



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

Issued by the Chief Inspector

Name of designated centre:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	16 November 2021
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0033176

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 102 residents in six residential units: 1) Michael's Unit: 12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day 3) Vincent's Unit: 32-bedded unit for male and female residents that includes three rehabilitation beds, three respite beds and three palliative care beds 4) Sacred Heart Unit: 17-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents 5) Francis Unit: 19 bedded unit accommodating female long-term care unit and which was refurbished in 2007 6) Enda's Unit: 12 bedded unit accommodating male and female long-term residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	82
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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
Tuesday 16 November 2021	09:30hrs to 17:30hrs	John Greaney	Lead
Wednesday 17 November 2021	09:30hrs to 17:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector visited each of the six units, and spoke to residents, visitors and staff as part of the inspection.

The inspector noted that the centre comprises six units; Michael's, Ann's, Sacred Heart, Francis', Enda's and Vincent's units. The centre is registered to accommodate 102 residents requiring long-stay, rehabilitation, respite, convalescence and palliative care. Residents are predominantly accommodated in multi-occupancy bedrooms of which eighteen are 4-bedded rooms, two are 3-bedded rooms, seven are twin bedrooms and ten are single bedrooms.

The inspector spoke with a number of residents and visitors while walking around the centre and all of the residents and visitors spoken with reported satisfaction with the service they were receiving. When asked about the quality of food, some residents commented that 'it was better than a hotel' and some stated that portion sizes at mealtimes were large. Residents stated that staff were kind and caring and responded to any requests for assistance in a timely manner. All interactions between staff and residents observed by the inspector were seen to be kind and respectful.

Visiting was facilitated in areas adjacent to each of the units. As a result of the multi-occupancy nature of the bedrooms, open visiting in accordance with guidance issued by the Health Protection and Surveillance Centre (HPSC) could not be facilitated. Each resident was allocated four visits per week and these were scheduled in advance. Visitors spoken with did not express dissatisfaction with visiting arrangements, stating that it was an improvement on the more severe restrictions that were in place previously. One visitor did state that it would be good if they could have more visits but they could understand why visits were limited. The inspector observed that one visit was taking place in a public corridor leading to Michael's and Ann's units, which did not afford adequate privacy or allow the visitor spend time alone with the resident.

Improvements were noted in the premises since the previous inspection, which was conducted in March 2020. Some units had been painted and painting was underway in Francis unit on the day of the inspection. New wardrobes had been installed in a number of the 4-bedded rooms and there were also some new chests of drawers. This provided additional storage space for residents to store their clothing and personal belongings.

A number of bedrooms had been reduced from 6-bedded rooms to 4-bedded rooms, to allow for more space for each resident in those bedrooms. The curtains separating the beds in these rooms had not been changed to reflect the new occupancy level of these rooms, so in effect, there continued to be six bed spaces rather than four. New wardrobes and chest of drawers were placed in some of these spaces. Moving the curtains surrounding each bed to take account of the additional

space potentially available to each resident would provide residents with the sense of increased personal space. This was particularly noticeable in Francis' unit, in bedrooms that had been reduced from four to three beds. The beds had not been moved from their original positions and therefore two of the beds were the same distance apart as when the bedroom had four beds.

Each unit had access to secure outdoor space, however, no residents were observed to be outside on the day of the inspection. Improvements were noted in the provision of activities with additional staff resources allocated to activities since the previous inspection. The inspector spoke with a member of the activity staff and it was evident that a variety of activities were available to residents that included access to the community and local area. The centre had access to a bus and residents routinely went on trips to seaside resorts such as Clonea and Ardmore. The bus was also used to take residents shopping and for coffee on occasions. The centre also had access to a Tri Shaw and residents were taken on trips to town, two at a time. There were regular concerts by external providers and a nationally renowned singer performed a concert from the church within the centre on the second day of this inspection. This was broadcast live via closed circuit television (CCTV) to all of the units. Despite the increased resources allocated to activities, given that activity staff also provided activities to another co-located designated centre, Dunabbey House, a further review of activities was required. Taking into account that there were seven different and distinct areas, comprising the six units and Dunabbey House, it was not possible for activity staff provide adequate activities to all areas of the centre. The inspector observed residents sitting in communal areas with limited stimulation, other than a television in which many demonstrated minimal interest.

The inspector visited Vincent's unit at the end of the second day of the inspection as restrictions were in place due to a staff member testing positive for COVID-19. Vincent's is a new construction, relative to the other units. Despite it being new, bedroom accommodation is mainly multi-occupancy, with six 4-bedded rooms, two twin bedrooms and four single rooms. The sitting room in this unit is small, and not adequate in size for the number of residents that can be accommodated in this unit. In addition to the main sitting rooms there is a small quiet room, a large dining room and an activities room. The sitting room and quiet rooms are bright, comfortable and decorated to a high standard. The activities room was used to store a large number of speciality chairs and not usable as a sitting area in its current state. The inspector was informed by staff the residents were not confined to their rooms, however, only one resident was seen in the sitting room. All other residents were observed to be in their bedrooms.

Capacity and capability

The provider was delivering an organised service with a number of areas of good practice observed. Improvements were required in relation to the design and layout

of the premises and the activation and occupation of residents.

This was an unannounced inspection conducted over the course of two consecutive days. The HSE is the registered provider of Dungarvan Community Hospital. The inspector found that there was a clear management structure in place, and staff who spoke with the inspector were clear of their roles and responsibilities. The person in charge is also the person in charge of one other designated centre, Dunabbey House, which is located across the road from this centre. A recent inspection of that centre identified that it was not appropriate for the person in charge to be involved in the day to day operation of two centres as it had a negative impact on the oversight of both centres. The person in charge is supported by two assistant directors of nursing (ADONs) and a number of clinical nurse managers (CNMs). There is also an overarching management structure within the community healthcare organisation area (CHO) that provides support and oversight of the operation of the centre. There was a comprehensive audit program in place and the results of these audits are used for quality improvement purposes. There was a risk register in place that was seen to reflect the current risks in the centre.

There were CNMs or senior staff nurses on duty in each unit to oversee the delivery of care on a day-to-day basis and there were daily walkarounds to each unit by either the person in charge, ADONs or both. The walkaround was used as an opportunity to engage with staff and residents. There were adequate staff on duty in each of the units, and residents were seen to be receiving support in a timely way, such as providing assistance to eat when meals were served and responding to requests for support. A review was required of staffing levels in the context of the provision of activities to residents across all units in the centre.

There was a comprehensive programme of training and systems were in place to ascertain if training was effective, for example, by auditing practice. There was a high level of attendance at training, however, there were some gaps in attendance at responsive behavior training.

While there was a strong governance and management structure in place that supported areas of good practice, some improvements were required. While the occupancy levels in some bedrooms had reduced, the space around the bed had not been reconfigured in a manner to identify for each resident the increased space available to them. Also, the provider had not complied with a condition of registration and an application to vary the condition had not been submitted.

Regulation 14: Persons in charge

The Person in Charge was also person in charge of another designated centre, which is located across the road from this centre. The person in charge was supported by two assistant directors of nursing, both of whom were involved in the management of both centres. The size and complex nature of this centre requires the attention of a designated person not engaged in the operation of another

centre.
Judgment: Substantially compliant
Regulation 15: Staffing
There was adequate numbers and skill mix of staff to meet the care needs of residents. However, a review of activity staff was required to ensure that social needs of residents are met across six different units in this centre. Activity resources were shared with another designated centre.
Judgment: Substantially compliant
Regulation 16: Training and staff development
Seventeen staff across three different units required attendance at training on responsive behaviour.
Judgment: Substantially compliant
Regulation 21: Records
Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated that a full and comprehensive employment history was available for each member of staff; employment references were obtained for each member of staff, including a reference from their most recent employer: and Garda vetting was in place for all staff.
Judgment: Compliant
Regulation 23: Governance and management
The provider had not complied with a condition of registration involving compliance with Regulation 28. While work was underway to comply with this condition, the registration condition required that the works be completed by 30 June 2021 and an application to vary the condition had not been submitted.
The governance and management systems in place locally in the centre, including

oversight of arrangements, ensured that residents received good quality nursing and health care. However, these systems did not identify or address the shortcomings found in relation to the social care needs of residents or the need to utilise the increased space available to residents with the reduction in bed numbers.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose was reviewed and updated on a regular basis. It contained all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in a timely manner and a review of the accident and incident log indicated that all notifications required to be submitted were submitted. The inspector followed up on notifications submitted and these were adequately managed to support the care and welfare and safeguarding of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The policy identified the person responsible for oversight of complaints to ensure they were being recorded and addressed. A review of complaints logs in each of the individual units indicated that adequate records were maintained, including the outcome of the complaint and whether or not the complainant was satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were available for review and all had been updated at a minimum of every three years.

Judgment: Compliant

Regulation 11: Visits

Facilities were not available to allow for full compliance with guidance issued by the HPSC in relation to visiting. Due to the multi-occupancy nature of most bedrooms, residents could not receive visitors in their rooms. Visits were restricted to four visits per week for each resident and these visits were scheduled in advance.

One visit was seen to take place in a public corridor.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Notwithstanding the additional wardrobes and chest of drawers provided in some bedrooms, a small number of wardrobes were located across the room from some residents' beds.

One wardrobe was inaccessible due to the location of the bed, which prevented the door of the wardrobe from opening.

Judgment: Substantially compliant

Regulation 13: End of life

Residents were consulted about end of life preferences and these were facilitated insofar as possible. Records reviewed indicated a high standard of nursing and health care was provided to residents as they approached end of life. Visiting was facilitated on compassionate grounds and relatives were supported to remain with residents at end of life.

Judgment: Compliant

Regulation 17: Premises

Issues found on inspection in relation to premises include:

- multi-occupancy bedrooms that had the number of beds in the room reduced were not reconfigured to make the best use of the increased space available to residents
- a single bedroom in Sacred Heart Unit that does not have en suite facilities does not have a wash hand basin in the room
- a room designated for the provision of activities in Vincent's Unit was used for storing chairs, which impacted on the amount of communal areas available to residents. In addition, the main sitting room is 20.8 metres squared and can only accommodate a small number of residents. There is a need to review communal space in this unit so that more residents can spend time away from their bedrooms in a sitting room suitably furnished for this purpose
- as there was no single room available in Enda's unit, a resident's end of life care wish to be accommodated on Enda's unit could not be facilitated should they request a single room

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy that complied with the requirements of the regulations. There was a hospital-wide risk register as well as a local risk register for each unit.

Judgment: Compliant

Regulation 27: Infection control

There were effective infection control procedures in place that included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures, training for staff, and oversight of the IPC arrangements in the centre to ensure they were being followed consistently.

Judgment: Compliant

Regulation 28: Fire precautions

While there was a positive focus on fire safety and some issues had been addressed since the last inspection, further improvements were required in relation to fire safety, for example:

- as a result of the relocation of a fire safety screen, a fire safety compartment in Sacred Heart Unit had increased from 14 beds to 19 beds. This would result in an increase in the time to evacuate all residents from the bedroom area of the unit to a place of relative safety. Fire drills were not conducted using night time staffing levels simulating a full evacuation of this compartment
- fire drill records did not contain adequate detail of the scenario simulated and fire drills did not routinely simulate the evacuation of a full compartment

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents care plans were in place for identified needs. They set out, using a person-centred approach, what residents skills and abilities were as well as what care and support was required.

Records showed there were reviews of residents needs at least every four months, or more frequently as required. Where there were regular changes, records were seen to be updated regularly.

Judgment: Compliant

Regulation 6: Health care

The selection of records reviewed showed that residents had access to medical care in the centre, and referrals were made as required to other allied health professionals. Notes were available of professionals reviews and the actions to be taken. For example, changing in consistency of food to reduce the risk of choking.

A range of nursing tools were used by the nursing staff, and records showed that where risks were identified, or known risks increased, action was taken to review the care being delivered, and implement any recommendations made by allied health are

Judgment: Compliant

Regulation 8: Protection

All residents spoken with by the inspector stated that they felt safe in the centre. Where there were suspicions or allegations of abuse, adequate safeguards were put

in place while the issue was being investigated. The provider was pension agent for 23 residents and adequate arrangements were in place for the management of these finances in accordance with HSE national procedures.

Judgment: Compliant

Regulation 9: Residents' rights

A review was required of the programme of activities in the following context:

- while there was an increase in activity staff since the last inspection, a further review was required to take into account the design and layout of the centre
- a review was required of the number and location of televisions in the multi-occupancy bedrooms. While there were two televisions in some 4-bedded rooms, some were very high up and others were very low to the ground making them difficult for all residents in the bedroom to view.
- the inspector observed that residents in some units had minimal stimulating activities, other than television and background music.
- the consultation process with residents could be enhanced through the addition of a relative survey or by putting systems in place to ensure that a larger cohort of residents are consulted on a regular basis.

Judgment: Not 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	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0033176

Date of inspection: 17/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Process in place to ensure a designated PIC in place for both DCH & Dunabbey House.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Additional 2 WTE recruited to activities/stimulation from 13/12/2021, increasing DCH weekly access to 3 WTE and a separate defined allocation of 1 WTE to Dunabbey House.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training plan in place to ensure remaining 17 staff members attend training in responsive behavior.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Full review carried of layout bed spaces to ensure resident's access to personalised bed areas and for residents to utilize the extra bedroom space available to them. Following review refurbishment planned to move and relocate the wardrobes electrical /oxygen points, plus vacuum services to ensure the social needs of residents is met & enable residents to utilise the increased space available due to the reduction of bed numbers.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Due to the continuous high transmission numbers within the community visitors are required to book visits in advance. Currently 4 planned visits per resident per week with unrestricted access to additional visits as requested. Unrestricted access to compassionate /EOL visits.</p> <p>Access to a private area for Michaels residents visits has been arranged. In discussion with some visitors/residents, it was confirmed that they enjoy their visits in the veranda as it is an open well ventilated space with an excellent view of the outdoor space.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Review & address of all personal storage space in bed areas to ensure resident easy access to their personal belongings.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Review of reconfigured bed spaces to ensure adequate personalised bed spaces.
 Refurbishment of a single room in SHU to include WHB.
 Review of communal recreational space Vincent's unit.
 Regarding Endas unit - EOL planning stage discussion with residents & families to offer relocation to a single room if it is the preferred choice.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Fire Drill & evacuation training plan / feedback in place for each unit. Review of feedback document to ensure it contains adequate detail of drill/evacuation carried out.
 External audit by independent Fire engineers carried out & report currently under review with plan of recommended works now in place. Estimated completion date 31/3/2022.
 HSE Fire officer on site 2/2/2022 to conduct SHU fire evacuation/drill. Copy of drill/evacuation report will be forwarded 3/2/2022.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Additional 2 WTE recruited to activities/stimulation from 13/12/2021, increasing DCH weekly access to 3 WTE and a separate defined allocation of 1 WTE to Dunabbey House 1 WTE to Dunabbey House.
 Full review/ address of location of TV access in multi occupancy rooms.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	01/12/2021
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's	Substantially Compliant	Yellow	01/12/2021

	room, is available to a resident to receive a visitor if required.			
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/01/2022
Regulation 14(4)	The person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	13/12/2021

	centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/03/2022
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.	Not Compliant	Orange	31/03/2022
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	28/02/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	04/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/03/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	13/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Not Compliant	Orange	13/12/2021

	participate in activities in accordance with their interests and capacities.			
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