up-to-date.

There was evidence that staff had access to education and training, however, some staff had not participated in all mandatory training. The person in charge communicated that this training will be scheduled. Staff were monitored and supervised and were knowledgeable and skilled for example in fire safety procedures and the safe moving and handling of residents.

The following records required improvement, statement of purpose (description of the rooms), record of complaints, contract of care, directory of residents and procedure for volunteers working in the centre.

An outbreak of a notifiable disease was managed in accordance with infection control procedures. Notification in accordance with the regulation was not received by the Office of the Chief Inspector but this was submitted following the inspection.

Information governance arrangements ensured that secure record-keeping and file management systems were in place.

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the RPR and is accountable and responsible for the provision of the service. The person in charge has a degree in intellectual disability nursing and has been working in the designated centre from 2012 to 2016. The person in charge returned to the centre in September 2017 when she took up the assistant director's post and then was promoted to director of nursing in November 2017. In the management of the centre she is supported by two clinical nurse managers who commenced their roles in 2017.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was the found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents (with the exception of social care provision). See regulations 23 and 9 for details and action plans.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that staff had access to education and training and while they were up to date on some mandatory training for example, fire safety, moving and handling, some staff had not participated in infection prevention and control and safeguarding.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents had been established, however, it was not being maintained in accordance with the regulation as there were gaps in the information provided, for example, the gender of each resident, the telephone number of the general practitioner, any officer of the Health Service Executive whose duty it is to supervise the welfare of the resident, the cause of death (when established) and the name and address of any authority, organisation or other body, which arranged admission.

Judgment: Substantially compliant

Regulation 21: Records

Records were maintained safely and were accessible.

A sample of documents to be held in respect of each member of staff was not in compliance with the regulation. It was found that the RPR did not ensure that the documents to be held in respect of each member of staff (specified in schedule 2)

were provided by the persons concerned as follows:

- A full employment history, together with a satisfactory history of any gaps in employment was not available for two staff members.
- A reference for a staff member was not signed by the referee.
- Relevant qualifications for a staff nurse were not available.
- A relief staff member who had worked some shifts in the designated centre did not have sufficient references and Garda vetting. The person in charge agreed that this staff member would not work in the centre until Garda vetting was provided and found to be satisfactory.

Judgment: Not compliant

Regulation 23: Governance and management

The deployment of necessary resources did not facilitate the delivery of opportunities for all residents to participate in activities in accordance with their interests and capacities as an activity therapist was rostered for two hours three days a week to provide a service to 48 residents and in her absence the allocated care staff rostered did not have sufficient time to provide this service in addition to allocated caring duties.

An annual review report was not available for inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees, however, the type of room (single or twin) had not been identified.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose which outlined the facilities and services was not accurate in relation to the expiry date of the registration and did not fully detail the rooms in the designated centre. The person in charge in discussion with the inspector agreed to reformat the statement of purpose in accordance with the schedule of the

regulations.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers did not have their roles and responsibilities set out in writing but did receive supervision and support and were Garda vetted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints procedure was in place. However, a record of all complaints made by residents or representatives or relatives of residents, or by persons working at the designated centre about the operation of the designated centre, and the action taken by the registered provider in respect of any such complaint was not available.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policy and procedures were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

Quality and safety

The health and medical needs of residents were met and residents felt safe in the centre but improvements were required regarding residents' social care needs.

Residents' nursing and medical needs were assessed and arrangements to meet these assessed needs were set out in individual care plans. The plans were implemented, evaluated and reviewed. They reflected residents' changing needs and outlined the supports required to maximise their independence. Staff liaised with the community services regarding appropriate admission and discharge arrangements

and to promote residents' health and well-being.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

Residents were protected through the implementation of policies and procedures regarding the management of medicines, however improvements were required regarding the administration of crushed medicines.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. There was evidence that residents were facilitated to make informed decisions about their financial affairs and records examined were satisfactorily maintained. Residents had access to an independent advocate.

The statement of purpose highlighted that there was a range of social and recreational activities for residents. These included a visit to the hairdresser, participating in religious services, and on a weekly basis the choice of joining in an arts and crafts session, movement therapy, baking, music session, general knowledge quiz and games, including bingo. In addition, the centre has Skype facilities for residents to communicate with families/friends who live at a distance. However, from the communications with residents, relatives, staff and observations made by the inspector during the inspection it was evident that the majority of residents did not have opportunities to participate in meaningful activities which would promote their physical and mental health and well-being. See regulation 9 for detail.

The design and layout of the one story building which comprised of 40 single full en suite bedrooms and four twin bedrooms with full en suite facilities were suitable for its stated purpose and met residents' assessed needs while protecting their privacy and dignity. Residents were informed and encouraged to bring in personal mementos, souvenirs and photographs to decorate their personal space. The residential service was homely and accessible. Improvements were required in relation to the sufficiency of storage, minor ongoing maintenance and residents' equipment/seating.

Policies and supporting procedures were available to safeguard residents and in the main were implemented (with the exception of employing a staff member who had not been Garda vetted and mandatory training for all staff in safeguarding) See regulations 16 and 21 for action plans.Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents indicated to the inspector that they felt safe in the centre and this was confirmed by some relatives. Records reviewed showed that the management of residents' monies

was protected, safe and available to residents when necessary.

Overall, there were arrangements in place to manage risk but the register was not up-to-date and did not detail consistently the measures implemented to reduce or minimise the risks and whether these controlled the risks. For example risks found on inspection associated with using wheelchairs with only 1 foot plate had not been identified and therefore no control measures were in place. In the main, fire safety arrangements were in place particularly, in respect of residents' personal emergency evacuation plans, fire drills (a matter identified at the previous inspection) and knowledge of staff regarding the procedures to be adopted in an emergency situation. The inspector highlighted at the commencement of the inspection the need to ensure that the smoking room was not used as a storage room. The person in charge and staff removed a number of inflammatory items from this room, however, it was still being used as a storage room on the second day of the inspection. The person in charge in consultation with the RPR agreed to further review the risks posed by using this room as a storage room. Fire safety arrangements required monitoring in respect of ensuring that emergency evacuation pathways were not obstructed.

A restraint free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure and maintaining records in accordance with the regulation regarding restraint.

Regulation 11: Visits

Suitable communal and private facilities were made available for residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal processions in their bedroom accommodation.

Judgment: Compliant

Regulation 13: End of life

End of life care provided met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care was noted. Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents' resuscitation status.

Judgment: Compliant

Regulation 17: Premises

The designated centre consisted of a dementia unit which consisted of 14 single bedrooms with its own separate dining and living room facilities. On entering the dementia unit, there were hand painted murals depicting the corridor as local street scenes from an earlier period which local residents could recognise. However, it was notable throughout the rest of the dementia specific unit that it was not used as a therapeutic resource as there were no other visual cues which would stimulate/interest residents or assist them to navigate the centre. See regulation 9 for action plan.

In the remainder of the building there were 34 bedrooms, two sitting rooms and one dining room. The large foyer linked each of the two areas. There was a prayer room, public toilet area and a smoking room adjacent to the sitting room. Externally there was an enclosed garden at the rear of the building, which incorporated flower beds, window boxes and a large outdoor mural. To the front of the building there were two sitting areas for residents.

It was noted that:

- There was insufficient designated storage space with the result that sanitary facilities and the smoking room was used for storing items of furniture.
- In some bedrooms and communal areas the paint work on the walls had deteriorated and was in need of redecoration.
- Some items of furnishings particularly residents' chairs were in a poor state of repair and required to be restored or replaced.
- There was evidence of dampness in the sluice room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in

respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

Regulation 26: Risk management

The risk register did not fully detail the measures and actions in place to control the risks identified. For example risks found on inspection associated with emergency evacuation pathways being obstructed, using the smoking room as a storage room with a number of inflammatory items and staff using a wheelchair with only 1 foot plate had not been identified and therefore no control measures were in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The management of medicines was compling with the appropriate guidance for example supplying, dispensing, monitoring, reviewing, disposing, storing and reconciling medicines, however, it was noted that crushed medicines were not individually prescribed for administration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were implemented and formerly reviewed. Care plans were shared with the resident and were appropriate with their family.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

Regulation 8: Protection

Policies and supporting procedures were available to safeguard residents and in the main were implemented with the exception of employing a staff member who had not been Garda vetted. See regulation 21 for action plan.

Staff members who communicated with the inspector were knowledgeable regarding their duty in this area, however some staff had not participated in safeguarding training. See regulation 16 for action plan.

Judgment: Compliant

Regulation 9: Residents' rights

The majority of residents were not engaged in group or individual activities.

During the first day of the inspection the activity therapist was not working and the inspector saw that there were limited organised activities offered to residents. A care staff member on completion of delivery of direct care was able to engage a small number of residents in the late afternoon in a game of skittles which was very enjoyable and some low key activities. During the second day of the inspection the activity coordinator was observed providing activities with a small group of residents in one specific area during the two hours she was employed. The staff member fully engaged the group and residents expressed their happiness and satisfaction with their level of involvement. The staff member had completed an assessment of some of the residents' social care needs and maintained comprehensive records of residents' participation.

The inspector observed that in the specific dementia unit, secondary sitting room and hallway where residents congregated there was very little stimulation or involvement of residents in meaningful activities.

The specialist dementia unit and other areas of the centre were not promoted as a therapeutic resource, for example, there was a lack of multiple cues, including use of objects for orientation.

In some of the communal areas the televisions were switched on but some residents were unable to see the screen due to the position of their seats.

The inspector saw a range of national and local newspapers but staff were not available to share/discuss any of the news items with residents who were unable

obtain and hold the papers themselves.

An activity guide was located in the main foyer at reception and records were to be maintained by an allocated staff member when the designated activity therapist was not working, however, the record was insufficiently detailed to assess residents' participation in recreational therapies.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Mhic Shuibhne OSV-0000312

Inspection ID: MON-0020890

Date of inspection: 18/02/2019 and 19/02/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have completed safeguarding by the 03/04/2019. Infection prevention and control will be completed by all staff by the 30/04/2019.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: New Directory of residents book now in place with the correct heading, all information to be transferred to new book and all gaps in information to be amended. To be completed by the 30/04/2019	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff files are now updated as per schedule 2.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Extra hours have been added for our activities therapist, which consist of Monday to Friday from 10.00.am to 13.00pm. date of completion 30/04/2019

Work has commenced on the Annual Review. E.g survey has been sent out to family,residents and staff. Date of completion 31/05/2019

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Room type has now been added to all Contracts of Care. Completed on the 11/03/2019

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
New statement of Purpose will be completed by the 31/07/2019

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:
All volunteers now have their roles and responsibilities set out in writing. Date completed 22/02/2019

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All complaints are now being logged and action taken by the registered provider in respect to each complaint.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Work has commenced, e.g painting, recovering of chairs and dampness in sluice room. The smoking area is going to be moved to a suitable area outside and the existing smoking room will be for storage only , however until the smoking area is completed outside the smoking room is not use as storage and there is no obstructions leading to the emergency exit. Date of completion 31/05/2019

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Smoking area to be moved to a suitable area outside, however until the smoking area is completed outside the smoking room is not use as storage and there is no obstructions leading to the emergency exit. Date of completion 31/05/2019
All wheelchairs have been checked and all have foot plates in place.
New risk register to be put in place. Date of completion 30/04/2019

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: New kardex to be put in place which include column for crushed medications and G.P to sign. Date of completion 30/04/2019

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: RE: Dementia unit and other areas of the centre that did not promote stimulation or therapeutic resourse.Work will commence on same. Completion date 30/05/2019 RE: National and local newspaper:Staff will be available to discuss news items will residents as required RE: Residents unable to see television in communal areas.An extra television will be put in place to ensure all residents are able to view the screen. RE: Activity guide in the main foyer. New record now in place with more details of residents participation in recreational therapies

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/04/2019
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	Not Compliant	Orange	30/03/2019

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2019
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.	Substantially Compliant	Yellow	31/05/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Substantially Compliant	Yellow	11/03/2019

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	30/04/2019
Regulation 26(1)(b)	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 risks identified.	Not Compliant	Orange	31/05/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/04/2019

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2019
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	22/02/2019
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	30/03/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	30/04/2019

	accordance with their interests and capacities.			