



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

## Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	21 October 2021
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0033849

## About the designated centre

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

Ryevale Nursing Home provides accommodation for a maximum of 160 residents. It is located a short drive from the town of Leixlip in County Kildare. The service offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of five units; Rye, Millennium, Moy and Distillary units and a dementia-inclusive secure unit called the Liffey unit. There is an inner garden and courtyard within the Liffey unit, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can use sitting-rooms, dining-rooms, and gardens throughout the centre. There is also an open terrace area for those residents accommodated on the first floor.

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

Number of residents on the date of inspection:	156
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 21 October 2021	09:00hrs to 17:00hrs	Helena Budzicz	Lead
Thursday 21 October 2021	09:00hrs to 17:00hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspectors found that residents received care and services from a well-established staff team who knew them well. Inspectors arrived at the centre in the morning for an unannounced inspection, and staff guided inspectors through the infection prevention and control measures necessary on entering the designated centre. There was COVID-19 advisory signage, infrared body temperature thermal scanner and hand sanitiser in the reception. The reception area was welcoming and had nicely coloured chairs for residents and visitors to use.

This risk inspection was carried out to assess compliance with the Health Act 2007 during an outbreak of COVID-19 in the designated centre in October 2021. During this outbreak, five residents and three staff members tested positive for COVID-19. At the time of this inspection, two residents had completed their required period of isolation. The identified isolation area operated as a discrete zone, meaning that a staff nurse and equipment were designated to this zone and were not rotated from other areas. The rest of the residents with confirmed COVID-19 infection were nearing the end of their required period of isolation, and the outbreak had been contained.

The inspectors acknowledged that the staff and management had faced difficult times during the outbreak and their commitment to keep the residents safe. Staff demonstrated awareness and understanding of their roles and responsibilities in working to prevent and control infection during discussions with inspectors.

Following an opening meeting with the management team, inspectors were guided on a tour of the centre. During this tour, inspectors greeted residents and were introduced to members of staff and residents. The residents who spoke with inspectors stated that they were generally satisfied with the quality of the service they received and felt safe in the centre. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends, and prior to the current outbreak, scheduled visits were facilitated in line with updated public health guidelines. Visiting restrictions had been introduced due to the ongoing outbreak, and as a result the inspectors did not have the opportunity to meet with family or visitors during this inspection.

The centre was a large two-storey building located a short distance from Leixlip city. The premises were homely, warm, comfortable, and communal rooms were beautifully decorated. All areas were easily accessible with lifts and stairways. Bedrooms had adequate space to accommodate furniture and seating and were decorated in accordance with residents' preferences. Inspectors observed that there was sufficient space and storage for residents' needs and belongings. While the centre provided a homely environment for residents, further improvements were required in respect of infection prevention and control as further described under Regulation 27: Infection control.

Inspectors saw that residents seemed relaxed and content in the company of the staff. From the observations of the inspectors and from conversations with residents, the overall feedback was that the management and staff were kind and respectful. Inspectors noted that the dining areas were set up to facilitate social distancing, and the number of residents in each communal area was limited for social distancing purposes. Residents were observed partaking and enjoying a number of group activities throughout the day. There were three activities coordinators on duty who were seen to encourage participation and stimulate conversation both at one-to-one and group levels. There was a lovely atmosphere present throughout the day in communal areas with residents chatting happily with each other and staff, watching television and listening to music. In one of the sitting rooms, the activity coordinator played a ball game with residents, and in another, the residents played board games. Some residents were seen reading a newspaper or simply quietly watching what was going on around them. Inspectors saw that residents had access to three enclosed garden-courtyard areas with designated smoking areas. Residents were observed mobilising independently around the centre and coming and going from the outdoor areas as they wished.

Inspectors observed that a variety of drinks and snacks were offered and served mid-morning. The daily menu was displayed, which offered a choice. In addition to the menu of the day, a variety of snacks and drinks were offered between meals times. Residents stated that they were consulted regarding their preferred choice of meal and mentioned how they could get whatever they liked.

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

## Capacity and capability

Although the registered provider demonstrated commitment to provide a safe service for the residents accommodated there, further action was required in respect of governance and management arrangements and infection prevention and control. Nevertheless, the inspectors were satisfied that this was a resourceful provider that had both the capacity and capability to achieve regulatory compliance.

Ryevale Nursing Home Kildare Limited was the registered provider for Ryevale Nursing Home. The company had seven directors, one of whom was the person representing the provider and was responsible for the operational management of the centre. Two full-time management personnel's shared the role of the person in charge. They were supported in their roles by the assistant director of care, clinical nurse managers, and other staff members, including nurses, carers, activities coordinators, housekeeping, catering, and maintenance staff. There were deputising arrangements and an on-call out-of-hours system in place.

Inspectors found that there were clear lines of accountability and responsibility in

relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge has overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the centre. Two infection prevention and control leads had been identified to oversee infection prevention and control within the centre.

The provider was in the process of increasing the size of the designated centre with the addition of 12 single bedrooms and, at the time of inspection, had submitted an application to vary a condition of the registration to the Chief Inspector. While the inspectors were satisfied that prompt and appropriate action had been taken to isolate infectious residents and commence containment measures to limit the spread of infection, the provider did not notify the Chief Inspector in a timely manner of their decision to transfer the residents to unregistered beds. The provider had discussed this decision with public health, and an outbreak control team was convened to advise and oversee the management of the COVID-19 outbreak.

There was a schedule of audits in place. For example, audits were carried out in relation to nutritional supplements, call bells, documentation, meals and mealtimes, drug prescriptions, smokers and choice audits. However, in some of the audits reviewed, there was no documentary evidence seen that action plans in respect of audit's findings were assigned to responsible staff for completion. For example, the nutritional supplement audit was completed in a format of a checklist.

The provider also had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists, colour coding of cleaning textiles, infection control guidance, and audits of equipment and environmental cleanliness. The high levels of compliance achieved in environmental hygiene audits were reflected on the day of inspection.

Risk assessments had been completed for actual and potential risks associated with COVID-19, and the provider had put in place many controls to keep all of the residents and staff safe. However, overall, inspectors found that governance arrangements at the centre could be strengthened to ensure sufficient oversight to identify potential infection prevention and control risks and opportunities for improvement.

There were suitable staffing levels, which were kept under review in line with residents' changing needs. A review of the training matrix showed that staff training was mostly up-to-date; however, there were some gaps in training in fire safety and in the mandatory training completion for new staff. Nonetheless, a review of infection prevention and control training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend on-site and on-line training relevant to their role.

Staff had vetting disclosures in place prior to commencing employment, and there was evidence of active registration with the Nursing and Midwifery Board of Ireland (NMBI) seen in nursing staff records viewed. Inspectors also saw evidence of

induction for the new staff. However, while records were largely well-maintained, the inspectors identified some gaps as discussed under Regulation 21: Records.

The incident and accident log was examined, and records showed that correlating notifications were submitted. These had thorough documentation, including residents' clinical observations, reviews of occurrences and actions to mitigate recurrences.

### Regulation 15: Staffing

A review of the rosters and the observations of the inspectors on the day of the inspection found that the staffing levels in place were adequate to meet the needs of residents and having regard to the size and layout of the centre. Staff were knowledgeable and demonstrated competence in their work. There was an assigned team of a staff nurse and care staff looking after residents in the isolation area at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Records showed that not all staff were up-to-date with training in key areas such as fire safety training. Additionally, new staff employed in September 2021 had not been included in the training matrix. The provider provided the scheduled dates for relevant training post the inspection.

Judgment: Substantially compliant

### Regulation 21: Records

A review of a sample of personnel records identified that most of the requirements of Schedule 2 of the regulations were met; however, there were gaps in two staff files. One staff file contained only one written reference, and the other staff file did not contain any documented references from the person's recent employer.

Judgment: Substantially compliant

### Regulation 23: Governance and management



Current governance and oversight arrangements required a review and improvement. For example:

- The provider did not ensure that the designated centre was operated at all times in line with the statement of purpose as it failed to inform the Chief Inspector in a timely manner of the decision to use unregistered beds for isolation purposes.
- While the annual review for 2020 was completed, there was no evidence that this review was prepared in consultation with residents and their families.
- Management systems to oversee the quality of care required to be further strengthened. Some of the audits reviewed on the day of the inspection were in the form of a checklist. Therefore they did not contain a quality improvement plan, and the nominated persons responsible for the application and follow up action to review if the corrections were implemented.
- The systems for risk identification and management required an improvement; for example, although dust control measures had been put in place, the Aspergillus risk assessment of the resident's susceptibility and the hazard posed by the construction/renovation activity had not been undertaken prior to the works commencing.
- Infection prevention and control expertise was not sought at the outset of the recent construction as per the National Standards for infection prevention and control in community services.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Inspectors reviewed documentation during the inspection, and it was evident from that sample that relevant incidents had been notified. The person in charge had submitted notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. The procedure named the complaints officer for the centre and the independent appeals person. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The majority of the policies required by Schedule 5 of the regulations were in place and updated on a three-yearly basis in line with regulatory requirements. Policies had also been updated and reviewed in response to the COVID-19 pandemic.

Judgment: Compliant

## Quality and safety

It was evident to inspectors that the registered provider, management and staff provided a good quality of life to residents living in the centre. Nonetheless, improvements were required in relation to residents' assessments and care plans, infection control practices, risk management and fire safety precautions.

The majority of residents and staff in the centre opted to be vaccinated against COVID-19. Eligible residents had recently received their booster vaccines. However, a gap in vaccination rates between residents and staff meant that the centre remained vulnerable to COVID-19 outbreaks as 15 staff members remained unvaccinated. The provider had continued to encourage staff to avail of vaccinations.

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. The sample of care plans and assessments reviewed demonstrated that they were updated every four months or if care needs changed. However, some care plans did not contain the necessary information to guide care delivery.

Adequate arrangements were in place for ascertaining and facilitating residents' end-of-life preferences. Residents were supported to engage in activities that aligned with their interests and capabilities. There was a varied and flexible activities programme over seven days per week. One-to-one activities were based on individuals' needs which were regularly re-assessed and updated.

A review of the residents' files found that residents had unrestricted access to their local doctors throughout the pandemic and recent outbreak. Residents were closely monitored for any deterioration in their health, including for signs and symptoms of COVID-19 infection.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean and well maintained. The infrastructure and equipment within the laundry supported the functional separation of the clean and dirty phases of the laundering process. However, inspectors identified improvements in infection control and prevention as outlined under

Regulation 27: Infection Control.

Improvements were required to some aspects of the fire safety management as detailed under Regulation 29: Fire precautions and Regulation 16: Training and development.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)). Visiting restrictions were in place on the day of inspection due to the ongoing outbreak.

Judgment: Compliant

Regulation 13: End of life

End-of-life care wishes and preferences were documented, and relatives were given appropriate opportunities to be with their family members at this time. There was evidence that the resuscitate orders had been discussed with the resident and or their next-of-kin.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy which met the regulatory requirements, and the risk register was available for review. There was an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified that had the potential to impact the effectiveness

of infection prevention and control within the centre. For example:

- The bedpan washers in the two units inspected had been out-of-order for several months. As a result, the bedpans and urinals were manually decontaminated by staff which posed a risk to health and safety. The provider informed inspectors during the inspection that they were in the process of ordering new bedpan washers.
- The jacuzzi baths were not effectively managed to prevent the risk of cross-infection. While the external surfaces of the jacuzzi baths were cleaned after use, the pipes/ air jets did not receive routine disinfection.
- There was a limited number of hand wash sinks dedicated for staff use in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- Some alcohol gel dispensers were being refilled at the time of inspection, although the provider informed inspectors that replacement dispensers had been ordered.
- There was no dressing trolley available for aseptic procedures such as wound care or catheterisation in one unit inspected. Several pieces of residents' equipment and furniture observed during the inspection were visibly unclean, including a portable fan, two commode basins, a washbasin, the underside of three bedside tables, and the inside of four alcohol gel dispensers and one cleaning trolley.
- Reusable nebulisers were not rinsed with sterile water and stored dry after each use.
- Routine environmental sampling for Legionella was not undertaken to monitor the effectiveness of the controls that were in place.

Judgment: Not compliant

### Regulation 28: Fire precautions

The maintenance logs for the fire alarm quarterly test result log, emergency lighting test result log and weekly fire alarm were submitted retrospectively following the inspection.

Inspectors observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans required improvement to clearly direct and communicate

individual preferences and person-centred care. For example:

- The sample of care plans reviewed did not identify the risk of choking or weight loss for residents where applicable and did not outline steps, observations, and therapeutic actions needed to prevent it.
- Where the resident's weight was advised to be monitored weekly care plans stated monthly.

Judgment: Substantially compliant

### Regulation 6: Health care

During the outbreak, the centre was supported by the general practitioner (GP) and public health to provide clinical oversight for all residents. Prior to the outbreak, the GP's visited the centre each week and reviewed those residents who needed to be seen. There was evidence in residents' files that timely referrals were requested to specialist services. Residents had access to a dietician, tissue viability nurse, speech and language therapy, psychiatry of old age, and palliative care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' privacy and dignity were maintained. Inspectors noted that residents were encouraged in their independence with gentle encouragement from the staff. It was evident that the staff knew the residents well and respected their choices. The residents were supported to live in a way that suited them. The residents had access to advocacy services and were frequently consulted in the running of the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0033849

Date of inspection: 21/10/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - Fire training had already been planned but was delayed due to the Covid outbreak. We are now close to completion on updating all staff on annual fire training education.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: - A full audit of all staff files has been completed and all files are now up to date with all required documents	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - During our most recent outbreak we carried out risk assessments and had to ensure the safety of all residents, in a prompt and efficient manner, to control the outbreak effectively. We successfully controlled the outbreak by isolating residents in safe and purpose-built accommodation. This all happened over a weekend. We informed the chief	



inspector 1 day to late. This situation was out of our control and decisions had to be made quickly, our public health team supported our decisions. We will aim in future to inform the Chief inspector of any changes to operations in the nursing home that is not fully in line with our statement of purpose.

- Our Annual Review will incorporate trends and reports from Residents and Families in future.

- We aim to put more focus on the details/ results gathered from audits and ensure improvement plans are documented. Currently results of audits are rectified on the day and monitored by management.

- The most recent groundworks carried out as part of the redevelopment project took place in January 2020. Risk assessment had been carried out by the independent health and safety experts at the time, finding the risk to low with appropriate safety measures taken. The assessments were not readily available as so much time had passed since the works were carried out.

The redevelopment of the nursing has been an extremely lengthy project. The design of the project took place in 2017 prior to the publication of the National Standards for infection prevention and control in community services in 2018. However our leading designer and project manager has been involved in many nursing home and healthcare projects and has significant experience in this area

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Bed pan washers had been sourced prior to inspection and are now fully installed.
- We have commissioned upgrading our handwash sinks.
- New alcohol dispensers are currently being put in place to replace refillable dispensers
- We do have dressings trolleys but have sourced more to ensure there is always one readily available to staff
- More detail has been included in infection prevention and control audits and day to day monitoring of staff practices
- Our plumbing system was designed to eliminate the occurrence of standing water in our system and thereby preventing legionella from forming. We are currently looking to further improve our legionella precautions, which would include water testing.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The fire alarm certificate submitted was dated October 2021 not 2020 and the

emergency lighting certificates was our most recent certs at the time, being dated 2020. We also submitted the maintenance documentation of emergency lighting, which showed the 3 monthly checks of lighting. We can submit the current lighting certs if needed as this was completed in November 2021, after the date of our inspection.

- We have installed appropriate warning signage on the rooms where oxygen concentrators are stored.
- The call bell was installed in the courtyard, it just wasn't visible from inside the building.

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:

Focus on staff education around care planning and the importance of updating care plans promptly has been emphasized. Regular education sessions and audits will be carried out going forward. .

## 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	20/12/2021
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	30/11/2021
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.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2021

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/11/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	30/11/2021

	practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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