



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 July 2021
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0033543

About the designated centre

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

CareChoice Dungarvan is situated in a rural setting on the outskirts of the town of Dungarvan. The nursing home is purpose built and is adjacent to housing for supported independent living accommodation. It is a two-storey building with lift access between floors. Residents' accommodation comprises single bedrooms with en-suite shower, toilet and hand-wash facilities, sun rooms, lounges, a coffee dock, quiet prayer room, day rooms, dining rooms and comfortable seating areas throughout. There is a secure outdoor garden with paved walkways, seating areas and raised flowerbeds and residents have easy access to this. Other accommodation comprises staff facilities, laundry and secure clinical rooms. CareChoice Dungarvan caters for people requiring long-term residential care, respite and convalescence care with low to maximum dependency assessed needs. The nursing home provides full-time nursing care primarily for older people, male and female, but can also accommodate people under 65yrs with specific care needs. Care is provided for people with a cognitive impairment, frailty and general palliative needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	97
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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 14 July 2021	08:45hrs to 17:30hrs	John Greaney	Lead
Thursday 15 July 2021	08:45hrs to 13:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector observed residents' daily lives throughout the two days of the inspection in order to gain insight into the experience of those living there and also spoke at length with a number of residents. The inspector observed that the centre was clean and well-maintained and that the atmosphere in the centre was calm and relaxed. Overall there was a sense that residents were supported to maintain their independence as much as possible. Residents were thankful that visiting restrictions were easing and they now had more opportunity to meet with family and friends.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm, bright and looked clean and maintained to a high standard. There were hand washing sinks located on corridors near the point of care, some of which were new having been installed in response to the COVID-19 pandemic. There were also alcohol hand gels located throughout the centre to support good hand hygiene practices. The centre is located on the outskirts of Dungarvan town and is a purpose built and modern building. The premises promotes privacy for residents. Each bedroom is single occupancy, spacious with full en-suite bathrooms. There is open and safe access to the centre's secure garden which had level footpaths for residents to safely walk around. Residents were seen to come and go to the garden independently and it was also the venue for an outdoor music session on the first day of the inspection.

The inspector observed lunch in the dining rooms and these were seen to be social occasions. There was a choice of main meal and dessert and residents were pleased with the food quality and choice. Residents could sit with their friends again following easing of restrictions and the completion of a successful vaccination programme.

The inspector observed the activity programme and talked to activity staff. While the programme of activities was rich and varied and included daily exercises, walks, live music and beauty treatments, some improvements were required in relation to availing of all opportunities for staff to engage with residents and keep them entertained.

Residents said that staff were quick at answering their call bells and they were always respectful in their interactions. Residents said they felt safe living in the centre and that their rooms were cleaned daily and maintained tidy by staff. The inspector observed that residents' bedrooms were personalised, they were spacious and bright and residents' could bring their own personal possessions.

Residents could receive visitors in private, either in their bedrooms or in the various communal rooms throughout the centre. There was also a visiting room with perspex screen for those residents and visitors that were not yet comfortable with face to face visits. Residents were also observed receiving visitors in a number of

outside locations as it was a nice sunny day.

The inspector spoke with two visitors that had pre-scheduled appointments that day. Their feedback was positive and they stated that their relative was well cared for in the centre. Visitors told the inspector that the last year had been really difficult and even though they were kept up to date with the status of their relative, it was good to actually see them in person and be assured they were well.

Residents took part in regular meetings where they had the opportunity to raise questions, discuss and suggest ideas for improving the service and their lived experience. Minutes of these meetings showed that residents were very satisfied with the staff and the activities available to them. Residents said that they were aware of what was happening outside the centre and that while they had missed their families, they understood that restrictions were important for their safety.

Staff spoken with on inspection were knowledgeable of individual residents' needs, and described how they supported residents to exercise choice in their day-to-day lives. The centre had not experienced an outbreak of COVID-19 and residents credited staff and management's hard work for ensuring they had remained safe.

The inspector completed a walkabout of the centre together with the assistant director of nursing. The centre was observed to be clean throughout. There was good signage throughout the centre. Staff had completed relevant training and throughout the day were observed to consistently adhere to hand hygiene and appropriate infection prevention and control precautions. Housekeeping staff were clear about the enhanced cleaning processes that were required during the pandemic and demonstrated a good knowledge of infection prevention and control practices relevant to their work.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations. Overall, the inspector found that residents received a good standard of care that met their assessed needs. There were systems in place to ensure that residents' well-being was promoted and residents lived as independently as possible. A review was required of staffing levels to ensure that residents were provided with opportunities for occupation and recreation throughout each day. Some improvements were also required in the maintenance of records.

CareChoice Dungarvan is a residential care setting operated by the CareChoice Dungarvan Ltd. It is registered to accommodate 109 residents. There were effective governance and management arrangements in place to support the provision of a

safe service. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. There is a support office with various departments, such as quality and innovation, human resources, property development and finance.

There is a clear organisational structure within the centre. The person in charge is full time and is supported by an assistant director of nursing, three clinical nurse managers (CNMs), staff nurses and care staff. The management team are well known to the residents and were familiar with their assessed needs. While the person in charge was not scheduled to work on the days of the inspection, she visited the centre on both days. Both the person in charge and assistant director of nursing demonstrated a good level of clinical knowledge and were familiar with residents on an individual basis.

The inspector reviewed the actions required from the previous inspection and found that issues identified on that inspection had been predominantly addressed. There was a comprehensive annual review conducted of the quality and safety of care delivered to residents, which was underpinned by a range of audits.

The inspector acknowledged that COVID-19 restrictions posed a significant challenge to residents and staff. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to meet residents' care needs. Residents said they valued the continuity of staff working in the centre. There were adequate supervision arrangements in place for staff and staff were supported in carrying out their duties. A small number of staff, however, did not have up to date training in all mandatory areas.

The inspector reviewed records including residents' medical and nursing notes. Significant improvements were required in relation to daily nursing records detailing each resident's status and care provided each day. The nursing notes did not provide an accurate picture of each resident to ensure that changes in the resident's condition were accurately reflected in the record. A review of personnel files demonstrated adequate staff recruitment practices, however, some improvements were required in relation meeting the requirements of Schedule 2 of the regulations. Garda Síochána (police) vetting was completed before any staff started work in the centre.

Records of staff meetings showed evidence of consultation with all staff, and staff feedback was actively sought for the adoption and implementation of improvements within the centre. This included risks identified in the centre, reviews of audit findings and initiation of quality improvement projects. Staff were confident in their roles and demonstrated competence in their work.

Regulation 15: Staffing

Based on a review of staff rosters and discussions with residents, there were

adequate numbers and skill mix of staff to meet the care needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
There was a comprehensive programme of training and most staff had attended up to date training in mandatory areas. However, a small number of staff were overdue attendance at training in fire safety and responsive behaviour.
Judgment: Substantially compliant
Regulation 21: Records
While there was a daily record completed each day of the status of each resident, it did not contain adequate detail of the person's health and condition and treatment given. A review of a sample of personnel records identified that most of the requirements of Schedule 2 of the regulations were met, however, there were gaps in employment in the employment history of one staff member for which an explanation was not recorded.
Judgment: Substantially compliant
Regulation 23: Governance and management
Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on

incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and were updated in accordance with changing guidance.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were supported and encouraged to have a quality of life that was predominantly respectful of their wishes and choices. Residents had opportunities for social engagement, however, some improvements were required in relation staff engagement with residents and in relation to assessment and care planning.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic and had been successful in preventing an outbreak in the centre. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems. There were sufficient facilities for hand hygiene throughout the building. The centre had a COVID-19 resource folder, however, the COVID-19 contingency plan given to the inspector was not based on the most recent advice from the Health Protection and Surveillance Centre (HPSC).

Significant improvements were required in relation to care planning. While residents were comprehensively assessed using recognised assessment tools, care plans were

not always developed for issues identified through the assessment process. Many care plans were generic and did not provide guidance on an individual basis. Discussions with the assistant director of nursing indicated that this had been identified through the audit process and plans were in place to support staff in the care planning process.

There were measures in place to protect against the risk of fire. This included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance. There were regular fire drills and staff were knowledgeable of what to do in the event of a fire.

There were good systems in place in relation to visiting. Latest guidance from the HPSC was being implemented and there was good visitor activity seen throughout the two days of the inspection. Activities were provided by a designated activity coordinators. A review was required of the overall activity programme to ensure that when activity staff were absent, all staff availed of opportunities to engage with residents and keep them entertained. Residents had opportunities to attend residents' committee meetings and take part in satisfaction surveys.

Residents rights were supported and facilitated. The inspector found that residents were free to exercise choice about how they spent their day. There was a secure outdoor area and residents were seen to avail of it independently. Most residents were observed in the communal areas of the centre but residents that wished to spend time alone in their rooms were facilitated to do so. Residents had access to television radios, newspapers, telephones and Internet connection.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay. All allegations of abuse were reported to the office of the Chief Inspector in a timely manner. Adequate records were maintained of financial transactions made by or on behalf of residents. The provider was pension agent for thirteen residents. There were no residents living in the centre that were predisposed to significant episodes of responsive behaviours. A review was required of records of alternatives to the use of restraint. Adequate records were not available to demonstrate the trialling of alternatives prior to the administration of sedatives.

The risk management policy included the risks specified in the regulations and a live risk register was in place which included identified controls in place to mitigate the risks identified. Improvements were required to ensure that residents did not have access to areas of risk, such as staff rooms, which were not always secured from unauthorised access. An emergency plan was in place and there was evidence that where an incident occurred, reviews which identified learning were completed and informed the risk register. Maintenance records showed that all equipment was serviced on a regular basis.

Staff were seen to be supportive and encouraging in their interactions with

residents. Residents' rights to privacy, dignity and access to social activities were respected. Residents were encouraged to socialise safely with their family and friends in line with public health guidance.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had a booking system for visiting in place and relatives and friends visiting at the centre had symptom and temperature checks and screening questions to determine their risk of exposure to COVID-19. There were adequate facilities for residents to meet with visitors away from their bedrooms, should they so wish.

Judgment: Compliant

Regulation 13: End of life

Nursing records indicated that residents received a high standard of care as they approached end of life. There was good access to palliative care services when required. End of life was most often provided by nursing and care staff under the guidance of the resident's GP.

Judgment: Compliant

Regulation 17: Premises

The premises comprised two floors with residents accommodated on both floors. There were two lifts available for residents and staff to access the upper floor. The centre was well maintained, clean and odour free. Residents told inspectors that they enjoyed their room space and also had opportunities to access the outdoor garden area. The inspector noted that corridors and key exit routes were clutter free with mobility equipment stored in designated areas

Judgment: Compliant

Regulation 26: Risk management

Staff changing rooms were not always secured from unauthorised access and staff

personal belongings were readily accessible. This included personal handbags that may contain items of risk to residents.

Judgment: Substantially compliant

Regulation 27: Infection control

Some improvements were required in relation to infection prevention and control such as:

- general waste was stored in bags in open topped containers located at various locations along corridors
- the COVID-19 Contingency Plan was not updated with the most recent guidance from the HPSC

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had systems in place to promote fire safety and effectively manage risks in the centre. Up-to-date service records were in place for the maintenance of the fire equipment, detection, fire alarm system and emergency lighting.

Residents evacuation needs were assessed and documented and these were updated regularly. Staff had attended the mandatory fire training and were familiar with the evacuation procedure.

An evacuation procedure was displayed and available in key locations around the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine administration, ordering, storing, prescribing, returning and disposal practices were found to be safe. During medication administration round, the nurses were observed using alcohol hand rub in between the residents.

Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a

regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements required in relation to assessment and care planning included:

- there was a variation in the degree of personalisation of care plans. While some provided good guidance, many were generic in nature and did not provide adequate guidance on the care to be delivered on an individual basis to each resident
- care plans were not always in place for relevant issues such as end of life for residents that were known to be on the end of life pathway. additionally care plans for resident with diabetes did not contain adequate detail such as the frequency at which the resident's blood sugar level should be tested
- care plans were not always updated to reflect advice from allied health services, such as speech and language therapy

Judgment: Not compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. The GP routinely attended the centre and was available to residents Monday to Friday. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records did not always detail what measures were trialled prior to the administration of sedatives.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy on the prevention, detection and response to abuse available in the centre. All except one member of staff had completed training in the safeguarding of vulnerable adults and this was scheduled to take place in the weeks following this inspection. There were systems in place to protect the residents from abuse. Any allegations were appropriately investigated, followed up and protective measures put in place as required. A review of a sample of staff files showed that staff had An Garda Síochána (police) clearance before working in the centre.

The registered provider was pension agent for a number of residents and records showed that a separate resident account was used for the collection of pension monies in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

While there was a varied programme of activities, due to the redeployment of activity staff improvements were required. For example:

- on the first day of the inspection there was limited activities provided to residents in addition to entertainment provided by external entertainers
- staff did not always avail of opportunities to interact with residents and staff were observed to interact with each other rather than residents

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0033543

Date of inspection: 15/07/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The PIC and HR will review the training matrix in place and ensure that prior to date of expiry of training that the training is completed. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • HR will complete an audit to ensure that staff CV’s are in full compliance. The staff member CV has been reviewed and rectified. • There is a checklist in place for HR to ensure all new staff files are compliant. 	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: <ul style="list-style-type: none"> • The PIC has reviewed all the changing areas and ensure that staff changing rooms are secure and staff belongings are locked away. 	

- All staff have been informed during safety huddles of the importance of storing their belongings securing and the risks associated discussed.
- The safety checks will continue to be completed in the home in the staff changing areas.

Regulation 27: Infection control	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 27: Infection control:
- The PIC will purchase waste disposal bins to ensure that general waste containers have appropriate lids in compliance with IPC guidance.
 - The PIC will review contingency plan in line with guidance and ensure it is updated to include the most recent guidance from HPSC.

Regulation 5: Individual assessment and care plan	Not Compliant
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- Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- The PIC and Clinical Management team will continue to provide support and direction to the nursing team on the requirement for personalization of resident’s care plans.
 - The nursing team are provided with a care plan toolkit to assist them in assessment and care planning.
 - The nursing team have been reminded of the necessity to update residents care plans to include relevant issues, MDT advice and specific detail.
 - The Clinical management team will continue to complete care plan audits weekly to ensure that they are personalized, updated and meet the requirements. Each nurse will be provided with feedback from the audit with support and supervision provided as part of follow up.
 - A review of all care plans will be completed as part of the auditing schedule.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will provide training, support and supervision to the nursing team on documentation and procedures for administration of Sedatives to include the importance of documenting the alternatives trialed. • The PIC will review the residents records by cross referencing them as part of the medication audit to ensure that the records contain details of alternatives trialed prior to administration of sedatives. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The programme of activities will be reviewed on an ongoing basis to ensure it meets the needs of residents • The PIC and clinical management team will meet with staff and explain the importance of interacting with residents at every opportunity. This will be reviewed and assessed by the Clinical Management team using the QUIS tool. • Further consultation will take place with residents to receive their feedback and ensure that staff are availing of every opportunity to interact with residents. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/10/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/10/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/10/2021
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	01/10/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	01/10/2021

	accordance with their interests and capacities.			
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