



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

Issued by the Chief Inspector

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	09 May 2022
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0031837

About the designated centre

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

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. Bedroom accommodation comprises 46 single bedrooms of which 37 have full en-suite toilet and shower facilities. Two single bedrooms have no en-suite facilities and six have an en-suite toilet. There is one two bedded room which has an en-suite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Monday 9 May 2022	09:45hrs to 17:45hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful. Residents' independence and choices were supported, and the residents generally enjoyed a good standard of care in this centre.

The inspector communicated with several residents during the inspection. Residents were contented, and overall feedback from the residents was that they were happy living in the centre, staff were exceptionally kind and caring. Some residents' comments were that 'staff are good here, the food served here is good, and a variety of food is available here.'

On arrival at the centre, the inspector was guided through the centre's infection prevention and control procedures, which included hand hygiene and temperature checking before entering residents' accommodation. There was an adequate number of cleaning staff working during the inspection, and the staff who spoke with the inspector were very knowledgeable and demonstrated an awareness of the cleaning protocols in the centre. The inspector observed that the centre was generally well maintained and was clean on the day of inspection. However, some of the laundry processes in the centre did not follow effective infection prevention and control practices.

There was a large and well-maintained aquarium in the entrance foyer, and there is sufficient seating around the reception area for those residents who liked to sit here and watch staff and visitors coming and going during the day. The ambience of the centre was generally relaxing and comfortable for the residents.

The centre is located between the Knocknarea mountains and Strandhill beach. The centre has ample parking space to the front, and an enclosed garden overlooks the car park and the surrounding landscapes. The residents were able to access the enclosed garden area independently, and there was enough seating provided in the garden for residents who wished to enjoy the view of the mountainous landscape. Beach benches were provided at the rear side of the nursing home so the residents could enjoy the views of the nearby beach. In addition, the residents' communal areas overlooked the beaches, and the residents who spoke with the inspectors said that the views from the centre were spectacular.

The centre was warm and well ventilated. The inspector noted that the atmosphere in the centre was calm and unhurried, and staff were observed encouraging and supporting residents to choose how they spent their day. The centre has spacious corridors and is well lit. However, the inspector saw that some areas of the corridors were being used for equipment storage, and this had restricted residents' access to handrails in the corridors and had blocked access to the fire exit doors.

Bedrooms were spacious, and residents had adequate wardrobe and storage space for their clothes and personal belongings. Residents' bedrooms were personalised with their personal items such as their photographs, artwork and ornaments.

During the walk around, the inspector observed that alcohol sanitisers were available throughout the corridors at appropriate locations. There was adequate signage at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures were in place, such as social distancing and hand hygiene.

Visitors were seen coming and going throughout the days of the inspection and were welcomed by the staff.

An activity schedule was available to the residents in the centre, and the inspector observed that residents were provided with opportunities to participate in a variety of social activities on the day of inspection. The inspector saw the residents participating in the seated chair exercise sessions, and the residents were enjoying the program. Later during the day, some residents were taken out for a walk in the outside area.

The inspector saw that the centre's dining room was spacious and the meals were served unhurried in the dining room. There was sufficient staff available in the dining rooms to assist residents as needed. Mealtimes were social occasions for residents where many of them chatted together. Residents told the inspector that they enjoyed their meals and had a choice of hot menu each day.

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

The centre has a good regulatory history, and this inspection found that the residents continued to enjoy a good quality of service in the centre. However, some actions were required by the provider to bring the designated centre into full compliance with the Care and Welfare Regulations.

The person in charge had recently left the service, and a new person in charge had been appointed to the management team. However, the person in charge did not meet the requirements of the regulations, and the provider was informed of the same. The provider had also appointed an experienced administrative manager to whom ancillary service was reported and who had responsibility for the oversight of the facilities. The person in charge role was supported by two senior staff nurses who acted for the person in charge in their absence. The representative for the provider was known to residents and staff, and they were involved in the day-to-day functions of the centre. The representative for the provider was available in the

designated centre on the day of the inspection and facilitated the inspection process.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other information received by the Chief Inspector in relation to the designated centre.

Summerville Healthcare Limited is the registered provider for the designated centre. A director of the provider company represents the provider, and they were available on-site on the day of inspection.

There were a number of experienced and knowledgeable staff who spoke with the inspectors during the inspection, however, a recent turnover in staff meant that there were also a number of new staff on the team. The inspector reviewed a sample of staff files and the staff training records and found that some more recently employed staff had not attended mandatory training such as safeguarding and fire safety in line with the centre's own training policy and the regulatory requirements.

The centre had facilitated residents' meetings regularly, and residents were provided opportunities to participate in the organisation of the service. The activity program provided to the residents on the day of the inspection was of good quality.

The centre had a complaints procedure and policy in place. The inspector reviewed a sample of complaints records and found that a record of the investigation of the complaint was not maintained for all complaints investigations. This was not in line with the centre's own policy and the regulatory requirements. This is further discussed under Regulation 34.

Regulation 15: Staffing

The centre had a nurse at all times. The number and the skill mix of staff were appropriate to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had not received up-to-date mandatory training. For example, four staff were overdue to attend the mandatory fire training and had not

been scheduled to attend the training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

Arrangements were in place to ensure the directory of residents was maintained and available in the centre. The directory contained all information as required by the regulations regarding each resident.

Judgment: Compliant

Regulation 21: Records

Records, as set out in Schedules 2, 3, and 4, were kept in the centre and were made available for inspection. Records were stored safely in the centre and were in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, however the provider had not appointed a person in charge who met the requirements set out under Regulation 14.

The quality assurance systems in place did not ensure that the learning identified following the analysis of complaints, falls, and incidents in the centre was used to inform improvement changes and the annual review of the service.

The process for hazard identification and assessment of risks in the centre required improvement to ensure that all potential risks were identified, assessed and control measures implemented to mitigate risks. For example,

- Spray bottles were utilised to store cleaning products and were kept in the mobile cleaning trolleys, and on some occasions, the trolleys were kept outside the room being cleaned. The use of spray bottles may result in accidental injury to residents and staff.
- Undiluted bleach was used to clean residents' toilet seats, and it posed an injury risk to residents who used the toilet.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that the contracts did not include an appropriate opt-out clause for any additional service charges imposed on residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints received in the centre were not always managed in accordance with the regulatory requirements. For example,

- There was one open complaint in the centre, and the complaint had not been appropriately investigated within the time frames set out in the centre's own complaints policy.
- Verbal complaints received in the centre were not recorded in the complaints log.
- The complainant's satisfaction with how the complaint was managed was not recorded in the complaints log.

Judgment: Substantially 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 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted to the Chief Inspector within the specified time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The person employed to be a person in charge of the designated centre did not have three years of experience in a management capacity in the health and social care area.

Judgment: Not compliant

Quality and safety

Overall, the residents were well-cared for and were provided with a good standard of nursing care, and support in the centre and residents' rights to choose how they lived their lives in the centre were respected. Care was found to be person-centred, and the inspector observed a number of examples of good staff practices throughout the day of the inspection. However, actions were required to ensure that residents were facilitated to see their General Practitioner (GP) and that all residents had access to meaningful activities in line with their abilities and preferences. In addition, some improvements were required to bring the centre into full compliance with Regulation 28 Fire Safety and Regulation 27 Infection Prevention and Control so that residents were kept safe.

There were adequate arrangements for detecting, containing and extinguishing fire in the centre. However, the provider's safety checks that were in place to ensure fire exits were clear and accessible were not robust. A number of fire exits were blocked by furniture and wheelchairs, and as a result, they were inaccessible to the residents and staff in the event of a fire emergency. This is discussed under Regulation 28.

There were opportunities for residents to consult with the management and staff and give their views on the service. Residents had access to an independent advocacy service if required.

A sample of residents' care plans and records was reviewed on the day of inspection, and the inspector noted that the assessments for some residents were not completed in full. In addition, some care plans were not person-centred and did not provide sufficient details to serve as a guidance document for staff to provide appropriate care for the resident in line with their current needs.

While the residents had good access to allied health services in the centre, the arrangements for the residents to access their General Practitioners (GP) did not ensure that residents were reviewed by their GP regularly. Residents' care records showed that several residents in the centre had not been reviewed by their GP for

several months.

While the centre had comprehensive Infection Prevention and Control (IP&C) measures in place, improvements were required to ensure that the centre's infection prevention and control measures were in line with the national standards. This is further discussed under Regulation 27.

Regulation 11: Visits

Visiting had resumed at the centre for residents' family and friends in line with public health guidance. Staff guided visitors through appropriate COVID-19 safety procedures before entering the centre.

Judgment: Compliant

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

There was a lack of appropriate storage space identified for assistive equipment in the centre. For example, equipment such as wheelchairs and hoists were being stored on corridors and was blocking the resident's access to the handrails along the corridors when they were mobilising around the centre, thus creating a risk of falls.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place. This information included a risk register which included assessment and review processes. Control measures to mitigate the levels of risks identified were described.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control measures in the centre required improvement to meet national standards and other national guidance. For example:

- Hazardous waste bins were not provided in one sluice room.
- Dirty linen was left on the floor in the corridor outside of an isolation room. This practice could potentially assist in the spread of infections in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements to ensure that fire escape routes were kept free of any obstruction. The inspector found fire exit doors were blocked by the storage of furniture, and the inspector had to issue immediate action requiring the provider to clear the fire exits on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care needs of residents were not sufficiently reviewed, and there were several gaps in the comprehensive assessment of residents. As a result, the care plans of some residents did not accurately identify their current needs and serve as a guidance document for staff. For example, some residents with responsive behaviour did not have an appropriate behavioural support care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements in the centre were not sufficient to ensure that residents had access to the medical practitioner of their choice. As a result, six residents had not been reviewed by their GP in the last seven months.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

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 centre supported its residents to undertake personal activities of their choice in private and had consulted with the residents to participate in the organisation of the centre. Residents had access to advocacy services.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 14: Persons in charge	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0031837

Date of inspection: 09/05/2022

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
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>In-house training of all staff where gaps were identified on the training matrix commenced immediately after inspection.</p> <p>A comprehensive training program including, (i) Fire safety, (ii) Safeguarding of vulnerable adults and (iii) An Introduction to Child first is being carried out on site to make training more accessible to all staff.</p> <p>The training program is due for completion on 01/09/2022.</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>Recruit a Director of Nursing for a period of two years and two months as a consultant to allow the current Assistant Director of Nursing gain the three years management experience required to be appointed Person in Charge of Summerville Healthcare Limited.</p> <p>Due for completed 16/09/2022.</p> <p>The HIQA template - Annual Review Report - Assessing performance against the national standards for residential services for older people in Ireland Regulation 23(d) will be used in conjunction with the existing format for all future reviews. The annual review for 2021 is being updated to include an improvement plan.</p> <p>This review is due for completion on the 01/09/2022.</p>	

<p>Risk assessments were carried out after the inspection on the mobile cleaning trolleys, the use and storage of spray bottles. Risks identified have been addressed and continue to be monitored with the use of new signage on the mobile cleaning trolleys to prompt the staff of use of the trolley and the appropriate storage and use of spray bottles and undiluted bleach, compliance is monitored using a weekly audit of housekeeping.</p> <p>Completed on 30/05/2022.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Residents have always been involved in the planning and choosing of activities, in addition to our activity program on display a new form had been developed for the activities team to inform each resident on a daily basis what activities are on offer, they are asked whether or not they would like to take part and also if they have any requests or suggestion on what they would like to do.</p> <p>Completed 30/06/2022</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A new complaints log is being developed and will enhance oversight of all complaints.</p> <p>Due for completion 22/07/2022</p>	
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Recruit a Director of Nursing for a period of two years and two months as a consultant to</p>	

allow the current Assistant Director of Nursing gain the three years management experience required to be appointed Person in Charge of Summerville Healthcare Limited.

Due for completed 16/09/2022.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A full review of the storage of equipment such as wheelchairs and hoists was carried out immediately after inspection, appropriate storage was identified and compliance is monitored on a daily basis.

Completed 13/05/2022

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 On the day of inspection a hazardous waste bin was put in the sluice room.

Complete 09/05/2022.

Additional linen trolleys have been purchased to ensure adequate number of linen trolleys are available to staff and specifically for use when a resident is in isolation.

Complete 21/06/2022.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A new twice daily fire safety check form is being used to ensure we are compliant at all

<p>times.</p> <p>Completed 27/06/2022.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A full review of careplans was carried out, all overdue assessments were brought up to date in order to ensure that care plans accurately identify resident's needs. The monitoring of care plans is done by the person in charge through regular auditing.</p> <p>Complete 31/05/2022.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Immediately after inspection an appointment was scheduled with residents GP's, the GP in question saw the residents in person at the center and confirmation of this visit was sent to HIQA.</p> <p>Completed 16/05/2022.</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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	16/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/09/2022
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	13/05/2022

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	16/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
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	01/09/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the	Substantially Compliant	Yellow	30/06/2022

	resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/06/2022
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.	Substantially Compliant	Yellow	21/06/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	27/06/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	22/07/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	22/07/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any	Substantially Compliant	Yellow	22/07/2022

	investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2022
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	16/05/2022