



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

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	The Frances Taylor Foundation Chapelizod Company Limited by Guarantee
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	28 February 2022
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0036312

About the designated centre

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

Maryfield Nursing Home aims to provide full time nursing care in a supportive and stimulating environment for residents over the age of 18. It is a purpose built nursing home with 69 single ensuite bedrooms, for both male and female residents. General nursing care, dementia care, palliative and end of life care are all available in the nursing home. It is situated in Chapelizod with many amenities nearby. These include restaurants, public houses, shops and public parks. There are facilities for recreation onsite; including activity rooms, a library and pleasant grounds which include secure internal courtyards. There are activities taking place in the centre that link with the community, for example a choir and a knitting group. There is also daily roman catholic mass.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69
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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
Monday 28 February 2022	08:30hrs to 18:20hrs	Margaret Keaveney	Lead
Monday 28 February 2022	08:30hrs to 18:20hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

Inspectors took the opportunity to speak with twelve residents and three visitors throughout the day to gain insight and feedback about the service and living in the centre. Residents reported that they felt safe, secure and comfortable in the modern, bright centre. Both residents and visitors reported they were happy with the service and care provided to them and their loved ones. Overall the atmosphere in the centre was calm and relaxed, and residents looked well cared for and happy.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary. This included completing hand hygiene, signing-in and the wearing of face masks. Inspectors observed the same process being implemented with visitors throughout the day.

During the inspection day, inspectors observed residents and staff interactions, and found them to be informal and friendly. Residents and visitors praised the staff and reported that staff were 'great', 'very helpful' and that they were 'all lovely'. One resident described the staff as 'outstanding' and that they could 'trust and depend on them' when in need of assistance. Another resident stated that they are comfortable 'asking for anything I need' and that staff will make every effort to help them. Staff knew residents well and ensured residents' dignity was maintained at all times.

The design and layout of the centre enhanced the quality of residents' lives. The centre, which had been completely renovated in 2018, was set out over three floors with lifts and stairs to facilitate movement between these areas. The centre was clean and pleasantly decorated, with flower and tree murals adorning many of the corridor walls. Residents' bedrooms and facilities were divided into four households, each with its own dining room, day room and quiet room. One household was dedicated to the care of residents living with a diagnosis of dementia, with communal areas in this household were furnished with reminiscence memorabilia, such as an antique sewing machine and cabinet displaying delicate crockery. There was clear directional signage throughout the centre, and residents' photographs were benches were placed in alcoves along some corridors to allow residents to rest as they moved freely throughout the centre. Armchairs were also placed at long windows on corridors, which afforded residents beautiful views of the River Liffey and a weir which flowed to the rear of the centre.

Residents had free access to two well-maintained internal courtyards from the St Patrick's and St. Brigid's households. Both contained raised beds which residents were involved in planting in the fine weather, and seating which allowed residents to enjoy the outdoors. Residents also had access to safe balcony areas from a number of the households which overlooked the courtyards. There was a large garden to the rear of the centre which was traversed with wide smooth paths suitable for wheelchairs and safe walking. The garden had seating and a covered gazebo, and a fence separated the garden from the River Liffey which flows along the rear of the

garden. A number of residents were seen to walk in the garden on the day of the inspection, while many others said that they enjoyed walking in it when the weather permitted.

All bedrooms were single occupancy and had spacious ensuite facilities. Residents were encouraged to personalise their bedroom space with soft furnishings, pictures and photographs to reflect their life and their hobbies and interests. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. Each bedroom was also fitted with shelving unit, a desk and chair which added to the homely feel of the bedrooms.

Residents had opportunities to participate in a variety of group activities every day. Small group activities took place in each household and there was also a large dedicated activities room on the ground floor, which was furnished with tables designed to provide wheelchair users with comfortable and easy access to activities. Inspectors observed some residents positively participating in a knitting club, led by a volunteer and one of the activities staff. While another group of residents were seen to attend an afternoon tea birthday party for one the residents, at which balloons, cards and cupcakes were presented to the resident. Residents were each provided with a schedule of the weeks' activities each Monday morning, to allow them time to choose what to participate in if they so desired. Residents told inspectors that they enjoyed the activities on offer, in particular the weekly visits by an external musician. Many residents were seen to visit the centre's oratory for quiet prayer throughout the day, and mass was held in the oratory every second day.

Most residents spoken with said that they enjoyed the food provided to them. The provider had recently engaged the services of a new external catering contractor and a number of residents commented that the quality of food had improved. However, others spoken with expressed dissatisfaction with the food. The management team were aware of this and were engaging with residents and catering staff to enhance the dining experience in the centre. Written menus were available to residents, however inspectors observed that pictorial menus which could be useful to residents with visual impairments, were not available. Inspectors observed mealtimes to be mostly a calm and relaxed occasion. However, improvement was required to reduce the noise from the kitchenette area and to ensure that the dining room experience was a quiet, enjoyable and social event for residents. This was discussed with the person in charge on the day of this inspection who committed to reviewing clearing up practices during mealtimes. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall there was a robust governance and management structure in place in the centre, and the registered provider had arrangements to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. However, action was required to improve the providers' oversight of care planning for residents, in infection control practices and in setting out the roles and responsibilities of volunteers working in the centre.

This unannounced risk inspection was undertaken to assess the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated centres for the older people) Regulations 2013. Inspectors also reviewed post COVID-19 outbreak reviews and contingency arrangements in the event of further COVID-19 outbreaks in the centre.

There was a clearly defined management structure that identified lines of authority and accountability. Records of regular meetings between management, nursing, carer and activity staff were available to review. These records indicated that meetings had a focus on problem solving and improving practice and care provided to residents. All meetings had actions plans developed, designated responsible persons identified and timeframes for completion to ensure accountability. There was a schedule of audits developed for 2022 and of the completed audit records reviewed by inspectors all had quality improvement plans developed and actioned. Key clinical and performance indicators were identified and trended to ensure ongoing quality and safety of the service for residents.

Throughout the inspection management outlined quality improvement initiatives and changes carried out for the benefit of residents such as engaging a new catering company to provide residents' meals. All meals were now prepared and cooked on site and management sought regular feedback from residents regarding the food to ensure there was ongoing refinement of menus and choice of food on offer to residents. Management systems were in place to provide oversight of the quality and safety of the service however inspectors identified some areas that required further review. This is outlined under Regulation 23 Governance and Management.

Staffing numbers and skill mix on the day of inspection was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre. Supervision of staff was effective and staff reported that they felt supported in their work.

Inspectors reviewed a sample of staff and resident records and found that these were appropriately maintained and updated and readily available to inspectors on request. Policies and procedures to guide and support staff were also available and met the requirements of the Regulation 4 Written policies and procedures.

There were a number of volunteers engaged in providing valuable support and activities for residents. Inspectors were assured that there were appropriate vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place for all volunteers and volunteers were appropriately

supported and supervised by staff. However, volunteers' written roles and responsibilities were not clearly defined.

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that the number and skill mix of staff was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider had systems in place to ensure that records set out in Schedule 2, 3 and 4 were maintained and available to inspectors on request. A sample of simulated fire drills, nursing notes, staff files and the restraint register were reviewed during the inspection and found to contain all necessary information.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality and safety of care delivered to residents had been completed. There was no indication however that this review had been prepared in consultation with residents and their families.

There were management systems in place to provide oversight of the quality and safety of the service provided to residents. However, the following gaps were identified:

- Systems for the four monthly review of care plans required action, as two resident care plans had not been consistently reviewed and updated according to the centre's policy.
- Management had failed to identify risks in the centre's designated smoking area which did not have appropriate means of disposing of cigarette ends, did not have appropriate equipment to extinguishing fires in the area and did not have a call bell facility for residents to use to call for assistance.
- Management had not identified the infection prevention and control risk to residents as a result of staff not adhering to Health Surveillance Protection Centre guidance regarding FFP2 mask use.

Judgment: Substantially compliant

Regulation 30: Volunteers

Inspectors reviewed volunteers' records and found that they did not contain a written document detailing their roles and responsibilities in the centre. Management told inspectors that such a document had not been developed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were present and reviewed regularly by management. These were accessible to staff on the centre's electronic information management system.

Judgment: Compliant

Quality and safety

Residents were supported by competent staff to live a good life in a safe environment. They were able to choose how they spent their day, where and when they dined and were helped to maintain relationships with their families and friends. Residents had access to appropriate social activities over the week and to good quality healthcare. However, inspectors' review of resident's care plans showed that some action was required to ensure that all residents were provided with appropriate and consistent care. Improvement was also required in infection control practices in the centre.

Inspectors reviewed a sample resident's care records to ensure that their health, social and personal needs were being met. Staff had completed a variety of accredited assessments for residents, such as those on mobility, skin integrity, nutrition, and used these assessments to inform care plans. However, inspectors observed that although many care plans were personalised, some required additional information to ensure that staff were guided to deliver appropriate care to residents. This is further discussed under regulation 5 below. Inspectors also reviewed the records of residents involved in incidents such as falls, and saw that they had received appropriate supports following such incidents.

Residents were provided with access to general practitioners (GP) twice weekly, or as required. They also had access to allied health care services, either privately or through referral to community services. These services included, amongst others, dietetic, speech and language therapy, dental, chiropody and occupational therapy. A private physiotherapist had been available to residents for the three months prior to the inspection, with the in-house physiotherapy service due to resume from March 2022. A review of resident records showed that residents actively monitored twice daily for signs and symptoms of COVID-19.

Inspectors reviewed the records for residents who had additional support needs relating to responsive behaviours, and saw that they gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how to manage such behaviours if they arose, in a dignified manner. Inspectors also reviewed the records for residents for whom restrictive practice, such as bed rails and floor sensors, was in use and observed that appropriate assessment, care planning and consent documentation was in place.

Residents were protected from abuse while living in the centre, and told inspectors that they felt safe living there. The registered provider had developed a clear policy for the prevention of and for responding to allegations of abuse. Training records showed that almost all staff had up to date training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with inspectors were clear about their responsibility to keep residents safe, however inspectors noted that some staff were not immediately clear on how to report any concerns or allegations of abuse. The need for refresher training for staff was discussed with the person in charge.

Residents' rights were respected. They had access to an activity schedule over seven days of the week, which met their preferences and capabilities. Activities included chair exercise classes, a knitting club, art classes, meditation and holy hour, and pamper afternoons. Residents met every three months to discuss the service provided to them. These meetings were chaired by the Director of Nursing, and action plans to address issues raised were subsequently developed, such as improved advertising of weekly activities throughout the centre. There was relaxed engagements between staff and residents, and staff were seen to knock on resident's bedroom doors before entering.

Residents in were observed to eat their meals in a number of dining areas or in their bedrooms, and were offered a choice regarding the food they ate. Snacks and fresh water were available to residents throughout the day. Assistance was provided by staff for residents who required additional support during meals. Overall, mealtimes were observed to be pleasant experience for residents.

Visitors were welcomed to the designated centre, with pre-booking encouraged in order to manage footfall in the reception area. A register of visitors was maintained, and all visitors to the centre were required to complete a COVID-19 health questionnaire and hand hygiene on arrival, and to wear a mask in communal areas. Residents could receive their visitors in the privacy of their bedrooms or in dedicated quiet rooms. The centre's visiting policy had been updated to include the latest

guidance from the Health Prevention Surveillance Centre on residents choosing to have a Nominated Support Person in place.

The registered provider had a centre-specific policy to provide guidance to staff on temporarily discharging a resident in a safe and planned manner. Inspectors found that when a resident was temporarily discharged from the designated centre, all relevant information about the resident was provided to the receiving hospital to ensure the safe transition of the resident. Resident records also showed that when the resident was discharged back to the designated centre, relevant information about the resident was obtained from the hospital and all required follow up care provided to the resident.

The provider had put in place enhanced measures to limit and control the spread of infection, which included twice daily temperature checks for residents, staff monitoring for symptom and regular infection prevention and control training for staff. Cleaning schedules were in place and had been appropriately completed. Communal areas in the centre and residents' bedrooms appeared to be clean, and there was a good standard of infection prevention and control in the centre. However, the inspectors found that further action was required in some infection prevention and control practices in the centre. This is further discussed under regulation 27 below.

Regulation 11: Visits

The registered provider had suitable arrangements in place to facilitate residents to receive visitors in line with the latest guidance from the Health Protection Surveillance Centre. Visitors were required to follow infection prevention and control measures to ensure that residents safely received their visitors.

There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had arrangements in place to ensure that all residents had access to fresh water at all times. Residents had a choice at mealtimes and were provided with adequate quantities of food and drink. All residents had their nutritional needs assessed and there was a system in place to ensure that catering and care staff were aware of residents' individual needs.

Inspectors observed that there were sufficient staff available to provide support and discreet assistance for residents at mealtimes throughout the day.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of resident's records showed that residents were temporarily discharged from the designated centre in a planned and safe manner, with all relevant information about the resident provided to and obtained from the receiving hospital.

Judgment: Compliant

Regulation 27: Infection control

Not all infection prevention and control procedures were implemented and guidance published by the Health Surveillance Protection Centre was not being adhered to by staff. For example, on the day of inspection inspectors observed that staff were not wearing appropriate FFP2 masks when assisting residents with care activities. This was corrected by the person in charge on the day of the inspection and all staff were wearing appropriate masks thereafter.

Other risks identified were;

- Inspectors observed open hygiene products in communal bathrooms.
- Items were observed on the floor of store rooms and linen rooms. These areas required review to ensure that they could be cleaned appropriately.
- Items such as linen skips, plastic bags and vases were inappropriately stored in sluice rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, action was required to ensure that staff were clearly guided to provide appropriate care to residents and to maximise their quality of life. For example:

- The mobility assessment and care plan for one resident did not contain the same information. This could impact on the resident safely mobilising throughout the designated centre.

- The personal care assessment for one resident stated that they required the assistance of one for daily activities, however their care plan stated that two staff were required to assist the resident with such activities. This could impact on the resident's right to live life as independently as they chose.
- Inspectors observed that one residents care plans had not been reviewed in the last 4 months.
- A smoking care plan did not contain guidance on the most appropriate protective equipment and level of assistance required to protect the resident from the risks of smoking.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were reviewed by their general practitioner (GP) when needed, and an out of hours medical service was also available. Resident's medication prescriptions were reviewed by the pharmacy and GP every four months. Records showed that when the need was identified, residents had timely access to appropriate reviews and treatments, such as dietetic, speech and language therapy, tissue viability, physiotherapy, chiropody and occupational therapy services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had appropriate systems in place to ensure that restraint, used in the designated centre, was used in accordance with national policy as published by the Department of Health.

Records showed that residents displaying challenging behaviours were managed in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide staff on how to safeguard residents and to protect vulnerable adults from abuse, which included guidance for staff on how to report any allegations of abuse. The vast majority of staff had received training in safeguarding vulnerable adults, however when inspectors spoke with four staff on

the procedure to be followed when an incident of abuse arose in the centre, some staff were unable to clearly express the reporting procedure regarding abuse concerns.

The registered provider did not act as a pension agent for any resident, nor did they hold cash for residents. Residents were provided with lockable storage in their bedrooms for their cash and valuables.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days of the week, and were able to choose where and how they spent their time in the designated centre. They were provided with a choice at mealtimes.

Residents also had access to TV, radios, tablets and newspapers and religious services. There was an advocacy service available to residents, and the person in charge facilitated resident's right to vote.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Maryfield Nursing Home OSV-0000064

Inspection ID: MON-0036312

Date of inspection: 28/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Maryfield's Annual Review of the quality and safety of care for 2021 was discussed with residents at meeting on April 6th 2022, and emailed to relatives. The Annual Review for 2022 will be completed in consultation with both residents and relatives prior to its completion. • A repeat 4 monthly audit review system has been put in place for the Clinical Nurse Mangers to follow, to ensure that resident care plans are consistently reviewed and updated. • Appropriate ashtrays for disposing of cigarette butts, appropriate fire extinguishers and call bell are all now in place in Maryfield's designated smoking area. • All staff have been trained in the correct wearing of FFP2 masks and wearing as per guidelines 	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <ul style="list-style-type: none"> • All volunteer files have been updated with their individual roles and responsibilities 	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • All staff have now been trained in the wearing of FFP2 masks and wearing as per guidelines • Communal bathrooms, store rooms, linen rooms and sluice rooms have had all inappropriate stored items removed. • Monthly checks by CNMs have commenced on communal bathrooms, store rooms, linen rooms and sluice rooms. 	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • CNMs now have documented audit system in place over a 4 month period to include all areas of assessment and careplanning 	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • In house competency training with staff on safeguarding of vulnerable adults will commence in May 2022 	

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 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	30/04/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/04/2022

	published by the Authority are implemented by staff.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	07/04/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/04/2022
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.	Substantially Compliant	Yellow	30/04/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of	Substantially Compliant	Yellow	31/05/2022

	and responses to abuse.			
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