



**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:	Dean Maxwell Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	The Valley, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0000665
Fieldwork ID:	MON-0033994

About the designated centre

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

Dean Maxwell Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Roscrea in north Tipperary. The centre is single storey and is designed around two enclosed garden areas. The centre can accommodate up to 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and six twin bedrooms. Two of the single bedrooms with en suite shower facilities are dedicated to palliative care. Some of the twin bedrooms have en suite facilities, there are two assisted showers, specialised bath and eight toilets for residents occupying single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and oratory. Day care facilities are provided Monday to Friday for up to 15 people from the local area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 August 2021	09:30hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was carried out over one day. There were 19 residents living in the centre on the day of the inspection. Overall, the inspector found that the residents were well cared for and supported and they enjoyed a good quality of life. The atmosphere in the centre was relaxed and calm and staff were observed to interact with residents in a respectful and caring manner. However, with the exception of the palliative care rooms, the space in the single bedrooms was too confined.

Dean Maxwell Community Nursing Unit is operated by the Health Service Executive. Whilst the centre was registered to accommodate 28 residents. However, one of the bedrooms has recently been converted to a hairdressing room so the maximum occupancy is now 27 residents.

The centre comprises 15 single and six twin bedrooms rooms. Two of the single rooms are designated for palliative care and have a shared sitting room and mini kitchen. They are also en suite with shower, wash hand basin and toilet. While the twin bedrooms and both palliative care rooms are adequate in size, 13 single bedrooms are too small and do not meet the minimum space requirements set out in S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The inspector noted that there was insufficient space, particularly should a resident wish to spend time alone in their bedrooms or to receive visitors in the privacy of their rooms. There was not adequate space to accommodate a comfortable chair or for a second chair for a visitor. Additionally, there was no room for additional furniture such as a chest of drawers for residents that required additional storage space for clothes and personal belongings. The inspector was informed that only residents who did not require a hoist for transfers were accommodated in these rooms.

Most bedrooms had a television, however, some of these were placed on bedside tables at the end of the bed. Residents in shared rooms had one television between them. Call bells were available throughout the centre and residents confirmed to the inspector that these were answered promptly by staff.

The inspector spoke to a number of residents over the course of the inspection. The residents who spoke with the inspector described a positive experience of living in the centre. They said that staff were kind and caring and that they could spend their day as they wished.

Despite the limitations of the design and layout of the premises, it was generally clean throughout. Housekeeping staff who spoke with the inspector were knowledgeable of the cleaning processes. There were, however, areas that required maintenance such as radiators and floor covering.

Residents had safe access to two courtyards but despite it being a nice sunny day,

no residents were seen to avail of the courtyards. The inspector was informed by staff that this was because indoor activities were scheduled on this day. Both courtyards were maintained to a good standard with raised plant beds, garden furniture and one of the courtyards had a soft flooring to minimize the risk of injury should a resident have a fall. One of the courtyards contained a shed that was used for storage and was very untidy in appearance.

A member of the care staff was designated to provide activities each day. On the day of the inspection the inspector observed a staff member reading a local newspaper to residents and facilitating a discussion about the news items. A physiotherapist visited the centre in the afternoon and carried out group exercises with residents and they were seen to enthusiastically participate in the activity. Residents had access to television, radio, newspapers and books. There were arrangements in place to support residents to maintain contact with family members. Visiting was facilitated and there were identified areas in the centre to receive visitors. An outdoor visit was also seen to take place in an area at the front of the centre on the day of the inspection.

The inspector observed residents at meal times. Staff were seen to support the residents to enjoy their meals in a relaxed atmosphere and residents had a choice about where to have their meals. Some residents preferred to eat alone and this was accommodated with staff checking on them regularly. The inspector saw that the meals served were well presented and there was a choice of food available. Residents who required assistance were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere in the dining area was relaxed and residents were complimentary of the food provided. A choice of hot and cold refreshments and snacks were available to residents throughout the 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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with regulations. The inspector acknowledged that residents and staff working in centre had been through a challenging time with COVID-19. The centre had managed to remain free from COVID-19 other than two episodes of staff testing positive through community transmission. The person in charge was the nominated COVID lead in the centre.

The Health Service Executive is the registered provider. The service is supported by centralised departments, for example, human resources, fire and estates and learning and development. There is a clearly defined management structure in the

centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time and was responsible for the daily operation of the centre. She reported to the Older Persons Service Manager who was part of a group of senior managers who supported the centre. The Person in Charge was supported by a clinical nurse manager and a team of nurses, care assistants, multi-task attendants, and catering staff.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. There was an annual review of the quality and safety of care to residents that incorporated feedback from residents obtained through residents' meetings and residents' surveys. The centre was adequately resourced and mostly compliant with the regulations. The management team had an effective system in place to identify and manage risks. Risks were regularly reviewed and evaluated to ensure that measures in place to mitigate or eliminate identified risks were effective. However, the use of live candles and the storage of a candle lighter in the oratory had not been included in the risk register.

There were adequate numbers and skill mix of staff available to meet the needs of residents. A review was required of staffing in the context of laundry duties. Staff were competent and knowledgeable about the needs of residents on an individual basis. Staff were observed to be respectful to residents and were responsive to their needs and requests.

Staff were supported and facilitated to attend training relevant to their role and all staff had completed training in mandatory areas such as fire safety, manual and people handling, and safeguarding. Training was overdue for all staff in responsive behaviour and management were in the process of sourcing this training. Staff had also completed training in infection prevention and control that included training in relation to the prevention and management of COVID-19, correct use of PPE and hand hygiene. Staff had access to relevant policies to guide their practice and there was evidence of regular and effective communication, including staff meetings, memos and email communication. All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI). A review of a sample of staff personnel files indicated that adequate arrangements were in place in relation to staff recruitment.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A bedroom had recently been converted to a hairdressing room and an application to vary the conditions of registration had not been made.

Floor plans required review to ensure that room numbering accurately reflected the bedrooms in the centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was full time and had the required experience and qualifications specified in the regulations. She facilitated the inspection in an open and transparent manner.

Judgment: Compliant

Regulation 15: Staffing

A review was required of staffing, as cleaning of sanitary facilities and laundry duties were carried out by one member of staff without adequate segregation of duties.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were overdue refresher training in responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were stored safely in the centre and were made available for inspection. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources to provide services as described in the centre's

statement of purpose. Management systems were well developed and there was effective monitoring of the quality and safety of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

A complaint made by a resident should have been notified to the Chief Inspector as an allegation of abuse.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as set out in Schedule 5 were available for inspection. There was a system in place to regularly review policies and to update staff on any policy changes.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported to have a good quality of life, which was respectful of their wishes and choices. The health and social care needs of residents were met to a good standard. Improvements were required in relation to the environment, specifically the sizes of thirteen of the single bedrooms that did not afford adequate space for residents to comfortably spend time in their bedrooms.

On the day of inspection the inspector noted that the centre was clean. Cleaning

schedules reviewed were consistently completed. Staff were observed to comply with good hygiene practices and were using PPE appropriately. Staff training records indicated that staff were up-to-date on hand hygiene and infection prevention and control training. A review was required of the laundry facility as the design and layout did not support the segregation of clean and dirty linen. There was an inadequate system in place to ensure that clean linen was segregated from soiled linen. The washing machine and dryer were side by side. There was a trolley of recently laundered towels stored directly beside the door of the washing machine, where they could potentially become contaminated when soiled laundry was being placed in the washing machine. A review was also required of cleaning and laundry duties, as the person responsible for cleaning sanitary facilities was also responsible for laundry duties. These duties were intermingled and posed a risk of cross contamination.

Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. There were, however, other areas of improvement required in relation to infection prevention and control and these are discussed in detail under Regulation 27 in this report.

According to the statement of purpose submitted by the provider to the Chief Inspector in June 2021, 13 single bedrooms were 6.44 sqm and did not meet the requirements of SI No.293, which states that a bedroom in a designated centre shall have an area of not less than 7.4sqm. The person in charge informed the inspector that only residents that did not require the assistance of a hoist were accommodated in these rooms, as there was insufficient room to manoeuvre a hoist. Efforts had been made to personalise areas around each resident's bed space through the addition of shelves for photographs and memorabilia. Personalisation of residents' bedrooms can have the effect of creating a homely environment for residents in long term care. Photos of family members serve as a form of connection for residents to their families. Due to limited space, these shelves were quite small and could only accommodate a limited number of items. All bedrooms contained standard chairs but none of the small single rooms had an armchair in which a resident could comfortably sit and there was insufficient space for residents to receive visitors in their rooms.

Positive elements of the environment included two secure out door areas that were landscaped with raised plant beds containing colourful plants and flowers. The outdoor areas were inviting, readily accessible and contained garden furniture to allow residents spend time in outdoors. There was adequate communal space that comprised a sitting room, conservatory, dining room and a visitors room.

Significant improvements had been made in relation to fire safety. At the last inspection in October 2019, it was identified that a fire safety risk assessment had been conducted, but identified works and actions that were required in the short and medium term had not been completed. Communication with the provider since that inspection provided assurances that all actions identified in that risk assessment had been completed. Records indicated there was a positive focus on fire safety as evidenced by regular fire safety drills and the preventive maintenance of fire safety

equipment at the recommended intervals.

Regulation 11: Visits

Visits had resumed at the centre in line with updated national guidance for residential centres. Staff guided visitors through appropriate COVID-19 safety checks at the centre. Only a small number of visitors were seen on the day of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Most bedrooms had in-built wardrobes in which residents could store their clothing. There was inadequate space, however, in the single bedrooms for additional storage, such as chest of drawers.

There was limited space for residents to store memorabilia and photographs in the single rooms.

Judgment: Substantially compliant

Regulation 13: End of life

A sample of care plans reviewed showed that staff had actively engaged with residents to elicit their end-of-life care wishes.

Judgment: Compliant

Regulation 17: Premises

Required improvements in relation to the premises include:

- thirteen of the single bedrooms were less than 7.4m² and they were too cramped to accommodate residents living in long-term care. There is inadequate space in these rooms for residents to create a homely environment and the space was not adequate for a second seat to entertain a visitor. Additionally, residents that may become more infirm over time would

most likely have to move to a shared room, even if their preference was for a single room. As stated earlier only the palliative care rooms and twin bedrooms were spacious enough to accommodate residents requiring the use of a hoist

- the design and layout of the laundry did not facilitate the segregation of clean and dirty linen and this posed a risk of cross contamination.
- the paintwork in areas of the centre was scuffed and damaged and could not be cleaned to a optimal standard
- a shower hose holder in one of the bathrooms was broken
- a radiator in the therapy room was rusty
- the floor covering in the therapy room and on the corridor had permanent stains

Judgment: Not compliant

Regulation 26: Risk management

A review was required of the use and storage of candles and lighters in the oratory that could be accessed by residents unsupervised.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in relation to infection prevention and control in the following areas:

- cleaning and laundry roles were not segregated posing a risk of cross contamination
- the male changing room required attention, as there were used face masks on the floor, there was cloth handtowel at the wash hand basin, and here was no hand soap
- there was a red clinical waste bin being used for general waste collection in one of the bathrooms
- sanitary bins in many of the bathrooms did not have a lid
- a dressing trolley in the therapy room contained old dressing instruments that required disposal

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate measures were in place for fire safety management. The fire alarm and emergency lighting were serviced quarterly and fire safety equipment was serviced annually. Staff spoken with were knowledgeable of what to do in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed using validated assessment tools. Care plans were developed based on these assessments and incorporated input from other health professionals, where indicated. Care plans were reviewed every four months or more frequently, as required.

Judgment: Compliant

Regulation 6: Health care

Residents benefited from a good standard of evidence based health care provided in this centre. The medical officer visited the centre four days each week. An out-of-hours general practitioner (GP) service provided out of hours medical cover. Allied health professionals attended residents on site and there was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents living in the centre on the day of inspection that presented with responsive behaviour. There was adequate detail in care plans to support staff respond to the needs of residents and staff spoken with were knowledgeable of each resident's needs on an individual basis. Four residents had bed rails in place and a risk assessment had been conducted for each resident prior to the use of bed rails.

Judgment: Compliant

Regulation 8: Protection

A review of the complaints log indicated that one of the recorded complaints should have been investigated under the safeguarding policy rather than the complaints policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that staff understood and respected residents' rights to make their own decisions and live in a way that suited them. They had access to advocacy services and were regularly consulted in relation to the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	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	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dean Maxwell Community Nursing Unit OSV-0000665

Inspection ID: MON-0033994

Date of inspection: 25/08/2021

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>An application to vary condition of registration has been submitted by the registered provider (22nd September 2021).</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The issue re: cross contamination raised in relation to cleaning and laundry duties was referred to IPC advisor who did not note this as a concern. However, to provide assurance, a process has been put in place to further ensure that cross contamination between cleaning and laundry duties by staff involved does not occur</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and</p>	

<p>staff development: Action in progress : A schedule of MAPA training is been developed to address training needs and will be completed for all staff by 31st March 2022.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Actions Completed: A retrospective NF06 has being completed onto the HIQA portal.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Action in progress: An interior designer has been engaged to attend the designated centre to review the design of the single bedrooms. This has been completed. A plan will be developed to achieve smart solutions for storage, memorabilia and personal possessions.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Action Completed: An independent architect was engaged to accurately measure the floor space within each of the thirteen single bedrooms within the designated centre. This exercise has determined that each of the thirteen bedrooms referred to has a minimum floor space of 7.4sqm, with built-in wardrobe included, and therefore meets the minimum space requirements set out in S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.</p> <p>Action in progress: Paintwork, flooring and repair works have commenced and will be completed by 8th</p>	

October 2021.

Regulation 27: Infection control

Substantially Compliant

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

Action Completed:

Issues highlighted have been resolved

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Actions Completed :

A preliminary screening was submitted to the Safeguarding and Protection Team in relation to the complaint. A safeguarding plan in respect of the resident was put in place immediately.

The Safeguarding and Protection Team have reviewed the preliminary screening submitted and have determined that there are no grounds for concern. The case is closed to the Safeguarding and Protection Team.

Action in progress:

Safeguarding training on HSE Land will be completed by all staff by 22nd October 2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	22/09/2021
Regulation 12(c)	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 he or she has adequate space to	Substantially Compliant	Yellow	31/12/2021

	store and maintain his or her clothes and other personal possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
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	24/09/2021
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	Not Compliant	Orange	24/09/2021

	in Schedule 6.			
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	22/09/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	21/09/2021
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	22/09/2021