



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

Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0038233

About the designated centre

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

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 22 March 2023	10:00hrs to 17:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector observed a relaxed and quite environment. Residents told the inspector they were confined to their bedroom due to the outbreak of COVID-19 but were happy it was coming to an end and everyone was well. Those spoken with were satisfied with the care they received within the centre and felt supported to lead a good quality of life.

The premises was in the process of being re-decorated. The new flooring in the reception area and in a number of bedrooms was bright and clean. The inspector saw that some walls in communal areas had been prepped for painting, however this was put on hold due to the current outbreak. The inspector was informed that a number of bedrooms including the twin bedrooms were included in the refurbishment plans. The inspector observed that the wood work was chipped, uneven and required repair throughout the centre.

The twin bedrooms viewed on inspection did not allow for enough private space for each resident in their current format. There was enough space for a bed and bedside locker only within the private screening. All other furniture for both residents was in a shared communal space. The inspector was informed that the provider planned to address this issue when refurbishing these bedrooms. Bedrooms were personalised with residents' favourite possessions. There was adequate storage space in bedrooms for belongings, however, lockable storage was not available to all residents to enable them to store their valuables securely.

Residents complimented the laundry service, stating it was prompt and they could not fault it.

Residents appeared content in the company of staff and they said staff always respected their privacy. Residents were positive about the way they were cared for and the efforts that staff made to ensure their needs were met. Each resident visited in their bedroom had their call bell within reach.

The inspector saw that the family of one resident was facilitated to visit the centre on compassionate grounds. One resident told the inspector how they had met with their family outside in the garden on Mother's day and how they enjoyed this visit.

Residents were consulted with and had opportunities to make choices in their daily lives and were participating in the organisation of the centre through regular resident meetings and an annual resident satisfaction survey.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's kitchen. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff were observed to assist residents discreetly and

respectfully.

The governance of the centre will be discussed under the following two sections, capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that some improvements had been made and the compliance plans identified on the last inspection had been either addressed or were in the process of being addressed.

The governance of this centre had improved. The provider of Kilbrew Recuperation and Nursing Care is Kilbrew Recuperation and Nursing Care Limited. This company is part of the wider Oprea Residences Ireland group. The person in charge is supported by the provider representative, a regional and an associate regional operations manager. The person in charge and operation managers were present on inspection and all three demonstrated a willingness to address further areas for improvement identified on this inspection.

The person in charge and two assistant directors of nursing demonstrated a clear understanding of their roles and responsibilities. They worked well together and supported each other. The person in charge was known to staff and residents. The management team had oversight of the quality of care being delivered to residents. However, the level of oversight needed to be strengthened in some areas such as the maintenance of the directory of residents, inappropriate storage, assessment of residents and the servicing of fire equipment.

The inspector reviewed the systems in place to manage the ongoing risk to the quality of care and the safety of the residents and found that the provider had implemented a new system for identifying and managing risks in the centre. An annual review for 2022 was completed and its content included feedback from residents and a quality improvement plan.

The centre appeared clean and pleasant on the day of the inspection, and there was evidence that the centre was in the process of being re-decorated with some areas having been repainted and some areas having had new floor covering installed.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and

safe moving and handling of the residents.

Documents, including contracts of care, certificate of insurance, actual staff rosters, staff files and the statement of purpose were all available for review.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre and all the required documents were received in a timely manner. However, on review it was noted that there had been a change of directors, one director had left and one had joined the company. The chief inspector had not been informed of this change. The required information was submitted for the incoming director during the inspection and was requested for the outgoing director.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post registration management qualification in healthcare services and works full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

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

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

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found not to contain all the required information outlined in part 3 of Schedule 3. However, this was rectified

prior to the end of the inspection and all the required information was added.
Judgment: Compliant
Regulation 21: Records
Records outlined in schedule 2, 3 and 4 were available for review and met regulations.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.
Judgment: Compliant
Regulation 23: Governance and management
<p>The level of oversight needed to be strengthened in some areas such as the maintenance of the directory of residents, inappropriate storage, assessment of residents, servicing of fire equipment and the environment. For example:</p> <ul style="list-style-type: none"> • There was inappropriate storage of supplies in outside electrical store rooms and the boiler room. However, these items were all removed prior to the end of the inspection. • A lock was situated on the upper section of one of the dining room doors. This lock had the potential to deny residents access to this dining room when secured. The lock was removed when identified by the inspector.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
There were contracts for the provision of service available for inspector to view.

These were in line with the regulations.
Judgment: Compliant
Regulation 3: Statement of purpose
Changes had been made to the statement of purpose since the certificate of registration had been issued. The inspector found that the statement of purpose was not aligned to the certificate of registration and did not contain all the information outlined in Schedule 1. Feedback on the statement of purpose was sent to the provider on review post this inspection. A revised copy was required to progress the application to renew registration of the centre.
Judgment: Substantially compliant
Regulation 30: Volunteers
There were no persons involved on a voluntary basis with the designated centre.
Judgment: Compliant
Regulation 31: Notification of incidents
The chief inspector had been informed of all incidents which occurred in the centre within the required timeframe.
Judgment: Compliant
Regulation 32: Notification of absence
The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.
Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard, however improvements were required in some areas. The inspector found that staff worked hard to meet residents' preferences for care and daily routines. However, residents medical assessments required review, together with the potential infringement on resident rights currently posed by the layout of the shared twin bedrooms. Fire equipment checks required improvement and the installation of clinical wash hand sinks remained outstanding since the last inspection.

Residents had access to treatment and expertise from varied allied health professionals. However, the inspector noted that some residents did not have a medical assessment completed within 48 hours of admission and there was no written evidence that a number of residents had a medical review completed within the last four months. The inspector was assured that residents were been closely monitored by staff for signs and symptoms of COVID-19.

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure all staff were aware of the level of precautions to be taken prior to entering the bedroom of a resident with a transmissible infection. The inspector observed some examples of good practice in the management of COVID-19 such as good hand hygiene practices and adherence to good practice when wearing face masks and uniform policy. Staff had access to personal protective equipment and hand sanitisers in all areas. Clinical wash hand basins had not been installed to date, this issue was identified on the last inspection. The inspector was informed that they were purchased however installation was postponed due to the current COVID-19 outbreak.

Appropriate systems were in place to ensure the regular cleaning and/or decontamination of communal equipment between each use. The new system was

in its infancy, the equipment viewed on walkabout appeared clean.

Medication management was audited and the audits viewed were comprehensive. The practices reviewed on inspection were overall safe, medication administration was in line with current best practice. However, some of the medication prescription sheets did not contain all the required data about the resident.

Residents' rights to dignity and privacy were upheld on this inspection. All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. However, the twin bedrooms had the potential to negatively impact the rights of residents when occupied by two residents. This was due to the fact that residents were afforded a small amount of private space each. The privacy screening for each resident extended around a bed and bedside locker only, each resident's chest of drawers and wardrobe were located in a communal space within these bedrooms. These residents had access to a minimum amount of private space, below the required standard. These twin bedrooms were either empty or had single occupancy during this inspection.

Residents had access to storage for their personal possessions. However, a key was not available to all residents to facilitate the secure storage of personal belongings. This was supplied on request.

Visiting was restricted during the COVID-19 outbreak and residents were aware of this. Compassionate visits were being facilitated in line with public health guidelines.

There was evidence that all staff were provided with training in fire safety and evacuation procedures. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were displayed. Records showed regular simulated evacuation practice drills took place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures. Evidence that the provider had consulted with fire experts to service the fire alarm and fire extinguishers was available. However, some improvements to the processes for servicing the emergency lights was required as detailed under Regulation 28.

All measures were taken to safeguard residents. The building was safe and secure. Staff had received the required training and any incidents of alleged abuse had been reported as per legislative requirements, and investigated in line with the centre's policies. The provider was a pension-agent for a small number of residents. There was a safe system in place to manage residents' pensions.

Residents had access to a programme of activities that contained a variety of activities and included increased physical and sensory elements to meet a broader range of residents basic and higher level needs. The inspector observed that the programme was being implemented in the centre and that residents were engaged and clearly enjoyed the choice of activities. Where some residents did not wish to participate, staff respected their choice.

There was a choice of food, which residents were happy with. It was served hot to

residents in their bedroom during the outbreak. Residents had access to fresh drinking water in their bedrooms and were offered a choice of hot drinks and snacks between meals.

Regulation 11: Visits

Visiting was restricted in line with public health advice due to the COVID-19 outbreak. However, the inspector saw that compassionate visits were being facilitated. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors book which visitors were requested to sign prior to entering and on departing the centre, together with COVID-19 precautionary measures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage facilities in their bedroom for their personal belongings. Their clothing was laundered and returned clean and fresh to their bedroom.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents.

- There were a number of twin bedrooms, all of which were for planned refurbishment. However, the inspector noted that these twin bedrooms were not suitable to accommodate two residents in their current layout. These twin bedrooms did not have enough space for a bed, a locker, a chair, a bedside table and appropriate storage for personal belongings within each residents allocated bed space. The privacy screening extended around the bed and bedside locker with all other furniture located in a communal space within the shared bedroom. Therefore residents' had access to a minimum amount of private space.
- Some residents did not have access to a key to enable them to secure their personal belongings independently.
- There were areas of the centre that required re-decoration which the

inspector saw was in progress but stalled for the moment due to the COVID-19 outbreak.

- These areas included floor covering in some corridors and bedrooms. Some walls throughout remained heavily marked or chipped. Woodwork including hand rails on the corridors, doors, door frames and skirting boards all required repair.
- The gardens required upgrading, particularly the paving which was not clean and the furniture which appeared unkept and not currently suitable for resident's use. The inspector was informed that there was a plan to complete work on the garden, however this had not yet been completed.
- The rear of the building required review, to ensure that furniture for repair, discarded equipment and all clinical storage bins were kept safe and secure.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents informed the inspector that there was a good choice of food available to them and that they could access food and snacks whenever they wanted. Water and a glass was available in the residents' rooms and residents said they were renewed daily.

Judgment: Compliant

Regulation 27: Infection control

While there were good infection prevention and control practices overall, staff did not have access to clinical wash hand sinks throughout the centre. This was an outstanding action plan from the last inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that emergency lighting was being checked on a quarterly and annual basis in line with best practice.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good pharmacy oversight with regular medication reviews carried out.

The inspector observed good practices in how the medicine was administered to the residents. Medicine that was to be administered appropriately as prescribed and dispensed.

Judgment: Compliant

Regulation 6: Health care

Residents did not have a comprehensive assessment of their medical care needs completed prior to or within 48 hours of their admission to the centre and a number had not had a medical review within the past four months.

Judgment: Not compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

The centre was a pension agent for a small number of residents living in the centre. There were clear processes in place for the management of residents' pensions and monies held on behalf of residents. The inspector saw evidence that residents' monies were being lodged into a residents' account in line with the requirements published by the Department of Social Protection.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities available to residents to participate in activities on the day of inspection. There was an activity person delivering activities to residents via a media system, while they were isolating in their bedrooms as per public health's recommendations during the COVID-19 outbreak. Residents' had access to daily newspapers and were seen reading these while resting in their bedrooms.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilbrew Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0038233

Date of inspection: 22/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: All outstanding information was submitted following the inspection.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The items being stored in the boiler room were removed immediately and all staff reminded of the need not to use this room for storage. The boiler room is checked weekly by a member of the management team to ensure compliance.</p> <p>The lock on the dining room door was taken off immediately prior to the completion of the inspection.</p> <p>The Resident Directory is now maintained by the Director of Nursing and will be audited quarterly to ensure compliance.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A revised copy of the Statement of Purpose was submitted to the Authority that contains all information required by Schedule 1.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Refurbishment of double rooms is currently underway to ensure full compliance with the regulations. (To be complete by 30th June 2023).</p> <p>All residents have access to a safe in their wardrobe.</p> <p>The current programme of redecoration of the centre will be complete by 31st May 2023.</p> <p>A programme of flooring replacement in the centre has commenced and a number of bedrooms and communal floors will be replaced by 31st December 2023. Funding has also been allocated for Q1 in 2024 to complete all outstanding floor areas throughout the centre and to ensure that all outstanding marked and/or chipped woodwork including hand rails on the corridors, doors, door frames and skirting boards will be repaired.</p> <p>By 30th June 2023, all outside areas and gardens will have pavements cleaned and furniture upgraded for resident use.</p> <p>The rear of the building was cleared immediately following the inspection.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The installation of clinical hand wash sinks commenced on 19th April 2023.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All emergency lighting was reviewed on 4th April 2023 and is in line with regulation and best practice.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Following the inspection, a meeting took place with the MDT team and a robust process has been introduced to ensure comprehensive assessments and medical reviews are completed within the relevant timeframes. The Director of Nursing monitors this weekly to ensure compliance.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Substantially Compliant	Yellow	24/03/2023

	provider.			
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	31/12/2023
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	24/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/04/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	04/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	24/03/2023

	purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	24/03/2023