



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Windmill House Care Centre
Name of provider:	Windmill House Care Centre
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	22 July 2022
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0037050

About the designated centre

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

Windmill Nursing Home is located in the village of Churchtown in North Cork. It is a purpose-built single-storey centre which was established in 2004. The centre accommodates forty residents in twenty four single and eight twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. Communal rooms include a large sitting room, which is referred to as the atrium; a library room; a lounge; a small oratory; and a dining room. The centre provides 24-hour nursing care to predominantly older adults with varying levels of need. Staff are trained in all required aspects of older adult care and protection. There is a varied, individualised activity programme in place including outings to local areas of interest. The large peaceful garden is easily accessible to residents and the centre is located within the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Friday 22 July 2022	09:30hrs to 17:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that Windmill House Nursing Home was a comfortable place to live where residents were known to staff and residents felt safe. The inspector spoke with the majority of residents during the day of inspection and met with a number of visitors also. Residents felt that their rights and choices were respected. Survey results were seen which confirmed their contentment. Residents said that staff were kind and caring and available to listen to any concerns they might have.

The designated centre is located near the village of Churchtown in spacious rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection there were 38 residents in the centre and two vacant beds. The inspector arrived unannounced to the centre and followed the infection control protocol for this era of Covid-19. Following an introductory meeting with the person in charge the inspector was accompanied on a tour of the premises and external garden areas.

Residents were seen walking to the dining room for breakfast. The inspector observed that there was a relaxed relationship between staff and residents who were seen to chat and interact happily. The inspector found that residents' bedrooms were nicely decorated with soft furnishings, ornaments and photographs. One lady said that she liked to watch TV in her room and meet her visitors in private. Other residents made positive comments to the inspector about living in the centre such as "I couldn't be happier", and "staff are very kind".

The inspector observed aspects of residents' daily lives throughout the day of the inspection in order to gain insight into the experience of those living there. Some residents spent their day in the sitting room or in the foyer, others came and went from their bedrooms while another group liked to sit in the main atrium or nearby to observe the activity. In the afternoon the inspector saw that there was a lively activity session underway in the atrium which was attended by a large number of residents. Residents who were present at the activity said they really enjoyed it. They were seeing carrying out chair based exercises to music, discussing the news, quizzing and singing their favourite songs. Boccia (boules) was played by a large group. It was described by those spoken with as a "favourite" activity mainly due to the social cohesion, exercise and fun that was seen to be promoted by the enthusiastic activity staff. Residents said that staff were respectful and kind. Residents reminisced about the outings to local scenic areas this year during the beautiful sunny days. The inspector saw residents coming and going from the garden and staff said that there was access all day to the lovely grounds. The inspector spoke with one resident sitting outside who confirmed that there was open access to the garden daily and said this was his favourite aspect of the centre. Residents were delighted with the snacks, drinks and the entertainment provided. The activity coordinator staff member was found to have formed a close bond with residents and was familiar with their life stories. He explained how this helped to

provide real meaningful activities and appropriate outings which took account of the residents' abilities and interests.

Residents who spoke with the inspector said that they were relieved about the new guidance for designated centres which specified that a nominated visitor be identified for each individual to be available for daily visits, if required. Visitors were observed to follow the protocol set out to protect themselves and others from an infection or the virus. Visitors spoken with said that communication had been maintained during the pandemic which they said had been a very worrying time. Residents said that they had been kept informed about COVID-19 and understood why staff and relatives were still wearing masks. Relatives and residents informed the inspector they were thankful to the staff who had worked tirelessly during the pandemic to keep them cheerful and safe.

Residents also said that they felt their opinions were listened to at residents' meetings and that their rights were respected. Minutes of the meetings confirmed that an action plan was developed following each survey and meeting suggestions. Meals were observed to be nicely presented and residents and the kitchen staff confirmed that there was a choice at each meal. A staff member was seen going around to residents during the day to ask them their preferred meal choice for the following day. Residents spoken with said that they were glad of the sociable opportunities around mealtimes especially having experienced the isolation during the early days of the pandemic. Where residents requested, or required help from staff to access drinks and meals, they were seen to respond without delay.

The inspector observed that, generally, there was a good level of compliance with infection control guidelines around the centre. Throughout the day staff were seen to wash their hands frequently and to use the hand sanitising gel provided.

Overall, residents expressed contentment and a sense of safety about living in Windmill House Care Centre. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that there were good governance and management systems in place within the the centre. This inspection found that the actions implemented following the previous inspection had been maintained, particularly in relation to the establishment of an experienced management team. Management and staff ensured that residents generally had a good quality of life in the centre. However, training and contracts required attention to ensure regulatory compliance in the capacity and capability section of the report while additional action was required by the registered provider to ensure improved managements systems were implemented in relation to supporting the rights and protection of residents,

particularly in the area of residents' finances, as outlined under the quality and safety section of this report.

Windmill House Care Centre is owned and operated by Thistlemill Limited who is the registered provider. It was established in 2004. The company was comprised of two directors, both of whom are involved in the operation of other designated centres in the country. One of these directors was the named person representing the provider for Windmill House and there was evidence that they were actively engaged in the day to day operation of the centre. There was also additional support from a quality and safety manager in the group. From a clinical perspective care was directed by a suitably qualified person in charge. She was supported in her role by an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, household, catering and activities staff. Although there was a strong management structure in place in the centre some of the findings of this inspection indicated that the governance of the service required review to ensure that the provider proactively recognised and addressed issues that the inspector identified on this inspection.

The inspector reviewed the systems that had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on nutrition, falls, restrictive practice and health and safety issues. The audit schedule was set out annually and audits were undertaken monthly. The 2021 review of the quality and safety of care had been completed and was reviewed by the inspector. A number of actions from this review had been addressed.

The service was generally appropriately resourced. Staff spoken with told the inspector they enjoyed working in the centre and they reported that it was a supportive workplace with good staff retention. This meant that residents had continuity in their care and were familiar with the staff on duty. Staff training records were generally seen which indicated that the majority of staff had attended appropriate and mandatory training for their respective roles. Staff confirmed their attendance at the sessions and demonstrated knowledge of, for example, fire safety and reporting allegations of abuse. The management team supervised staff training and staff practices. Issues related to outstanding staff training were addressed under Regulation 16. There was a comprehensive induction, appraisal and probationary protocol in place. The provider and person in charge assured the inspector that Garda Síochána (Irish Police) vetting (GV) clearance was in place for all staff prior to them taking up their respective roles.

Records requested during the inspection were made available: for example, residents' care plans, assessments, complaints log and incident reports. The inspector reviewed the complaints log which revealed that complaints were recorded and followed up. A sample of residents' records reviewed by the inspector were found to be in compliance with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Maintenance records were in place for beds, fire safety equipment and equipment required for residents' care. Copies of the standards and regulations for the sector were available to staff. This meant that staff were aware of the regulatory

framework underpinned the care of older persons in designated centres.

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements. She was found to be knowledgeable of the regulations and standards and led an experienced team of nursing, health care, catering, administration and household staff.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were two resident vacancies in the centre. This meant that the staffing levels at this time were sufficient to meet the needs of residents. However, similar to findings on the previous inspection, should the centre begin to take in further admissions the provider was asked to review the staffing levels at night in order to provide adequate nursing care for the proposed 40 residents at full occupancy. The person in charge stated that new nursing staff had recently been recruited and this would be dealt with as a priority.

Judgment: Compliant

Regulation 16: Training and staff development

A number of mandatory training sessions had been cancelled due to a recent outbreak of COVID-19 in another centre.

This meant that a number of training sessions were now overdue: in particular training in skills and knowledge to manage the behaviour and psychological symptoms of dementia (BPSD) also called responsive behaviour, caused by the effects of dementia.

These were seen to have been rescheduled.

Judgment: Substantially compliant

Regulation 21: Records

All the regulatory records were well maintained and available for inspection purposes.

These included records or incidents, staff files and medicine errors where applicable.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems were not sufficiently robust to ensure the service provided was safe appropriate consistent and effectively monitored.

The following required to be addressed:

- the system in place to monitor residents' finances required action, which is further discussed under Regulation 8
- the contracts of care did not contain the required detail and clarity on fees
- the pensions for three residents who the centre acted as pension agent for were paid directly to the nursing home account: this was not in line with the guidelines from the department of social protection which states that "the agent must pay the full amount of the payment without deductions of any kind to the customer" in the first instance.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Clarity was required in the signed contracts of care in relation to extra charges which were not clearly set out in relation to the actual costs for hairdressing and chiropody.

While an explanatory booklet had been prepared and sent to each resident the above charges were not sufficiently clear in the signed contract in order to comply with Regulation 24

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained details of the complaints process, the ethos of the centre and the medical and social supports available to residents, as required

under Schedule 1 of the regulations for the sector.

Judgment: Compliant

Regulation 31: Notification of incidents

Specified incidents which had occurred since the previous inspection, had been notified to the Chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were generally documented and written records relating to complaints were made available to the inspector.

The complaints process was displayed in the foyer and there was an appeal process in place.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Windmill House Care Centre, which was generally respectful of their wishes. There was evidence of residents needs were being met through good access to health care services and opportunities for social engagement. However, in this dimension of the report the inspector found that significant improvements were required in the management of residents' finances and ensuring that the provider took all reasonable measures to protect residents.

The inspector was assured that residents' health care needs were met to a good standard. There was weekly access to the general practitioner (GP) who was described as attentive and supportive. There were appropriate referral arrangements to other health care professionals such as the dietitian. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, malnutrition and choking. These assessments underpinned detailed care plans, which guided staff in delivering person centred care.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. The inspector saw that there was sufficient staff available at mealtimes to assist residents where this was necessary. Residents with assessed risks such as swallowing difficulties, had appropriate access to a dietitian and to speech and language therapy specialists. These specialists were seen to have documented their advice in the care plans. Residents who required modified and fortified diets were provided with meals and snacks prepared as recommended and suitably presented.

The centre had a risk management policy that set out the specific risks as required by the regulations and the controls in place to mitigate such risks. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register, which was monitored, and updated as per the centre's policy.

Overall, the premises was clean and well maintained. The centre had been well managed during the COVID-19 pandemic and residents, who had all been vaccinated, had remained well. Staff were generally observed to be following appropriate infection prevention and control guidelines in their work practices. Overall, the inspector observed that there were good infection prevention and control practices and procedures in place, however, some further areas required attention which are detailed under Regulation 27.

Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held regularly and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed. However, further consultation was required in relation to financial matters as addressed under Regulation 8 and clarity in the contracts of care as addressed under Regulation 24.

Regulation 11: Visits

Residents stated that they were happy with the visiting arrangements.

Visits were managed in line with the guidelines to support all residents by assigning a nominated visitor.

The provider had ensured that there were suitable private and communal areas available for residents to receive their visitors.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained.

- The design and layout of the home promoted a good quality of life for residents.
- Bedroom accommodation consisted of mainly single, fully en suite bedrooms as well as eight twin bedrooms with full facilities.
- There were a variety of communal spaces for residents to enjoy, including sitting rooms, a large open atrium, a dining room and visitors'/quiet rooms.
- Suitable signage was in place to orientate residents to their bedrooms and in the direction of communal rooms.
- Residents had access to an enclosed garden with colourful, substantial, outdoor furniture, a smoking shelter and raised flower boxes and pots planted by residents and staff.

Judgment: Compliant

Regulation 26: Risk management

Risks within the centre had been assessed. These included the risk of smoking, COVID-19 and falls.

The policy related to risk management was updated and detailed.

Judgment: Compliant

Regulation 27: Infection control

A number of staff were seen to move used laundry and black refuse bags while not wearing a protective apron over their uniform.

This had the potential to cause cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was good oversight of fire safety within the centre.

- Certification was available in relation to servicing of fire safety equipment. Daily and weekly fire safety checks were comprehensive.
- Advisory signage was displayed in the event of a fire.

- Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk and each drill indicated an improved time frame for the evacuation.
- A fire risk assessment had been carried out by a suitable qualified person, an action plan had been developed following this and actions were being addressed within the time frame advised by the risk assessors. For example, damage to one fire door in section A had been identified and work on this was seen to be scheduled.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

- Medicines were reviewed four monthly.
- Medicine administration charts and controlled drugs records were maintained in line with professional guidelines.
- Where residents were prescribed medicines to be crushed, this was clearly documented by the GP.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment completed prior to and immediately following admission.

Residents' care plans were found to contain the detail required to guide staff in providing person centred care.

Plans were reviewed every four months or more frequently, as required.

Care plans had evidence of discussion with the residents about their care and wishes.

Judgment: Compliant

Regulation 6: Health care

There was good access to local general practitioners (GPs), the pharmacy, the dentist, the chiropodist and a consultant if required.

- Residents had availed of a range of other health professional advice such as weekly physiotherapy and occupational therapy (OT) where necessary.
- Dietitian and speech and language therapy (SALT) visits to residents were documented.
- There was also input and advice available from local palliative care services and psychiatry of old age.
- Residents were seen to avail of external appointments during the inspection.
- There was a low incidence of pressure ulcer development in the centre and wound care was seen to be carried out as per professional guidelines. Where any wounds had been found they had been healed with care and with expert advice from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans had been developed for residents who experienced behaviour escalation caused by how residents with dementia communicated distress or were negatively impacted on by aspects of their environment.

Issues relating to related training were addressed under Regulation 16 in this report.

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents as evidenced by the following findings:

- The inspector saw that where services such as hairdressing and chiropody were provided to the resident in the centre, there was an additional charge added to these services by the provider. By way of example the chiropodist charged and invoiced the resident €25 per treatment, however, the provider charged and invoiced the resident €30 despite the treatment being provided in the resident's own home, that is the designated centre, at no extra cost to the provider. This additional cost was not made sufficiently clear to the bill payer. A similar additional cost was charged for hairdressing services, for

example where the hairdresser charged 10 euro for a man's haircut the provider recharged 12 euro to the resident.

- Individual receipts were not maintained on residents' files for hairdressing and chiropody services.
- The system in place for the management of resident's finances was not sufficiently robust. The provider was acting as a pension agent for three residents living in the centre. However, the three pensions were paid into the centre's account and not into the resident's account. Charges for the care service were deducted from the pension from the centres account and the balance was not paid into the resident's account. This is not in compliance with the requirements of the Department of Social Welfare, 'Obligations and Responsibilities of an Agent' which requires that the pension agent must pay the full amount of the pension without deduction of any kind, directly to the resident, before any deductions are made. Additionally, the guidance states that "the balance of the payment is lodged to an interest bearing account for the benefit of the customer".

Judgment: Not compliant

Regulation 9: Residents' rights

Despite the findings under Regulation 8: Protection, residents and relatives spoken with felt that their rights were generally respected.

- Activity provision had increased since previous inspections and there was a seven day programme in place.
- A weekly music session was organised by the provider to enhance the lived experience of residents who all liked to listen to music.
- The physiotherapist visited on a weekly basis.
- Residents were accompanied to external activities and places of interest by family, friends and staff.
- Relatives meetings were held and residents wishes were acted upon.
- Staff had undertaken training in human rights to ensure optimal personalised care and the development of a less institutionalised approach to supporting a good and meaningful life for residents in their older years.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0037050

Date of inspection: 22/07/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Rescheduled training in skills and knowledge to manage the behaviour and psychological symptoms of dementia (BPSD) also called responsive behaviour, caused by the effects of dementia has been completed 2. Training matrix reviewed and updated	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The contract of care will be updated to provide detail and clarify fees.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: 1. The contract of care will be updated to provide detail and clarify fees.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Staff refresher training on the appropriate handling of used laundry and household waste completed. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. The additional charges will be made clear to the Resident with an updated contract of care. 2. Discussion with Assistant Principal from the Department of Social Welfare/ Liaison Officer for DSP for Safeguarding Vulnerable Adults confirmed that the system in place for the management of resident's finances is sufficiently robust and in compliance with Social Welfare Regulations 	

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	31/08/2022
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.	Not Compliant	Orange	18/08/2022
Regulation 24(2)(b)	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 the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/08/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	18/08/2022