



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

## Issued by the Chief Inspector

Name of designated centre:	St. Peter's Nursing Home
Name of provider:	St. Peter's Nursing Home
Address of centre:	Sea Road, Castlebellingham, Louth
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0000122
Fieldwork ID:	MON-0036678

## About the designated centre

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

St Peter's is a purpose built nursing home which was extended in recent years. It offers care to 69 residents, male and female over the age of 18 years. The centre provides long-term residential care, convalescent and respite care. They care for those with a diagnosis of dementia and an acquired brain injury. They cater for those of low, medium, high and maximum dependency. Their purpose is to provide care on an individualised, fair and in an equal way while involving the resident and their families. The centre has 63 single and three twin en-suite bedrooms. Included in this is a 20 bedded dementia care unit. The centre is situated within five minute's walk of the village of Castlebellingham where residents' can access a variety of amenities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	64
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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 1 June 2022	09:00hrs to 17:40hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector walked around the nursing home speaking with residents on the way. Residents said that they felt safe living in the nursing home and that the care they received was in their opinion very good.

The inspector observed staff sitting down and conversing with residents in a kind, patient, friendly and respectful manner. Residents were engaged in activities throughout the course of the inspection and a group of residents participating in art classes said they enjoyed the variety of activities on offer during the week. However, they said that there were no activities provided at the weekends.

One resident told the inspector that they were planning a walk outside after lunch and the inspector observed a number of residents going outside for a walk together after lunch. The inspector observed that the grounds of the nursing home were well maintained. Staff said they had noted the positive therapeutic effect these had on this group of residents.

Mealtimes were quiet and relaxed. Residents confirmed and the inspector observed that residents had a choice of meals at mealtimes and their choice was respected. However, one resident said the breakfast was sometimes cold when served in the bedroom. Staff were available to assist residents with their meals and where assistance was being provided this was done in a sensitive and unrushed manner.

The inspector observed that bedrooms were homely and filled with the residents' personal possessions. The inspector observed that bedrooms and private bed spaces appeared homely and individualised. Some of the residents had decorated their bedroom or their bed private space as they wished by hanging their own pictures and displaying their personal items. Residents said that their clothes were regularly laundered and returned to them promptly and in perfect condition. Residents said and the inspector saw that there was enough storage space for their belongings and clothes in their bedrooms.

Residents spoken with told the inspector that their bedrooms were cleaned regularly and they were always kept clean. The inspector observed the house keeping staff completing their duties throughout the course of the morning. Cleaning lists had been developed for the cleaning of equipment, residents' bedrooms, communal rooms and frequently touched surfaces. The inspector saw that the equipment in use was clean.

There were hand sanitisers available for staff and wash hand basins in most of the bedrooms. Staff were observed sanitising their hands prior to entering and on leaving a residents bedroom. However, some infection control practices required improvement and this is further detailed under Regulation 27: Infection control.

Visiting had recommenced in the centre. However, restrictions on visiting had been

put in place which were not inline with current public health guidelines.

The residents told the inspector they enjoyed life in the centre and had absolutely no complaints.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

Overall, this was a well-governed centre. The provider was Costern Unlimited Company and they had made an application to renew the registration of the centre for another three years. The chief executive officer (CEO), person in charge and a clinical operations manager attended the feedback meeting.

The person in charge was supported by a named provider representative, an assistant director of nursing and two clinical nurse managers. Most of the issues identified on the last inspection report had been addressed, however the referral process to some allied health care team members remained an outstanding issue from the last inspection.

The staffing levels had remained unchanged and the inspector saw that although there were a number of vacant health care assistant posts, the vacant shifts were covered by agency staff working on a permanent basis in the centre.

The managerial oversight required improvement. The inspector found that the two clinical nurse managers were not allocated time to carry out the managerial element of their role. On the day of inspection the clinical nurse manager was the only qualified nurse with responsibility for a group of residents. Therefore, they did not have time to follow-up on audits or oversee care practices.

There was evidence that practices had been audited, however there was no evidence that the findings of these audits had been acted upon. The negative impact of this was that the standard of nursing documentation had not improved despite the documentation audits clearly identifying the areas where improvements were required.

Staff had access to training and staff had completed the mandatory training they required, however, there was inconsistencies to the content of training been completed by staff particularly in relation to safeguarding adults at risk. The inspector found that safeguarding training completed by staff was not consistent and there was a potential risk of gaps in staff's knowledge of what constituted abuse which increased the potential exposure of residents to abuse. A number of safeguarding issues had been reported to the Chief Inspector since the last inspection.

The annual review completed included all the key performance indicators for 2021 and detailed quality improvement plans for 2022 some of which had already been completed. The residents' feedback on the service they received was also included.

Overall, all the documents reviewed met the legislative requirements, the policies and procedures and residents' guide were the only documents which required further information included.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the 69 bedded centre had been received together with the fee to be paid and all required documents to support the application.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

The safeguarding training completed by staff was not consistent and required review. The inspector noted that some staff had completed safeguarding training online and others had completed in-house safeguarding training, a small number of staff had completed both.

Judgment: Substantially compliant

#### Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Although the lines of accountability were clearly defined in the SOP, in reality the inspector found that the CNMs were working as staff nurses and did not have dedicated time for their role. Consequently, although there were management systems to oversee care and service which identified areas for improvement, they were not effective at bringing about change.

This had an adverse impact on the supervision of practice. For example, although nursing documentation was audited, the findings of these audits were not being followed up on. This resulted in some residents' nursing documentation being incomplete. For example, the inspector found that some residents' assessments had not been fully completed for some period of time and some care plans were not reflecting the residents' required needs.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required review to ensure the whole time equivalent of staff was clear, concise and accurately reflecting the staff working in the centre. An updated statement of purpose was submitted to the Chief Inspector with amendments made one day post this inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaint procedure was on display in the reception area and on the residents notice boards. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process. Contact details for advocacy services were also on display in the centre. The inspector found that the records of all complaints were available for review and the records reviewed were



comprehensive and met the the legislative requirements. There were no open complaints on file.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were available, however, they were generic and some did not reflect practices in the centre. For example, the admission, transfer and discharge policy did not mention the National transfer document although staff told the inspector they were using this document when transferring a resident from the service to the acute sector.

Judgment: Substantially compliant

#### Quality and safety

There was evidence that residents received a good standard of quality and safe care on this inspection. The inspector found that residents' health, social care and spiritual needs were catered for, however improvements were required to further enhance infection control practices and residents nursing documentation.

Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. However, consultation with residents in relation to issues that directly impacted them needed to be improved. Residents with a cognitive impairment were being effectively supported by staff in a specific unit.

The premises was in a good state of repair and had a continuous refurbishment programme in place. The internal courtyards were easily accessible to residents and were well maintained.

Overall, infection control practices were good. All cleaning equipment was safely stored within cleaning rooms. Hand hygiene practices were good among staff working across all disciplines. Some areas of improvement were identified mainly in relation to the storage.

Equipment was observed to be clean, with clear processes in place to identify if, and when it was cleaned. The inspector saw records of the servicing of equipment in line with the manufacturer's guidelines.

## Regulation 11: Visits

The visiting policy had not been updated to reflect the current Public Health guidelines. Visiting restrictions had been put in place with visiting restricted to three different time periods each day. The restrictions had not been risk assessed and residents had not been consulted with prior to their implementation.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

## Regulation 17: Premises

The premises was kept in a good state of repair internally and externally. The centre was found to be clean and tidy and the corridors were clutter free. Residents' bedrooms were personalised and residents had access to several communal rooms including an internal smoking, activities and prayer room.

Judgment: Compliant

## Regulation 20: Information for residents

A residents guide was available. However, it did not reflect the current services available, terms and conditions, and visiting arrangements. For example, it did not mention the fact that an activities schedule was only provided five days of the week and it stated that the centre had an open visiting policy.

Judgment: Substantially compliant

## Regulation 27: Infection control

The following issues had a negative impact on infection prevention and control practices:

- Stainless steel teaspoons were in use on the medication trolley.
- Shoes were stored on the floor in the staff changing room, and in one store room there were boxes stored on the floor; this practice is not appropriate.
- There was no wash hand basin in the hairdresser's room.
- Linen skips were stored in communal bathrooms, which posed a cross-contamination risk.
- The taps in the wash hand basin in one of the cleaning rooms were not meeting the required standard.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications were administered to residents in line with the centre's policy. Prescribed medications came individually packed from the pharmacy and each resident's medication were individually prescribed and signed by a staff nurse when administered. Medications were stored in a locked clinical room.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvements to the standard of nursing documentation was required.

For example;

Some residents did not have a comprehensive assessment completed on admission.

Some care plans were not reflecting the residents' required needs.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that one resident had not been referred promptly to a tissue viability nurse. The process for referral required review to ensure residents were referred for specialist review and treatment without delay.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' did not have opportunities to participate in activities in accordance with their interests and capabilities at weekends. This was not appropriate as a fee was being charged for this service.

Residents' had not been consulted with prior to visiting restrictions being imposed on them in their home.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following issue was identified:

There was a large gap under the bedroom door of room 46, which did not ensure effective smoke containment.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for St. Peter's Nursing Home OSV-0000122

Inspection ID: MON-0036678

Date of inspection: 01/06/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>St Peters has a training matrix in place that is reviewed fortnightly at the business management meeting to ensure that no staff is without mandatory training. The spreadsheet automatically highlights training that is due to expire to enable prompt booking of courses.</p> <p>All staff received adult safeguarding training within the mandatory period of three years, however not all staff received face to face training in adult safeguarding due to online updates throughout the pandemic period. Following the inspection, a review of the safeguarding training was completed. Eight staff did not have in house face to face training. This has now been completed. Going forward, in house training will be provided for all staff in adult safeguarding.</p>	
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>St Peters has effective leadership, governance and management arrangements in place with clear lines of accountability. Both The DON and ADON work supernumerary. The service is supported by a Clinical Operations Manager, Human Resources Manager and the Registered Provider Representative. Fortnightly management meetings take place with all parties where a comprehensive review of the service is conducted, and issues discussed.</p>	

There is a comprehensive monthly auditing schedule in place and is completed by the DON, ADON and CNM. Both the Don and ADON are supernumerary to oversee the care of a total of 69 residents. Following inspection which highlighted a gap in the auditing system it is planned to review the care plan audit to ensure referrals are included and followed up on.

The Don/Adon will conduct clinical review meetings each Friday with the CNM/senior nurse on duty to review the residents clinical risks and needs and review inputs and referrals within the MDT in relation to:

- Review of admissions during the week, to include assessments, care plans and referrals
- Review of wounds and referrals
- To follow up on residents reviewed by GP within the previous week.
- To review residents identified with changing needs, review care plans and referrals.
- Review of audit findings and follow up action plans.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
 All schedule 5 policies are in place and are reviewed and updated at least every three years. Policies will be reviewed to ensure that local practices are up to date.  
 The admission, transfer and discharge policy will be reviewed and updated to include the National transfer document and ensure that it is in line with best practice guidance. This will be completed by 31/7/22

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:  
 St Peters has a visiting policy that has now been updated to reflect current Public Health Guidelines. Visiting times have been discontinued and the home now operates an open visiting policy.  
 During the pandemic, changes in visiting and restrictions were put in place to protect the residents of the home. These have always been communicated to residents and families via letter and email. The home has also been flexible to individual needs regarding restrictions and visiting.



Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>St Peters has a notice board in place to ensure that residents are informed and up to date with current events within the nursing home. Monthly resident meetings are held and minutes taken. An action plan is formulated where necessary. Minutes are placed on the notice board.</p> <p>All residents are given a copy of the residents guide upon admission to the nursing home. This requires review and will be completed by 31/8/22</p> <p>During the recent pandemic, all residents were written to by the DON informing them of any changes in visiting, restrictions or status of the home as they occurred.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>St Peters has a comprehensive infection control policy in place that is updated regularly and is in line with current best practice. Policies are easily accessible for all staff. All staff complete infection control training prior to commencing employment. This includes Infection, Prevention and control, hand hygiene, respiratory and cough etiquette, donning and doffing PPE. There is a cleaning schedule in place for daily and deep cleaning of the home. Cleaning stations are at several locations throughout the home to enable staff to clean equipment appropriately. Staff also have access to Alcohol Hand Rub that is available via dispensers throughout the home. There is also a monthly infection control audit and hand hygiene audit.</p> <p>There are one set of taps that need changing to a lever arm tap in the main building sluice room. This will be completed by 31/7/22</p> <p>Wooden disposable spoons are now in use on the medication trolley.</p> <p>Facilities manager has reviewed sink in hairdressers. Work will be complete by 31/8/22</p> <p>Laundry trollies will be placed in designated areas within the home during the day to facilitate the changing of linen. Trollies will be cleaned and stored in laundry overnight when not in use.</p> <p>Washbasin will be installed in hairdressers.</p> <p>Shelving will be purchased for staff changing room for shoes to be stored off the floor and enable adequate cleaning of the area. This will be completed by 31/7/22</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A comprehensive assessment will be carried out on all new residents with 48 hours of admission. The comprehensive assessment on the EPIC system has been reviewed and revised to ensure a more informative and robust assessment is completed. This will further inform the care plans that the residents require. This has been in place since the 18/7/22. This assessment will be used for all residents and reviewed at least 4 monthly or sooner if required.</p> <p>Further care plan training commenced on the 24/6/22 for all nurses within the Trinity Care group. This will be completed by 30/9/22</p> <p>Ten percent of the care plans and assessments are audited on a monthly basis to identify gaps or areas of improvement.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents in St Peters are registered with a General Practitioner and regularly assessed when required. The home also has links with Allied Healthcare Professionals and referrals are made as required.</p> <p>The GP visits once a week or sooner if required. The CNM or most senior nurse facilitates the GP round and responsible for recording any changes or actions. These are recorded on EPIC by the GP. A report of these changes are discussed at hand over and given to the DON/ ADON for review at the end of the week and stored in a dedicated file. Any resident that requires referral to Allied Healthcare Professionals has this recorded in their daily notes and a copy of the referral filed in a dedicated file.</p> <p>The home has introduced a revised ISBAR document to facilitate hand over from each shift. This will now capture details of residents wounds and new referrals so this can be clearly handed over between clinical staff both day and night.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
All residents have a contract of care in place. Residents are recorded on the electoral register for voting.

St Peters employs two activity coordinators to provide activities to the residents of the home. Residents interests are recorded on admission and the activity programme is formulated in conjunction with the residents to meet their needs. This is discussed in the monthly resident meetings. A schedule for the weekend has been completed and a staff member is assigned on these days to provide the activity.

Visiting restrictions were introduced during the pandemic and decisions were made based on guidance from the HSPC to protect all residents within the home. While the residents were always informed of changes in visiting and restrictions via letter, their individual opinions were not sought prior to enforcing these changes. Should the need come again to introduce restrictions, residents will be invited to discuss prior to enforcement.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All staff attend mandatory in house fire training annually. Monthly compartmental fire drills are conducted, recorded and discussed so that lessons can be learnt. The fire alarm is tested once a week. An external company conducts an annual audit on fire safety. Fire extinguishers are checked annually. The fire panel is inspected quarterly.

The gap under the door of room 46 has been inspected by an external company and work will be completed to rectify the issue by 31/7/22

## 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	21/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	31/07/2022

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief	Substantially Compliant	Yellow	30/09/2022

	Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	25/07/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	27/06/2022

	their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	27/06/2022