



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

Name of designated centre:	Aras Mhuire Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	HSE West, Dublin Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	04 and 05 July 2018
Centre ID:	OSV-0000627
Fieldwork ID:	MON-0024247

## About the designated centre

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

Aras Mhuire Community Nursing Unit was built in the 1960s. It was originally a novitiate for nuns and opened as a care centre for older persons in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. All residents are accommodated on the ground floor. It is located on the outskirts of Tuam in Co. Galway, within walking distance of the town centre. The centre is registered to provide care to 20 residents. It has fifteen single rooms, two dedicated palliative care places, one twin room and one three bedded room. Residents have access to a day room, dining room and landscaped enclosed garden area. Aras Mhuire also provides day-care services for people from the local community who attend four days per week.

The centre provides 24-hour nursing and social care for older persons and young chronically ill people, both male and female. Admission may be for long, short-term or respite care. Services such as social programme of activities, weekly mass, music entertainment, physiotherapy, dietician and speech and language therapy review are provided at no additional charge.

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

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	17

## How we inspect

To prepare for this inspection the inspector or 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
04 July 2018	09:30hrs to 17:00hrs	Mary Costelloe	Lead
05 July 2018	09:30hrs to 14:30hrs	Mary Costelloe	Lead

## Views of people who use the service

The inspector spoke with the majority of residents during this unannounced inspection.

Residents spoke highly of the service and care provided. Residents commented that they were well cared for and that staff were very kind, caring and patient. Residents told the inspector that they enjoyed living in the centre as it was homely and that staff would do anything for them. They stated that they knew the staff well and enjoyed conversing with them.

Many residents mentioned that they enjoyed the range and variety of activities taking place, stating that there was always something going on. Some residents mentioned that they enjoyed attending weekly mass and reciting the rosary each evening in the centre. Others mentioned that they enjoyed reading the daily newspapers, quizzes, knitting and chatting with staff. Many mentioned that they enjoyed spending time outside in the beautiful garden areas particularly during the fine weather.

Residents were complimentary of the quality and choice of foods on offer many stating that the food was always lovely and a choice was offered every day.

Residents were satisfied with the laundry service.

Residents told the inspector how they liked their bedrooms and found them to be comfortable. They stated that their privacy was well respected and that staff always knocked before entering their bedroom. Residents told the inspector that their individual wishes were always respected and they could choose how to spend their day.

## Capacity and capability

Overall, a good service was being provided to the residents; however, improvements were required to the premises as outlined in previous inspection reports. This is discussed further under the quality and safety section of this report. All other issues identified at the last inspection had been addressed.

There was an effective governance structure in place that was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a clinical nurse manager, administrator, manager of older people services (person nominated to represent the provider) and general manager. The management team were in regular contact. The person nominated to represent the provider visited the centre regularly and was available for support at all times. There were regular management team meetings and meetings of persons in charge to discuss issues of concern.

The person in charge knew the residents well and was knowledgeable regarding their individual needs. The person in charge was available to meet with residents, family members and staff which allowed her to deal with any issues as they arose.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. The team had continued to evaluate its compliance with relevant standards and regulations and there was a comprehensive audit schedule in place. Regular audits and reviews were carried out in relation to incidents, falls, medication management, use of bed rails, pressure ulcers, infection control, hand hygiene and cleaning. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. There was a detailed review completed on the quality and safety of care in the centre for 2017, which identified areas for improvement and documented an action plan for 2018. Feedback from residents' committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents. A meeting had been held with residents and their families to discuss the review and many of the areas for improvements had already been addressed.

Nursing management were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. All documents as required by the regulations were available. All staff and volunteers had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with

their social or physical environment), dysphasia, basic life support and open disclosure training. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

The person in charge reviewed staffing levels on an ongoing basis to ensure that the numbers and skill-mix were sufficient to meet the assessed needs of residents, taking into account the layout of building. There was one nurse and one care assistant rostered on duty at night time, however, nursing staff spoken with advised that due to the current dependency levels of residents, an additional staff member was regularly rostered in the early night time. The person in charge had identified inadequate staffing at this time as a risk and was in the process of reviewing rosters. There was a low turnover of staff in the centre which ensured continuity of care for residents. Staff and residents knew each other well.

#### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. The person in charge reviewed staffing levels on an ongoing basis.

Judgment: Compliant

## Regulation 16: Training and staff development

The management team was committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was updated and contained the information as required by the Regulations.

Judgment: Compliant

## Regulation 21: Records

Records were maintained in accordance with the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. The clinical nurse manager 1 deputised in the absence of the person in charge. There was an on call out-of-hours rota system in place.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Each resident had a written contract of care agreed with the provider which outlined the services provided and the fees to be charged. There were no additional charges at the time of inspection.



Judgment: Compliant

### Regulation 3: Statement of purpose

There was a recently update statement of purpose which contained all of the information as required by schedule 1 of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were two volunteers assisting with religious services and both had Garda vetting (police clearance) in place.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre. However, further improvements were required to the medication management policy to provide guidance regarding the checking and recording of medicines received and returned to respite residents or their families at the time of admission and discharge.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were well cared for in this centre. Appropriate support mechanisms were in place to ensure residents were enabled to lead a fulfilling life. Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices. However, the current building continued to pose a challenge to the delivery of care in line with the Statement of Purpose. Improvements were required to risk management and infection control.

Residents had access to appropriate medical and allied health services to ensure

that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents' up-to-date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist of their choice.

There was evidence of generally good medicines management practices. Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines were regularly reviewed by the general practitioners (GP's). Systems were in place to check all medicines on receipt from the pharmacy. Improvements were required to recording all medicines received and returned to respite service users.

A varied programme of appropriate recreational and stimulating activities was offered which included developing and maintaining links with the local community.

A number of staff had received training to support the activities programme ('Sonas' a therapeutic programme specifically for residents with Alzheimer's or dementia).

The management team had taken measures to safeguard residents from being harmed or suffering abuse.

Staff continued to promote a restraint-free environment, guided by national policy. There was a small number of bedrails in use for some residents following consultation, consent and risk assessment.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour.

While systems were in place to promote safety and manage risks, further improvements were required in relation to fire safety evacuation and updating the risk register.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated.

As identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements. The provider representative outlined that plans were in place to construct a new 50 bed centre on a green field site, that funding was

available, a design team was appointed and the building was expected to be completed by 2020.

Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a regular basis.

There was an open visiting policy in place. Relatives spoken with confirmed that they were always made to feel welcome by staff.

Residents had access to the centre's cordless phone and some residents had their own mobile handset device. Staff were aware of residents' different communication needs of residents and care plans set out interventions for those who had a communication impairment.

#### Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Judgment: Compliant

#### Regulation 12: Personal possessions

Adequate storage space including a wardrobe and a locker with a lockable drawer was provided in residents' bedrooms. Improvements were required to the storage of personal possessions in shared bathrooms to ensure that individual toiletries, razors, tooth brushes and hair brushes were appropriately stored for individual use.

Judgment: Not compliant

## Regulation 17: Premises

As identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

- There was no private visitors space available to residents.
- There was inadequate communal day space available to meet the needs of residents.
- There was inadequate space to facilitate activities to meet the needs of residents particularly with dementia.
- There was inadequate storage for equipment.
- Some single bedrooms were small in size.
- The three bedded room, while in good decorative order presented challenges to the provision of adequate space, privacy and dignity for each resident.
- There was no separate cleaners room which posed an infection control risk.

Judgment: Not compliant

## Regulation 26: Risk management

The risk register required further updating to reflect all identified risks, such as

- unprotected access to stairwells
- unsecured doors to sluice rooms
- handling of clinical waste
- use of chemicals.

Judgment: Not compliant

## Regulation 27: Infection control

There was no separate cleaners room. Cleaning equipment and clean mop heads were being stored in the sluice room which posed an infection control risk.

Personal toiletries including razors, tooth brushes and hair brushes were inappropriately stored in shared bathrooms contrary to best practice in infection control.

Judgment: Not compliant

### Regulation 28: Fire precautions

There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training and regular fire drills being carried out. However, records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire particularly at night time.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Regular medicines management audits were carried out by nursing management and the pharmacist. However, there were no records being maintained of medicines received from respite users at the time of admission or being returned to the service user or their families at the time of discharge. (This action is included under Regulation 4 Written policies and procedures)

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. Care plans were in place for all identified issues. They were informative, individualised and guided staff in the specific care needs of residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a choice of general practitioner (GP) and a range of other allied health services. There was evidence of timely referral to healthcare services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff spoken with could outline strategies for dealing with residents responsive behaviours. Psychotropic medicines on a 'PRN' as required basis were administered occasionally for a small number of residents, however, improvements were required to ensure that records were maintained to indicate the rationale for administration of these medications and what other interventions had been tried to manage the behaviour.

Judgment: Substantially compliant

## Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to radio, television and newspapers. Residents varying religious and political rights were supported. Mass was celebrated in the centre weekly. Residents had no access to the Internet.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	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 Aras Mhuire Community Nursing Unit OSV-0000627

Inspection ID: MON-0024247

Date of inspection: 04 & 05/07/2018

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Management and Administration of Medication Policy to residents on Respite Care in Áras Mhuire Community Nursing Unit was updated on 14.08.2018 to reflect the guidance regarding the checking and recording of medicines received and returned to respite resident/relative at the time of admission and discharge. All nursing staff have read and signed this Policy. A record form was devised on 4<sup>th</sup> July, 2018 for nursing staff to record name, date, quantity of medicines received/returned to respite resident/relative and signed by two nursing staff.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All personal possessions are marked with resident's name, a shelf in press allocated to each resident with residents name and items stored in named individual containers. Toothbrushes individually marked with covers in place. A staff member will be allocated each week to check that residents personal possessions are being stored correctly. A sign was placed for staff over the press indicating the allocated individual shelves. This was completed on 13<sup>th</sup> August, 2018. This was brought to the attention of staff at morning report in July following feedback of Inspection on 5<sup>th</sup> July and will be reiterated at the staff meeting on Tuesday, 28<sup>th</sup> August, 2018.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Aras Mhuire Community Nursing Unit will have a new 50 Bed Unit due for completion in August 2020. See attached graph giving detail of the schedule.</p> <p>The design Team with HSE Representatives have been meeting fort-nightly since May 11<sup>th</sup> 2018. The Design Team are working on the drawings and they will be seeking</p>	

Planning Permission by end of year 2018.	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Person In Charge and the Clinical Nurse Manager received Risk Management Training on 26<sup>th</sup> July and Health and Safety Training on 14<sup>th</sup> August, 2018. The Risk Register was updated reflecting all identified risks:-</p> <ol style="list-style-type: none"> <li>1. Unprotected access to stairwell</li> <li>2. Unsecured doors to sluice room</li> <li>3. Handling of Clinical Waste</li> <li>4. Use of chemicals</li> </ol> <p>Completed on 14<sup>th</sup> August, 2018. The importance of risk management and risk registers will be reiterated at the staff meeting on 28<sup>th</sup> August, 2018.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Informal meeting held with cleaning staff on 10<sup>th</sup> July regarding the correct storage of clean mop heads and on no account are clean mop heads to be stored in the sluice room. Clean mop heads to be stored in another room allocated to the cleaning staff.</p> <p>Staff reminded at morning report since HIQA feedback on 5<sup>th</sup> July that no resident's personal toiletries be stored in shared bathrooms. Signs were placed to reflect this on 13<sup>th</sup> August. New press fitted in Bathroom A Side to store incontinence wear and gloves on 12<sup>th</sup> July. This will be reiterated at staff meeting on 28<sup>th</sup> August, 2018.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire evacuation drill already carried out on 20<sup>th</sup> July and another scheduled for 6<sup>th</sup> September reflecting a 2 staff night time scenario from a hub in the unit. These fire drills will be carried out until all night-time staff are competent in safely evacuating residents in a timely manner in the event of a fire.</p>	
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>	

Other interventions to be carried out initially and resident's rationale to be recorded at all times together with a behavioural chart. If interventions are unsuccessful, Psychotropic "prn" medication will be administered as per National, HIQA and local Medication Policy. Monitor effectiveness of all interventions together with ongoing liaison with M.D.T. –Resident, Nursing staff, G.P., and Older Psychiatric services and record same.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The issue of no Internet was discussed at a resident's staff meeting held on the 17<sup>th</sup> August. One resident said she would be interested and the remainder of the residents had no interest.

We contacted the ICT Department on 21<sup>st</sup> August to request an Internet Access for our Residents. We were informed that it's a national HSE issue and are unable to provide us with same at present but will discuss it nationally due to this substantially compliant regulation.

Going forward the new Áras Mhuire Build will have WIFI Access for residents which will be completed in 2020.

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## 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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	28/08/2018
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	31/12/2020

	3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2020
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	14/08/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	14/08/2018
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	Not Compliant	Orange	28/08/2018

	staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	06/09/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	14/08/2018
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	28/08/2018
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/12/2020