



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

Issued by the Chief Inspector

Name of designated centre:	Ramelton Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ramelton, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0000615
Fieldwork ID:	MON-0037604

About the designated centre

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

Ramelton Community Hospital is a designated centre registered to provide health and social care to 30 male and female residents primarily over the age of 65. It is a single storey building a short drive from the shops and business premises in the town. Accommodation for residents is provided in single and double rooms and there are several communal areas where residents can spend time during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Wednesday 26 April 2023	09:40hrs to 16:30hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the care and service provided to the residents in this centre had significantly improved since the previous inspection, and residents were enjoying a good quality of life in this centre. Many residents told the inspector that the centre was a nice place to live and that they were well cared for and supported by the staff.

Some residents' comments were that " the staff are kind and are a great help", "I am happy here", " I can go to the garden whenever I want to be", " there is a choice of food available here", "the place looks lovely".

The centre is located near Ramelton and is close to local amenities. The designated centre is in a single-story building and has car parking facilities near the entrance of the building and at its rear side.

Upon arrival in this centre, staff directed the inspector to enter the designated centre through the rear side entrance of the building as the centre's main entrance near the reception area was closed for building renovation and fire safety works. The rear entrance of this designated centre was well maintained and had a ramp to facilitate wheelchair access for residents and visitors to the centre.

Following an introductory meeting with the person in charge and the clinical nurse manager, the inspector went for a walk around the centre. The interior of the centre appeared bright and was repainted. Some residents who spoke with the inspector said that they liked the new painting on the walls of their bedrooms and corridors.

The residents were freely able to walk around this centre, and corridor doors were not locked, which was an improvement from the previous inspection. The storage of equipment in the centre had also improved, and the centre's corridors appeared to be clutter-free. Equipment was stored securely in the centre.

Hand sanitisers were located in appropriate locations and were accessible to residents and staff. Staff were observed practising hand hygiene at appropriate intervals. The centre was found to be generally clean; however, some rooms that were signed off as having been deep cleaned (cleaning and decontamination following the discharge of residents from a room) appeared unclean as the rooms were heavily dusty.

The centre has a dining room overlooking the entrance to the centre and the main road just outside. The inspector found that the residents were able to access the dining room areas independently, which was an improvement from the previous inspection. Some residents were found to be relaxing in this dining room and enjoying the views outside through the dining room windows.

The dining room of the centre was found to be well laid out, and there was sufficient seating available for residents to sit and enjoy their meals. Menu choices

were available for residents. Residents were found to be engaging well with other residents, and mealtimes were social occasions.

In addition to the dining room, the centre had two day rooms located in the inner part of the building. The centre also had a link corridor with glass window panels on either side. This link corridor overlooked an internal garden and a courtyard. The day rooms and the link corridor had sufficient seating arrangements to support residents to sit and relax in the centre. The residents were observed freely accessing the internal garden through this link corridor. There were garden benches available, and some residents were enjoying the views of the garden area.

The centre had a schedule of activities, which was displayed in appropriate locations in day rooms. Staff were allocated to provide activities for residents, and the inspector saw staff facilitating residents to participate in activities that were offered on the day, such as book reading, puzzles, and bingo. This was an improvement from the previous inspection. Furthermore, the inspector observed sufficient staff available in all communal rooms, and residents were being supported to engage in meaningful activities throughout the day of the inspection.

The inspector spoke with some visitors who told the inspector that this centre is a nice place for residents to live in and that their visits were supported and they were made welcome in the centre.

The inspector spent time observing the care practices in the centre. Call bells were answered in a timely manner, and staff attended to the care needs of residents promptly. Staff interacted with residents in a friendly manner, and the residents' privacy and dignity were respected during care interventions.

The inspector observed staff carrying out appropriate manual handling techniques when assisting residents with their care needs. In addition, those residents who required regular repositioning and assistance with food and fluids were sufficiently supported. Records of residents' food and fluid intake and repositioning records were appropriately maintained to monitor the care that was delivered to individual residents.

The inspector visited some bedrooms and found that the multi-occupancy rooms had sufficient privacy curtains to support residents' privacy in these rooms so that residents could carry out personal activities in private. There were a sufficient number of wardrobes and storage spaces available for the residents to store their personal belongings. The centre had a number of single rooms; however, due to their size and these rooms were not suitable for residents with higher dependencies. The inspector reviewed the care needs of residents accommodated in these rooms and found these rooms were allocated for residents with lower dependencies.

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

Capacity and capability

Overall, the inspector found that this centre was well managed and that the residents were made central to the organisation of the centre and that daily routines were flexible. The inspector noted that the provider was implementing their compliance plan for the previous inspection in relation to managing the fire safety risks and refurbishing the centre's premises.

This risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulation 2013 (as amended).

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training, and finance. There was a person in charge in the centre, and deputising arrangements were in place when the person in charge was absent.

The provider reported staff vacancies for nurses and care staff and was in the process of recruiting additional staff for the centre. Nonetheless, the staffing levels in the centre on the day of inspection were adequate to meet the needs of residents, and there was a good skill mix of staff on duty on the day of inspection. The duty roster was correctly maintained, in line with the staffing levels outlined by the person in charge.

A schedule of training was available in the centre, and the staff were facilitated to attend all mandatory training appropriate to their roles. However, some additional improvements were required to ensure that the cleaning staff had sufficient knowledge about the use of cleaning products.

The person in charge and the management staff were found to be a visible presence in the centre on the day of the inspection. There were clear lines of accountability and authority in this centre.

The provider had several management systems to ensure oversight and management of the care and services provided to the residents. These systems included a structured induction programme, handover reports, and quality improvement audits. In addition, staff and management meetings were held regularly, and the minutes of those meetings were kept in the centre.

The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies. An accident and incident analysis was carried out regularly, and action plans and learning were identified following reviews of the incidents, such as falls. A monthly safety cross system (a calendar in the shape of a cross) was used to collect and analyse information about incidents

such as pressure ulcers and other wounds.

There was a risk management policy in the centre, and the provider maintained a risk register in this centre. The inspector found that the building renovation works were ongoing and that the residents' access to the reception area of the centre was limited to prevent injury risks. There was a clear risk management process in place to manage the risks associated with the building construction in this centre whilst ensuring that residents were able to enter and leave the centre via an alternative route.

Furthermore, all the policies and procedures set out in Schedule 5 of the regulation were available to staff. The provider had a system to review and update its policies and procedures in accordance with best practice guidelines.

Staff were generally found to be well supervised in this centre, and clinical and non-clinical staff were aware of the reporting arrangements in place. However, staff supervision required additional improvement to ensure that deep cleaning is carried out to a high standard in this centre.

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre. Staffing resources were kept under review.

Judgment: Compliant

Regulation 16: Training and staff development

The provider's arrangements to ensure staff have the knowledge and skills to carry out cleaning and decontamination in the centre were found to be insufficient. For example, two staff members who spoke with the inspector did not demonstrate sufficient knowledge about the correct dilution of chlorine-based cleaning products for disinfection.

Staff were not appropriately supervised to ensure that deep cleaning was sufficiently carried out in the centre.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had the resources and management systems in place to ensure that the service was safe and appropriate; however, additional improvements were required to ensure that their own compliance plan for the previous inspection held in August 2022 was fully completed. For example, the fire safety and building refurbishment works were not fully implemented at the time of this inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' files and found that each resident had a written contract of care that outlined the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the

Chief Inspector within the required time frames.
Judgment: Compliant
Regulation 4: Written policies and procedures
The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years.
Judgment: Compliant
Regulation 19: Directory of residents
The centre had established and maintained a directory of residents containing all information as specified in Schedule 3 of the regulation.
Judgment: Compliant
Quality and safety
<p>Overall, the quality of care and service provided to the residents in this centre had improved since the previous inspection. Residents were generally found to be receiving a good quality person-centred care. Daily routines were flexible, and residents were supported to maintain independence in line with their abilities and capacities. However, the provider is required to take further improvement actions in the areas of infection control, premises, care planning, and disposal of residents' unused medicines to ensure full compliance with the regulations.</p> <p>The centre routinely held residents' meetings, and the minutes of such sessions showed that the residents were consulted about the organisation of the centre. Residents were able to access all resident areas without restrictions, including the outdoor area. In addition, those residents who required assistance to go for social outings to the community were offered assistance to meet their needs. This was an improvement from the previous inspection.</p> <p>Residents were found to have access to newspapers, radios, and televisions in the centre. However, the provider had not yet arranged for a robust broadband connection and access to the residents' favourite television programmes, such as dedicated sports channels. The inspector was informed that the internet connectivity was not fast enough to stream high-quality internet content in the centre. This is a</p>

repeated finding from the previous inspection. Nonetheless, the records of resident meetings showed that this issue had been raised by residents and discussed, and residents were informed that appropriate arrangements would be made once the renovation works in the centre were completed.

The provider had completed the fire safety works that were required to address all of the high risks and most of the medium risks identified in the provider's fire safety risk assessment. However, a number of medium risks were not completed at the time of this inspection due to unforeseen delays with the construction works. Following the inspection, the provider submitted adequate assurances that the delays to the works had been addressed and that works had recommenced in the centre.

The provider had a comprehensive policy for infection prevention and control. A well-managed vaccination programme was in place, and eligible residents had received their COVID-19 boosters and influenza vaccines. The centre collected information about the infection risks of residents during admission and transfer to the centre.

The centre's laundry was fully outsourced, and the staff followed the correct procedures when handling soiled linen. The resident's equipment was clean and well-maintained. The inspector found that where individual equipment was recommended, such as glucometers and hoist slings, these were available for individual residents.

The provider had a number of assurance processes in place to ensure the cleaning and decontamination of rooms in the centre. These processes included the use of colour-coded cleaning clothes, mops, and cleaning trollies to reduce the chance of cross-infection. Clean and dirty laundry were seen to be managed safely, in line with national guidance. There was sufficient staff available to carry out cleaning duties, and arrangements were made to ensure that the bedrooms were deep cleaned following the discharge of residents.

However, the inspector found that the oversight of cleaning practices did not ensure that the deep cleaning was sufficiently carried out in vacant rooms and that cleaning trollies and equipment was clean and well maintained, which posed an infection risk to residents.

Residents' healthcare records were documented on an electronic system, and a range of evidence-based clinical assessment tools were used to inform the development of appropriate care plans. Appropriate pre-admission assessments were carried out before admitting residents to the centre, and their needs were found to be considered before admitting residents to the centre's single rooms.

The single bedrooms in the centre only occupied residents with lower dependencies, in line with their statement of purpose, and this was an improvement from the previous inspection.

A small number of residents in the centre had wounds. Even though residents' wounds were dressed at regular intervals, additional improvements were required to

ensure that their wounds were managed in line with evidence-based best practice guidelines for wound care management. This is a repeated non-compliance finding from the previous inspection.

The provider had a policy for managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and the policy was sufficiently detailed about the interventions and assessments that are to be carried out to manage responsive behaviour effectively in this centre. Residents with responsive behaviours had a care plan in place. There were low levels of responsive behaviour in this centre, and staff managed residents who may display responsive behaviours using appropriate.

The centre has a medication management policy. The inspector observed that the medicines were administered to residents in line with the prescriber's directions. However, residents' medicines that were no longer required by residents were not disposed of in line with the requirements of the regulation. This is a repeat finding from the previous inspection.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example:

- The flooring work had not been completed to repair the damaged floor linings in the corridors and some bedrooms in line with the provider's action plan.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required additional improvement to ensure compliance with the national standards for infection

prevention and control in community health services and other national guidance. This was evidenced by:

- Bedrooms that were deep cleaned and ready to accommodate new residents were not locked following deep cleaning and were accessible to other residents and staff. As a result, the rooms were found to be heavily dusty and unclean. In addition, discharged residents' personal belongings, such as clothes and footwear, were being stored inside the wardrobes of these rooms.
- One assistive chair was visibly unclean.
- The cleaning trollies used in this centre were found to be visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not completed the fire safety works required to ensure adequate precautions against the risk of fire in the centre. For example, fire safety works on the ceilings above the reception area of the centre and above the offices were not completed at the time of inspection, in line with the provider's own compliance plan.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Even though the medicinal products dispensed or supplied to residents are stored securely at the centre, discharged residents medicines were stored in the centre and were not disposed of in line with the regulatory requirements.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Wound assessments were not carried out sufficiently for two residents. In addition, photographs of residents' wounds were not taken consistently to assist staff in monitoring the effectiveness of interventions and the progress of wound healing in this centre.

Two residents' wound care plans were not sufficiently reviewed and did not contain

information about their treatment plans and use of dressing materials.
Judgment: Substantially compliant
Regulation 6: Health care
Residents were supported to have access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Staff who spoke with the inspector had up-to-date knowledge and skills, appropriate to their roles, to positively respond to responsive behaviours.
Judgment: Compliant
Regulation 8: Protection
Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider did not have the necessary arrangements in place for the residents to enjoy their preferred television shows and good-quality internet access at the centre.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 19: Directory of residents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Substantially compliant

Compliance Plan for Ramelton Community Hospital OSV-0000615

Inspection ID: MON-0037604

Date of inspection: 26/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Diversity Training was completed on 28/06/2023 within the Hospital for Housekeeping / Cleaning Staff</p> <p>CleanPass Training –two Staff nominated to attend; they will then feedback to all Staff involved in Housekeeping/cleaning within the Residential Centre-awaiting dates to be confirmed.</p> <p>To be Completed by 30/08/2023</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>All fire risk works are completed.</p> <p>Outstanding works remaining are new handwashing sinks to be added on corridors C4, C5, C6 and C7 and new flooring works.</p> <p>Tenders being sought for works including new flooring works and installation of additional sinks.</p> <p>To be Completed by 31/10/2023</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The agreed date for completion of new flooring from the previous inspection in August 2022 was 31/10/2023. At present tenders are being sought for works required.</p> <p>To be Completed by 31/10/2023.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All assistive chairs are now cleaned at the end of each day. Bedrooms which have been deep cleaned are now locked and not in use to ensure that Residents/Staff do not have access to these rooms. All items belonging to the person who has been discharged are removed on day of discharge. Housekeeping Staff have been instructed to ensure their cleaning trolleys are visibly clean at all times. Clinical Nurse Managers to monitor. Training for Housekeeping/cleaning Staff has been organized for 28/06/2023 with another date to be confirmed and Staff have been nominated to attend.</p> <p>To be Completed by 30/08/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fireworks are now completed. A Certificate of Completion of works will be submitted to the Inspector by 10th July 2023</p> <p>Completed on 05/06/2023</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All discharged Residents medications are now returned to the Pharmacy in a timely manner. All Nursing Staff have been made aware of the need to ensure this is completed without delay going forward. CNM's to monitor.</p> <p>Completed on 30/04/2023</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: There are two Tissue Viability Link Nurses within the Hospital who provide ongoing advice to Nursing Staff regarding wound care. Wound assessments are completed to include treatment plans and the use of dressing materials in line with evidence-based best practice guidelines for wound management.. Ongoing close monitoring of wound care processes by Link Nurses and CNM's.</p> <p>Completed on 30/04/2023</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Internet connectivity in the Ramelton area is quite poor. An Assessment and costings are being sought from external providers such as Sky and Vodafone.</p> <p>Completed by 30/09/2023</p>	



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	30/08/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2023
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	31/10/2023
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	Substantially Compliant	Yellow	31/10/2023

	effectively monitored.			
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.	Substantially Compliant	Yellow	30/08/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	05/06/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a	Substantially Compliant	Yellow	30/04/2023

	manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/09/2023