Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	AbbeyBreaffy Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Dublin Road (N5), Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	20 January 2021
Centre ID:	OSV-0000308
Fieldwork ID:	MON-0031729

About the designated centre

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

AbbeyBreaffy Nursing Home is a purpose-built facility that provides care for 55 male and female residents who require long-term care or who require short periods of care due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre is located in a countryside setting a short drive from the town of Castlebar just off the N5. The atmosphere created is comfortable and there is plenty of natural light in communal areas and in bedrooms. Bedroom accommodation consists of four double rooms and 47 single rooms of which 50 have ensuite facilities. There are toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are several sitting areas where residents can spend time during the day. There were dementia friendly features in place to support residents' orientation and memory and this included signage and items of memorabilia that included displays of china and old style equipment. An accessible and safe courtyard garden is centrally located and has been well cultivated to provide interest for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

How we inspect

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 20 January 2021	10:30hrs to 16:30hrs	Una Fitzgerald	Lead
Thursday 21 January 2021	09:30hrs to 13:30hrs	Una Fitzgerald	Lead
Tuesday 26 January 2021	09:00hrs to 15:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector spoke with five individual residents and spent periods of time observing staff and resident engagement in communal areas. Residents spoken with were aware that there was an outbreak of COVID-19 in the centre and as a result had been instructed to self isolate in their bedrooms. Overall, the feedback given was that residents were not happy with the service provided in the centre. Residents were quick to state that individual staff members were kind and supported them. However, residents were not satisfied with the food served, the frequency of showers and the laundry services.

On the 04/01/2021 the centre had notified the Chief Inspector of a COVID-19 outbreak in the centre. At the time of inspection the centre was divided into two separate units. The COVID-19 positive unit and the COVID-19 negative unit. On arrival to the centre the inspector walked the COVID-19 negative section of the premises. Observations found that the centre was not clean. The floors were visibly dirty, hand hygiene sinks were not clean and in some cases could not be accessed because of the number of items on the floor causing an obstruction. The nurses clinical room was not clean. One of the sinks had a layer of dirt and had no running water. Clinical equipment was visibly dirty. The inspector walked along the resident bedroom corridors. There was PPE (personal protective equipment) outside most rooms that was obstructing access and was stored in an unsafe manner. The inspector acknowledges that the provider had contracted an external company who were in process of addressing the cleanliness of the building.

During conversations with residents the inspector was told that food served was cold. A resident informed the inspector they were hungry. The inspector observed that their lunch meal was in their bedroom despite the fact that the resident was sitting in one of the main communal sitting rooms. The inspector was informed by staff that lunch is served between 13.00 and 14.00 hours. However, on day one of the inspection staff confirmed that lunch was not served up until 15.20 because of the availability of staff to assist residents. The inspector acknowledges that this issue had been addressed by day three of the inspection.

During conversations had with residents the inspector observed that items of clothing were heavily soiled and presented in a poor state. For example; a resident had not had their clothing changed post their fortnightly body wash that was completed in the bed. The resident told the inspector that the same garment was put back on after the wash. The inspector explored this with the resident who stated that items had been lost and not replaced. The wardrobe had one shirt which the resident does not wear. The inspector followed up with staff and the remaining items of clothing were found and brought to the resident. Residents also voiced dissatisfaction with the frequency of showers. The inspector reviewed the care records and spoke with staff. On days one and two of the inspection no resident in the COVID-19 negative unit had been offered or had a shower. Staff were instructed that all residents were to remain in their bedrooms and the bedrooms did not have

showering facilities. This was discussed with the senior management and by day three residents who chose to have their hair washed and showered had been facilitated.

Through walking around the centre, the inspector observed many residents had personalised their rooms and had their photographs and personal items displayed. Group activities had been cancelled. Healthcare assistants (HCA) were also tasked with completing one to one activities with residents in their bedrooms. However, due to the availability of staff this did not occur. The focus for the HCA team was to ensure all residents were safe, provide assistance with meals and answer all call bells. Residents missed the activities and told the inspector they found the day long.

Visiting on compassionate grounds was facilitated under strict controls. The centre had a suitable area indoors to facilitate visits. Residents understood the need for restrictions on visits and told the inspector they missed the personal engagement. Residents did state that staff were doing their best to mitigate by assisting residents with telephone and video calls. Residents told the inspector that they felt there was not enough staff on duty. Findings from the inspection support the residents view. The inspector acknowledges that additional nursing management from within the group were redeployed on day two. On day three the inspector was informed that the centre had secured four new HCA's to join the team.

The following sections of the report outline the inspection findings in relation to the governance and management in the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

Knegare Nursing Home Holdings Ltd is the registered provider of AbbeyBreaffy Nursing Home. This was an unannounced risk inspection to monitor compliance with the regulations and to review the management of the COVID -19 outbreak that had been notified to the Chief Inspector on the 04/01/2021. Inspectors of social services had been in frequent contact with the management team on site requesting information specific to the outbreak. The responses received did not provide sufficient assurances. The inspection was completed over three days. As a result of the findings from day one and two a provider meeting was held with the directors of the company. The inspector was not satisfied that the registered provider had ensured effective governance and management of the centre. Day three was completed five days following the provider meeting to follow up on progress made to ensure that the service been provided was safe, appropriate, consistent and effectively monitored as is required by the regulations.

The centre has had a number of changes to the Person in Charge (PIC) following the last inspection completed in September 2020. On the days of inspection the incoming PIC was working remotely. The provider had organised for the outgoing Director of Nursing to work on site as a support. In addition, a general manager and

a clinical nurse manager from within the group were redeployed on day two to manage the COVID-19 positive unit in the centre. While the inspector acknowledges the extra support that was present after day one of the inspection the overall governance and management of the centre needs to be strengthened.

The inspector found insufficient resources and inadequate managerial oversight. This was evidenced by:

- Staffing - there were insufficient care staff numbers on duty. For example, delays in residents receiving their meals.
- Care plans were not completed in accordance with Regulation 5 requirements. For example; on days one and two residents COVID-19 care plans were not updated to reflect their care needs
- The inspector found gaps in the auditing of clinical care and was not satisfied that the service was effectively monitored.

The inspector found that the centre is moving away from overall compliance with regulation requirements. The last inspection completed in the centre found non compliance with regulations 23 Governance and Management and regulation 27 Infection control. The non compliance is restated. Significant improvement and focus is now required under management systems to ensure that the quality and safety of care delivered to residents achieves regulatory compliance.

Regulation 15: Staffing

The inspector reviewed the staffing compliment on duty and was not assured that there were sufficient numbers of staff on duty. The centre had forty one residents. On the days of inspection there were 12 residents with maximum dependency care needs, five residents with high dependency care needs, 10 residents with medium dependency care needs and 13 residents with low dependency care needs.

As a result of the outbreak, staff availability had been effected. The centre was divided into two units. In the COVID-19 positive unit there was one nurse and one HCA assigned to the care needs of 13 residents. However, in the COVID-19 negative unit there was one nurse and two HCA assigned to the care needs of 27 residents.

The last inspection completed in the centre had found that the staffing was inadequate. The compliance plan response at the time was accepted and the provider had committed to increase the staffing numbers in the cleaning department, the HCA and activities staff. While additional staff had been employed and there was an active recruitment plan in place, the inspector found that insufficient progress was made and the staffing contingency plan when needed had proved to be insufficient as was evidenced during this inspection.

The centre had two staff allocated to cleaning. Prior to the inspection, correspondence from the office of the Chief inspector had highlighted that additional resources was required to ensure that the cleaning is completed to the standard

required in light of the COVID-19 outbreak in the centre. While the inspector acknowledges that an external company had been sourced to complete a deep clean a review is required on the long term plan for staffing in the cleaning department.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge has a responsibility to ensure that staff have access to appropriate training and are appropriately supervised. Training records provided evidenced that staff were facilitated to attend mandatory training.

The supervision of staff practice and the allocation of care required strengthening. This was evidenced by:

- Records evidenced that nurses had attended additional training in the development of care plans. The content of the training delivered was not available for review. Care plans were not person centered and therefore did not guide care.
- The supervision of cleaning practices were inadequate.

Judgment: Substantially compliant

Regulation 23: Governance and management

The totality of the findings over the three days of this inspection evidenced that Knegare Nursing Home Holdings Ltd did not have robust systems of governance and management in place to ensure that the service provided was safe, appropriate and consistently and effectively monitored.

For example:

- The provider failed to ensure that there were sufficient staff on duty on day one and day two of this inspection to meet the care needs of the residents, however, staffing had improved on day three.
- The provider failed to implement sustained improvements in the cleanliness of the centre since the last inspection. Additional cleaning resources were not made available in the centre until the 17 January 2021 despite requests from inspectors to do so dating from 12 January 2021.
- The provider's system of internal audit process was not adequate as it did not identify key issues which the inspector identified during the inspection such as those outlined under Regulation 27 Infection control in this inspection report.
- The provider should review its systems for engagement with residents and

address their feedback, as a number of concerns were brought to the attention of the inspector that the provider was not aware of.

- While the provider had a risk register in place the risk associated with the need for the PIC to work remotely from the centre was not adequately addressed. Consequently the PIC did not always have up to date information to relay to the outbreak control team.
- The risk associated with two residents at risk of wandering due to poor cognitive function was poorly managed. The inspector observed how a resident, who was COVID-19 positive, wandered into the negative zone of the centre.
- The provider had completed a COVID-19 risk assessment. An outbreak occurred in January 2021 and the risk assessment, reviewed by the inspector, was last updated in October 2020. In addition, some actions were not followed through. For example, the contingency plan required registered nurses in the centre to pronounce death. However the nursing staff spoken to had not completed the training which the provider had deemed as being required. The inspector acknowledges that at the time of inspection no death had occurred.

Judgment: Not compliant

Quality and safety

The centre is purpose built. At the time of registration a restrictive condition was attached to the registration in relation to the installation of additional bathrooms and ensuites in the centre. As a direct impact of the COVID-19 national pandemic the registered provider has had to apply twice for an extension in the completion date. The premises work when reconfigured and completed will have an increase in the number of showers and bathroom facilities for resident use. Following the last inspection the RPR had been issued with an urgent compliance plan specific to infection prevention and control practices. The provider at the time had actioned a deep clean of the premises and had also increased the allocation of cleaning hours. The findings of this inspection highlighted that the supervision of practices required significant improvement. While a deep clean was completed the standard had not been maintained.

The inspector was informed that following the last inspection, training and further education had been completed with staff on the care planning system in place. While is was evident that resident files had been reviewed and outdated information updated, the inspector found that this learning had not been imbedded into the system and become practice. For example; residents that had a confirmed COVID-19 result did not have a care plan that reflected their care needs.

On the third day of inspection the inspector spent time in the COVID-19 positive unit. The management had redeployed senior nurses from within the group to manage the COVID-19 positive unit. The management told the inspector that since arrival multiple changes had been actioned. For example:

- a dedicated nurses clinical room had been set up. This room was clean and well organised.
- The team had familiarised themselves with the electronic care planning system in place and were in process of ensuring that all care plans were updated, person centered and guided care.
- The PPE stations were set up. The corridors were free of all obstruction.
- Further education and instruction on the use of PPE had been completed and a buddy system of donning on/off of all PPE had been introduced. This ensured that all staff were adhering to the guidance.
- The deep clean of the unit had been completed.

The challenge now is to ensure that positive changes made are monitored by the provider to ensure that they are maintained.

Regulation 27: Infection control

Overall the findings from this inspection evidence that sufficient progress specific to infection prevention and control measure had not improved to meet regulation requirements. The findings from the last inspection are restated. Systems and resources in place for the oversight and review of infection prevention and control practices required an immediate review. This was evidenced by:

- unclean clinical equipment
- resident equipment that was stored away for use was not clean and ready for use with the next resident.
- The inspector observed that multiple beds and armchairs in the centre are worn in parts and this had an effect on the ability to clean to the standards required during a national pandemic.
- Sinks had lime scale build up and dirty plug holes.
- Hand hygiene sinks were either unaccessible or were not clean
- Hand hygiene dispensers were unclean and had a layer of dust.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

On day one of the inspection, the inspector reviewed a sample of six files of residents that had had a confirmed COVID-19 diagnosis. The care plans had not

been updated to guide the care of residents who had tested positive for COVID-19.

The inspector reviewed the nursing progress notes and noted that any improvement or deterioration in the residents' condition including observations on temperature, pulse and oxygen levels were routinely recorded. Some residents were receiving subcutaneous fluids (fluids via a drip).

The system in place for recording the total volume of fluids taken by the residents was unclear. On day one of inspection, staff were unable to tell the inspector if the volume taken included drinks, subcutaneous fluids or a combination of both. The inspector acknowledges that on day three staff had received clarity on the recording of fluids. This lack of clarity posed a risk to residents as staff might be unable to make an informed decision regarding the administration of subcutaneous fluids.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) throughout the outbreak of COVID-19. There was evidence of communication with the medical team on receipt of a confirmed diagnosis of COVID-19. Anticipatory medications were prescribed which meant that any deterioration in a residents condition, or presentation of symptoms could be appropriately managed. The resuscitation status of residents was clearly documented.

Judgment: Compliant

Regulation 9: Residents' rights

Following the last inspection the centre had committed to increase the provision of meaningful activities for residents. There was no evidence on the day of inspection that this was acted upon. The activities staff continue to be redeployed into other roles. Residents told the inspector that the days are very long and that they had very little engagement with people throughout their day.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for AbbeyBreaffy Nursing Home OSV-0000308

Inspection ID: MON-0031729

Date of inspection: 26/01/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Rota's and staffing have been reviewed by the Management Team. Regular agency staff were recruited to replace staff who are in isolation and due to return to work in the coming weeks. Completed 24.01.2021 and ongoing during outbreak status. Staff members who were on isolation due to COVID or COVID related contact tracing issues have returned to work and continue to do so from 27.01.2021. Staffing levels were reviewed according to the layout of the two temporary units and the increased dependency of residents suffering from Covid symptoms. As a result of this additional staffing was assigned to COVID and NON COVID area. Interviews scheduled to recruit additional staff members. Since the inspections, Abbeybreaffy Nursing Home has recruited: 2x HCA 1x Housekeeping Staff The Group HR Team and the Nursing Home Team continue to review staffing levels to ensure continuity of care for the residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training planner for 2021 to be completed by Person In change.	

Person In charge/ Assistant Director of Nursing to review staff record and to organize appropriate training prior to re-deployment of staff to different areas.

Training record to be reviewed monthly and updated by Person In charge/ Assistant Director of Care.

Pronouncement of Death training: Completed by all nursing staff 11.02.2021.

COVID 19 swab testing is currently carried out with the assistance of National Ambulance Service.

3 nursing staff booked in for COVID 19 swabbing training to assist the PiC in the future.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Person In-charge came back to work on 27.02.2021 post isolation.

Residents continued to be monitored by nursing staff/Person In-charge and will be discussed with residents own GP. Person In charge actively engage with PHN and Outbreak team on a regular basis. Previous PiC remained in place to support the returning PiC to ensure appropriate support and supervision of staff on the floor.

The PIC is supported by two senior staff nurses within the nursing home. Person in-charge is been supported by General Manager within the Group. Also has external support from the RPR and other Board Members.

Group HR and Management Team actively engage in recruitment of new Person in Charge/ Nurse Manager. Person In charge to discuss and review management structure with in the nursing home with RPR.

Person In charge continue to identify the risk and to complete risk assessment on a regular basis.

Audit Planner for 2021 has been completed by PIC. Person In charge to allocate audits to senior nurses/Clinical managers. Organize regular meetings with management to address issues identified in the audits.

Person In change continue to monitor clinical practice and care delivery. Person In charge continue to identify areas for improvement through regular audits. Action plan and risk identified to be discussed with RPR. Monitor compliance regularly

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The IPC standards in the Nursing Home are a priority for the Senior Management Team. They are under constant daily monitoring and review by the PiC. The Group has available to them a Nurse with IPC training (Level 9) who will review the centre and its compliance with IPC Post Covid. The findings of this report will be actioned and reviewed as per the guidance to ensure full compliance in this area.

Audits implemented will be reviewed, actioned, evaluated and monitored weekly by the PiC. The findings will be shared with the RPR. Any trainings identified as being required by staff to ensure and maintain compliance will be implemented.

Supervision in relation to IPC is ongoing and will continue in the Nursing Home.

Nurses cleaning schedule implemented. Senior staff nurse allocated to monitor the compliance and to discuss with Person In charge on a daily basis. All findings that require improvement are shared with staff.

Cleaning schedules implemented to monitor cleaning of equipment's such as Hoists, wheelchairs etc. This schedule is reviewed daily by the Pic (or delegated other) and all findings that require improvement are shared with staff.

Housekeeping informed of their roles and responsibilities regarding ongoing cleaning and monitoring of stored clinical equipment's. This is reviewed and audited daily and each individual staff member is appraised of issues noted that require immediate attention. Any training that is identified as being an issue is implemented.

Chairs and furniture that are perished or deemed an IPC risk have been removed from the centre.

Monitoring and supervision of the housekeeping staff daily by PIC/ Senior Nurse.

Person In charge daily engaging with housekeeping staff and supervisor of the cleaning company to discuss any issues which requires improvement.

1:1 meeting held with external and internal housekeeping staff to ensure they are fully aware of their roles and responsibilities in relation to IPC practices in the Nursing Home.

The PIC and RPR meet weekly to discuss IPC practices within the Nursing Home and any progress made in relation to the action plan.

Weekly review by Infection control nurse from HSE and updating points for improvement with Person In charge.

Recruitment of house keeping staff and allocation of additional cleaning hours implemented following discussion with RRP.

Ongoing supervision and training for housekeeping staff by Person In charge to ensure compliance with policies and procedures.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Fluid intake chart in place for all residents.

Completion of fluid intake chart to be monitored by nursing staff on a daily basis. Person In charge to monitor the compliance.

Feedback meeting with nursing staff following HIQA inspection held and finding of reports discussed. Roles and responsibilities regarding resident care reiterated. Leadership on the floor and delegation of duties discussed and outlined as an important duty of the Nurse in Charge.

Covid health and wellbeing care plans reviewed daily by nursing staff for all resident actively within their 14 days incubation and residing in the Covid Active Area of the Nursing Home.

All Nursing Staff to receive training on Care planning.
Care plans to be reviewed fortnightly by PiC and discussed at Nurses Meeting. Care Plan audit has been devised and implemented in the Nursing Home. This will be reviewed by the PIC on a fortnightly basis and an action plan devised and reviewed continuously to ensure the care and welfare of residents is appropriately documented.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Recruitment of Activity Co-Ordinator ongoing.

Training sessions will be organised for HCA's to ensure that there is a meaningful engagement in place for residents in the absence of Activity Co-Ordinator

Feedback meeting held with staff following HIQA inspection held and finding of reports discussed. Residents rights reiterated to staff and their roles and responsibilities discussed relating to same. Ongoing supervision on the floors by Senior Staff will monitor and observe interactions between residents and staff to ensure residents are treated with dignity and respect and their wishes, choices and preferences are recorded, respected and upheld.

Residents committee meeting schedule for 05.03.2021 to discuss residents needs and rights.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(c)	The registered	Not Compliant		30/04/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.		Orange	
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.	Not Compliant	Orange	13/03/2021
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	31/03/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	31/03/2021

	activities in accordance with their interests and capacities.			