



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

Issued by the Chief Inspector

Name of designated centre:	St. Francis' Nursing Home
Name of provider:	St Francis Nursing Home (Mount Oliver) Company limited by Guarantee
Address of centre:	Mount Oliver, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	17 August 2022
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0036536

About the designated centre

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

St Francis Nursing Home is a purpose built nursing home which accommodates a maximum of 25 female residents over the age of 65 years. The centre cares for their religious Sisters and also female residents from the community. The Nursing Home provides 24 hour nursing and residential care to those with medium, high and maximum dependencies. The centre is situated on extensive grounds, 3.2 km North of Dundalk. On the same site as the Mount Oliver Convent the centre has a separate entrance. The accommodation is laid out along two corridors; La Verna and Kevina. All bedrooms are single and have ensuite facilities. There are multiple rooms strategically situated throughout the centre for resident use. The centre also has an enclosed garden for private use. St Francis Nursing Home is a not-for-profit charity set up by the Franciscan Missionary Sisters for Africa.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 17 August 2022	09:10hrs to 17:10hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in St Francis' Nursing Home was positive. The nursing home was clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in the designated centre. The centre has a very homely feel and residents told the inspector that they were happy living there and that they felt safe. However, the inspector found that some of the governance and management arrangements required to be strengthened to ensure the service was safe, consistent, and appropriately monitored for the benefit of the residents living there.

On the day of inspection the inspector was met by the reception staff and the clinical nurse manager. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. The site manager undertook a brief outline of the centre's procedure in the event of a fire alarm sounding with the inspector. Following an introductory meeting the inspector did a walk around the different areas of the nursing home and had the opportunity to speak with residents and staff.

The nursing home was very spacious, clean, bright and well maintained. The residents' bedrooms were spacious and most had personalised their rooms with pictures and photographs and personal items. There was ample storage in the residents' rooms for their clothing and personal items. Each resident had a lockable unit for the storage of any valuable items. Residents had a telephone in their rooms and access to newspapers, radio and television.

Laundry facilities were provided on site and residents told the inspector that they always received their clothing back clean and fresh. They were very happy with the service provided. The inspector observed neatly folded clothes returned to the residents' rooms during the walk about.

There was a large internal courtyard in the centre of the nursing home. Residents could access this through multiple open doors. Some minor maintenance was required in the courtyard to ensure the residents' safety when using this space.

The dining room was a large and bright room which could easily accommodate all of the residents. Breakfast was served to residents when they came to the dining room. The breakfast schedule was set around the residents' individual preferences. Some residents preferred to eat their breakfast in their bedrooms and this was facilitated by staff.

At lunch time all the residents took their meals in the dining room. There was a choice of three meal options at lunch time and four options at tea time. However the meal request sheets showed that where additional items, not on the menu, were requested by the residents, these were catered for. The kitchen staff had a list of the residents' dietary requirements and prepared their meals accordingly. This list

was updated by the nursing team as and when required.

When asked about their food, all the residents who spoke with the inspector said that the food was either very good or excellent. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The tables in the dining room were laid out with cutlery and condiments for the residents to access easily. Staff were seen assisting the residents in a calm and supportive manner throughout the lunch time meal. A choice of drinks were offered to the residents during and after their meal.

The majority of residents were up and about and were seen walking throughout the nursing home on the day of inspection. The inspector observed the residents using the various sitting rooms and seating areas throughout the day. Communal and private spaces were available for residents to receive visitors, other than in their bedrooms. The interaction between staff and residents was relaxed and comfortable and residents were seen getting on with their daily living routines.

Although the nursing home did not have a dedicated activities coordinator, the residents were happy with activities which were in place. One staff took responsibility for activities in the morning time following breakfast. The health care assistants undertook activities with the residents in the afternoon. A recent survey seen by the inspector showed that the residents were satisfied with the current arrangements for activities. Each day the residents were informed of the activities planned, and were able to decide if they wanted to participate or not.

There was a quiet space room, allocated as a prayer room which was easily accessible by the residents. Religious services and prayer time was important to most residents in the nursing home with daily mass shown on the television. Some residents informed the inspector that it was important to them to be able to attend daily mass and receive communion. They were also facilitated to participate in a penitential service in-person, once a month. The prayer room was a space where the residents could go to pray whenever they wish.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The oversight of practices in the centre had improved since the last inspection in June 2021. The registered provider was St. Francis Nursing Home (Mount Oliver) Company limited by Guarantee.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2013 (as amended) and to inform the Chief Inspector in respect of progressing the application to renew the registration of the centre.

Systems had been put in place to ensure all clinical and non-clinical practices were being monitored by the provider and person in charge. However, the allocated management time for the clinical nurse manager was inadequate for them to fully support the person in charge. For example, on the day of inspection the person in charge was on leave and the clinical nurse manager was allocated to provide bedside care. Current nursing staffing levels were not adequate to provide sufficient cover for annual leave or unexpected sickness of staff. An additional nurse came on duty to support the team on the day of inspection and the person in charge came to site. A team of healthcare assistants, housekeeping, laundry, catering and maintenance staff were there to support the team.

In February 2022, due to unforeseen circumstances, the nursing home had a shortage of staffing. At the time the provider took action and sourced additional cover to ensure appropriate nursing care continued to be provided to the residents, however this showed a vulnerability due to the number of nurses employed at the centre, and a reliance on overtime and the use of agency staff. While effective contingency measures were put in place to address the crisis at the time, the inspector found that an effective and sustainable staffing strategy was not in place on the day of inspection.

The senior management team were kept informed about the performance of the service with key quality indicators, audits and other aspects of the service reviewed on a weekly, monthly and quarterly basis. However improvements were required in respect of staffing levels, written policies and procedures, governance and management, premises and infection control.

The clinical staff on duty showed a positive attitude towards their work. They were aware of their roles and responsibilities and provided a good level of service to the residents. The residents were happy with the level of care received and complimented the staff for providing such a good service.

Improvements were seen in the monitoring and oversight of training and staff development. Records were maintained and a system was in place to organise training and monitor compliance. When staff were due refresher training this was scheduled and recorded on the centre's training record. Some new staff had training planned as part of their orientation programme.

A selection of staff files showed that all staff had undergone An Garda Siochana vetting prior to commencing employment at the nursing home. Staff files were organised and well-maintained. Other records were stored in a locked room within the premises and a detailed record indicated the length of time in storage and identified those records due for destruction. The management team informed the inspector that a mobile shredder contractor was brought to site to oversee the destruction of old records when due.

The Schedule 5 policies and procedures had been updated prior to the inspection.

However two of these policies were not available in the folder, therefore unavailable to staff. A copy of these updated policies were received shortly after the inspection.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre together with supporting documents; However updated floor plans were required to support this application detailing all room sizes and areas in the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

Staffing levels were adequate to provide nursing care to the residents on the day of inspection. A minimum of one qualified registered nurse was on duty for all shifts; However, the overall staffing quota did not facilitate sufficient management time for the clinical nurse manager to support the person in charge with monitoring and oversight of the centre. There was no provision for additional nurses to cover for unplanned leave or absences and there was a reliance on overtime and agency staff during these times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff informed the inspector that they had access to training. A training matrix (a record of staff training) was in place for staff and this was maintained by the administration staff. Compliance with training was overseen by the person in charge and clinical nurse manager.

Judgment: Compliant

Regulation 21: Records

A selection of staff files showed compliance with Schedule 2 of the regulations.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Resident files' were maintained for the prescribed amount of time and they were stored securely

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to oversee service were in place and some improvements were seen by the inspector.

However, this inspection found that the registered provider did not have appropriate resources to ensure a safe and effective service was provided at all times, in line with the statement of purpose. For example the nursing staffing numbers were impacting on the consistency of the service provision, oversight and monitoring throughout the centre. The clinical nurse manager was scheduled to undertake staff nurse duties on the day of inspection instead of deputising for the person in charge in their absence and providing oversight and monitoring of the service.

An annual review completed for 2021 was available to the inspector based on the National Standards for Residential Care Settings for Older People in Ireland. A full review of the quality and safety of care delivered to residents was not included including audit results, improvement initiatives and evidence of residents or their families being involved in the review.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

All contracts stated the room number of each resident and the occupancy of the

room in which they would be residing.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted to the Chief Inspector of Social Services contained the information required under Schedule 1 of the Health Act (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2013, but the description of premises required significant amendments to match the floor plans.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available for inspection; However, two of these updated policies were not available to staff on the day of inspection.

Judgment: Substantially compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspector that they were content, were well looked after by the staff and felt safe. Some further improvements were required in relation to the premises and infection control practices as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The overall premises was laid out to meet the needs of the residents and were bright and generally well-maintained. There was plenty of storage available in the centre and by enlarge, these storage rooms were organised and clean. The storage of spare mattresses was not appropriate and the Person in charge committed to finding a more suitable location for these large items.

The inspector found that residents were free to exercise choice in how to spend their day. Although there was no formal activities staff, residents were engaged in activities on a daily basis, and residents confirmed to the inspector that they were

satisfied with the activities programme. The clinical nurse manager had undertaken a survey to assess the residents' level of satisfaction with activities and this showed that they were very satisfied with the activities scheduled. Advocacy services were also available for residents.

Manual handling charts and personal emergency evacuation plans were clearly displayed in the residents' rooms to aid staff in assisting residents. A simple but effective star system was in place to identify the residents' risk of falls based on their individual assessments.

Individualised assessments and care plans had been audited by the clinical nurse manager and showed significant improvements from the last inspection. A variety of validated assessment tools were used to assess the individual needs of the residents and care plans were based on these assessments. A sample of residents' care plans showed them to be person-centred and focused on the individual resident.

Residents had good access to a general practitioner (GP) and allied health services. Referrals, visits and recommendations were recorded in the residents plan of care providing clear instructions to the nursing and health care team. Increase monitoring of some residents was aligned with these recommendations.

There were four housekeeping staff on duty on the day of inspection. The housekeeping staff talked the inspector through their cleaning process and were found to be knowledgeable of the processes and chemicals used within the nursing home. They told the inspector that they had access to training and that their mandatory training was up to date. Their cleaning equipment was clean and organised on the cleaning trolley.

Residents' personal laundry was collected from their rooms and transferred to a collection room at the back of the sluice room. It was then collected through a back door and brought to the external laundry door, therefore creating a one way system. This promoted a reduction on cross-contamination of laundry within the nursing home and laundry facility. The laundry room was spacious, clean and organised. There was a large table for sorting clothing and a separate drying room was available to dry items of clothing that could not be placed in the drying machines. Laundered items were returned to residents' bedrooms on hangers or neatly folded.

Residents were registered to vote in local and national elections. Arrangements were in place for a ballot box to come to site to facilitate residents to vote. This was overseen by the administration staff in the nursing home.

Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance. The nursing home had arrangements in place to ensure the

ongoing safety of residents.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the regulatory requirements, however the following issues were identified:

- The courtyards required maintenance to ensure any potential trip hazards were identified such as weeds in the pavements.
- Mattresses were stored inappropriately due to their size and the allocated space. They were standing on the ground and were bending under the weight.
- Some internal walls required repair, which had been identified by the maintenance team.
- Appropriate signage was required where oxygen concentrators were stored or used to alert staff of the potential fire hazard.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, good practices were observed by the inspector but the following issues were identified which did not support full adherence to the national standards.

- There were no clinical hand-washing sinks available to support effective hand hygiene.
- There was no clear process for the identification of clean equipment, for example; Hoist slings were hanging in a store room and were not marked as clean; hoists were not identified as having being cleaned after each use to provide assurance to the staff when using them.
- There were drips and congealed gel on the underside of some hand sanitizer dispensers, and some units were not in working order.
- All sharps bins labels had not been completed for traceability purposes in line with national standards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were completed within 48 hours of admission and reviewed within four months as prescribed in the regulations. Care plans were seen to be person-centred and monitoring of residents, including nutritional status was evident.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and allied health services. The residents' general practitioner (GP) visited weekly. Care of the elderly and psychiatry of older persons was easily accessible if and when required. Evidence of recommendations and treatment plan were clearly recorded in the residents' records.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and all staff had received training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

The centre was not a pension agent for any residents living in the nursing home.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. The minutes of the residents meetings were available to the inspector.

An independent advocacy service was available to the residents

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Francis' Nursing Home OSV-0000168

Inspection ID: MON-0036536

Date of inspection: 17/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The provider has engaged the services of a chartered architect to prepare the updated floor plans required to support the application to renew the registration of the centre. These plans will detail all room sizes and areas in the designated centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The CNM has increased her working hours. This allows her an additional 10 hours of management time per week to allow her to support the person in charge with monitoring and oversight of the centre.</p> <p>Our six rostered nurses are supplemented by two bank nurses although their availability is limited. We are currently recruiting for a relief nurse.</p> <p>Five Healthcare assistants have been recruited and are currently being screened to commence employment</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The CNM's administrative time has been increased by 10 hours per week. This will allow her protected time to monitor and ensure the delivery of a safe and effective service. We continue to recruit for an additional relief nurse to provide cover for holidays and sick leave.</p> <p>The Annual Review for 2022 will be further developed to include additional information on Quality Assurance such as operational changes made in response to audit results and improvements planned or completed throughout the year. The preparation of the annual review will be done in consultation with the residents, their families and our staff. Information gathering will be done through surveys, informal interviews and during Care Plan review meetings with residents and their families.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The description of premises in the statement of purpose will be amended to correlate with the updated floor plans.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All 20 policies listed in SI 415 Schedule 5 are now available to staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The site manager has planned and is implementing a maintenance schedule to ensure the enclosed courtyard is free from any potential trip hazards.</p>	

Appropriate storage has been arranged for spare mattresses to ensure they are stored horizontally and off the floor.

Replastering and painting of the walls where clinical hand wash sinks are scheduled to be installed is complete. Maintenance work in the service block is ongoing to locate and repair a phantom leak. The damaged wall will be repaired when the plumbing work is completed.

Appropriate signage has been displayed in the area where oxygen concentrators are stored. We already have and use the appropriate signage for when oxygen concentrators are in use.

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

Two clinical hand wash sinks were already on order on the day of the inspection. They are expected to arrive in country by September 23rd and be installed by mid-October.

Hoist slings in storage have been washed and are stored in labeled see-through plastic bags. A system of 'I AM CLEAN' LABELS has been introduced for use on communal equipment such as hoists, weighing scales etc. After use the equipment is cleaned using the appropriate method. Staff know that if the equipment is not labeled, they must clean it before they use it.

The schedule for cleaning and restocking alcohol hand sanitizers has been amended for more frequent checks. Some models of dispenser which are more prone to clogging have been decommissioned (pro tem) and will be replaced, when necessary, with a more efficient type of dispenser.

Nurses have been retrained to ensure that the labels on sharps bins are completed for the purposes of traceability in line with national standards.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	22/09/2022
Regulation 17(2)	The registered provider shall,	Substantially Compliant	Yellow	31/10/2022

	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.			
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	22/09/2022
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	31/03/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their	Not Compliant	Orange	31/03/2023

	families.			
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	31/10/2022
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	30/09/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	22/09/2022