

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

Issued by the Chief Inspector

Name of designated centre:	Killure Bridge Nursing Home
Name of provider:	Killure Bridge Nursing Home Limited
Address of centre:	Airport Road, Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	03 September 2021
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0033534

About the designated centre

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

Killure Bridge Nursing Home is a designated centre registered to provide care to 79 dependent people. It is a purpose built single story building opened in December 2004 and consists of 62 single en suite bedrooms, five single bedrooms and six twin rooms surrounded by four acres of landscaped gardens. It is situated three kilometres outside Waterford city. The communal space includes two large comfortably furnished day rooms, two dining rooms and a number of smaller rooms including a library and oratory which are quiet spaces for residents and relative use. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	79
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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
Friday 3 September 2021	09:00hrs to 17:00hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, Killure Bridge Nursing Home was a well run centre where residents were supported to live an active and involved life. The inspector communicated with a number of residents individually and spent time in the communal areas observing staff and resident interactions and daily activities taking place. The overall feedback from residents was that they felt safe and well cared for. Some improvements were required to ensure that the quality and safety of all services provided in the centre was consistent and effectively monitored, and is discussed under the relevant regulations.

There were a number of communal rooms available for residents' use in the centre, including a dining room, two large sitting rooms, a sun-room, a family room and an oratory. The inspector observed that not all of these spaces were utilised at the time of inspection, as the oratory had been re-purposed temporarily as a store room and the sun room did not have appropriate signage in place to signpost residents to its availability. The inspector observed that one sitting room was used to hold activities throughout the day, and as a result the other sitting room was observed to be very busy at different times. Two residents told the inspector that they would like more quiet space to read their newspapers or relax in. The provider arranged for a carpenter to come on-site on the day of inspection and install self-closing devices on the sun-room doors so that the doors could remain open which made the facility more accessible for residents, and provided evidence following inspection that the oratory had been returned to its original use. This is discussed further under Regulation 9.

There were very pleasant outdoor facilities available for residents' use. The front garden had an attractive sheltered visiting area, and a secure pond with a fountain where residents could engage with nature and watch a variety of birds and ducks. One resident told the inspector that going for walks around the centre on the landscaped paths was their favourite way to spend their time, and that staff assisted them to go outside for fresh air as often as they wished. There were a number of additional internal courtyards available which were beautifully decorated with planting and murals, and had sufficient seating for residents and their visitors.

The premises was well maintained and the inspector observed that corridors were decorated with ornaments, pictures, flowers and photograph portraits of a number of residents. There were orientation signs throughout most areas and hand rails along the corridors, supporting residents to navigate around the centre independently. However, the inspector noted during the walkabout that some fire doors were not working correctly and presented as a risk in the event of a fire. This is discussed further under Regulation 28.

Residents were complimentary of their bedrooms, and the inspector observed that these were personalised with residents' photographs, pictures and personal

possessions. There was sufficient storage available for residents' clothing and treasured possessions, and most bedrooms had access to a television and seating to allow residents to spend time comfortably in the privacy of their own bedroom. A number of bedrooms had access to an ensuite facility, and one resident told the inspector that this facility was very important to their sense of comfort and wellbeing. Some twin bedrooms did not meet residents' needs effectively due to their size and layout, and some areas required maintenance to ensure that furniture and equipment was maintained in a good state of repair. This is discussed further under Regulation 9 and 17.

The inspector observed a number of positive interactions between staff and residents during the inspection, and a friendly and companionable atmosphere was evident in the centre. Residents told the inspector that staff were helpful, kind and caring and they often had great fun with them. Staff communicated with were clearly knowledgeable of the residents and their individual needs and preferences. One resident and a staff member were observed having a cup of tea together outside, and the resident was laughing and clearly enjoying the company. While staff supervision of communal areas was observed to be limited at times during the morning, this was greatly improved later in the day and there was sufficient staff available to ensure residents could take part in activities and have their personal needs met. Telephones were observed to be answered quickly by reception staff, and call bells were answered promptly by care staff.

The inspector observed lunch time in the centre and saw that residents were facilitated to enjoy their meal in two dining rooms, or in their own bedroom if they wished. There was a varied and interesting choice of meals offered and these were displayed prominently throughout the dining room areas. Residents told the inspector that the food was great and that they always eat well, and one resident reported that they had started to put on weight as they "enjoyed the food too much" and had to now watch their portion sizes. The resident reported that staff now helped them to make an informed healthy choice, and that fresh fruit and vegetables were always offered. Residents also told the inspector how they greatly enjoyed getting ice-creams and cool refreshments during the hot weather.

There was a varied and interesting activity programme available in the centre and residents told the inspector there was always something to do. While there was only one activity coordinator working in the centre, the inspector was assured that residents' opportunities to participate in activities in accordance with their interests and preferences was supported through a number of experienced external providers. This included daily live music, exercise classes, baking classes and other activities based on residents' suggestions and results of an activity survey. The inspector observed a musical sing-a-long and an energetic exercise session taking place on the day of inspection, and residents were clearly engaged and enjoying taking part. The activity coordinator had training in sonas therapy, and provided one to one recreational and social support for residents who preferred not to take part in group activities.

Residents told inspectors that they greatly enjoyed receiving their visitors again. One resident told how they regularly go out with family to the seaside or for coffee and

that it was "great to be getting back to normal life and see the world again."

Residents were evidently consulted about and participated in the running of the centre and the services provided. Regular satisfaction surveys and questionnaires were completed in the centre by residents, or where required, their representatives advocating on their behalf, and clear action plans and quality improvement initiatives were identified and put in place based on their findings. Some of the feedback recorded by residents was evidenced by inspection findings, including residents reporting that they feel well cared for and supported to take part in decisions about their life, while one resident reported that they would like more quiet spaces to be available in the centre. There was good attendance at residents' meetings and these included a resident advocate, and records showed that current issues were discussed and suggestions were welcomed.

Residents told the inspector that they knew how to raise a concern or complaint and felt comfortable doing so. Some residents reported they could raise an issue with any member of staff, while one resident told the inspector they "would go straight to the boss." All residents communicated with on inspection reported a high satisfaction with their quality of life in the centre and that they rarely had complaints. Some improvements were required to ensure that all complaints were managed in line with the centre's complaints policy, and this is discussed further under Regulation 34.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider demonstrated the capacity and capability to ensure good quality care was being delivered to the residents. There was evidence that there was sufficient staffing resources to ensure that care and services were provided in line with the statement of purpose and met residents' needs. The inspector acknowledged the challenging time that the management team, staff and residents had experienced during the COVID-19 pandemic. However, some areas as identified by this inspection required further improvement to ensure that all risks were identified and managed consistently and effectively. Overall, it was evident that this centre was well managed and that it was a good place to live for residents.

This was a short-term announced inspection and the provider was informed on 02 September 2021 that a risk inspection would take place on the following day. The aim of the inspection was to monitor the provider's regulatory compliance, and to gather further information in relation to the centre's application to renew its registration. The centre has a strong history of compliance with the regulations and full compliance was reported on the previous inspection. This inspection identified

that the premises required review to ensure it would meet the requirements of the upcoming S.I. No 293 amended regulations which will come into effect on 01 January 2022. The provider demonstrated responsiveness to findings in relation to other regulations, including fire precautions and residents' rights, and a number of these were addressed on the day of inspection.

Killure Bridge Nursing Home Limited is the registered provider of the centre, of which there are six company directors. One of the directors represents the provider and is involved on an ongoing basis with operations in the centre. The person in charge (PIC) was supported in her role by an assistant director of nursing (ADON), who deputises in her absence. There was a vacant clinical nurse manager role (CNM) at the time of inspection, but assurances were provided that recruitment was ongoing to fill this vacant post. The management structure was observed to be robust, with an effective teamwork approach and appropriate delegation of responsibilities.

The inspector reviewed a sample of staff files and found that these met regulatory requirements. There was evidence of current Garda (police) vetting clearance for all staff working in the centre, and evidence of professional registration for all staff nurses.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was received by the Chief Inspector within the regulatory timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced nurse and had been in the position since 2010. She has the required experience and management qualification for the role, and demonstrated a strong knowledge of the Health Act 2007 and regulations. She has continued to progress her professional development and has completed postgraduate training in infection prevention control since the previous inspection. She has a strong presence in the centre and was clearly well known to staff and residents communicated with on inspection.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available to meet the assessed needs of residents. This included a minimum of three staff nurses available during the day, and two staff nurses and a twilight nurse (8pm - 12am) at night. There was an additional staff member assigned to support visiting arrangements and prevent disruption to care provision.

There was an active recruitment programme in place in the centre which provided for additional staff resources in the event of future vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were observed to have access to appropriate training, including infection prevention and control (IPC), managing behaviour that challenges, safeguarding vulnerable adults, fire safety, cardiopulmonary resuscitation and clinical hand hygiene.

Judgment: Compliant

Regulation 23: Governance and management

There is a clearly defined and effective management structure in place in the centre which identifies the lines of authority and accountability, and specifies roles and responsibilities for all staff.

There were management systems in place, including a suite of audits, spot checks, quality improvement initiatives and management meetings, to ensure that services provided were safe, appropriate and effectively monitored. While these systems showed evidence of learning and timely action plans, the oversight in some areas as identified by this inspection required improvement to ensure all risks were identified in a timely manner. This is discussed further under the relevant regulations.

There was an annual review available for 2020 and quality improvement plan identified for 2021, and this showed evident consultation with residents and their families. Records showed that the annual review was discussed in detail with residents at a residents' meeting and residents were issued with a copy of same.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure available, including an appeals procedure, and this was prominently displayed in the centre. From a review of records available and discussions with staff it was observed that while informal verbal concerns or issues, such as those raised at resident meetings, were addressed by staff, a record of the action taken and whether the complainant was satisfied with the outcome was not consistently documented.

Judgment: Substantially compliant

Quality and safety

Residents spoke highly of the quality of care and services they received in the centre, and the inspector observed that residents' needs were supported through timely access to health care services and good access to social and recreational activities. This inspection identified that some improvements were required in relation to premises, infection prevention and control (IPC), fire precautions, residents' rights and care planning, to ensure that the services provided were of a consistent safe and quality standard.

A detailed comprehensive assessment was completed for all residents on admission to the centre, and this included validated screening tools including mini-mental state examination (MMSE), waterlow assessment tool and malnutrition universal screening tool (MUST). This assessment was evidenced to inform residents' care plans and needs. Some improvement was required in relation to behavioural support plans and daily nursing notes. Care plans were generally found to be comprehensive and person-centred, with evident involvement of the resident and their families, and inclusion of a "my life story" to inform staff of individual likes, dislikes and interests. There was evidence that care plans were reviewed every four months and that allied health professional input was included. Bed rail assessments were in place for all residents where these were in use, and there was evidence that the risk was reviewed on a regular basis.

There was good access to medical and allied health professional services as evidenced by residents' medical records and communication with staff and residents. The centre had strong links with the age-related care unit in the local hospital, and a psychiatry of older age liaison nurse came on-site regularly for residents with mental health needs.

Staff were observed to be knowledgeable in IPC procedures and the use of enhanced precautions in the event of a COVID-19 or other infectious viral outbreak. There was a tagging system in place for the cleaning of equipment, and staff were observed to follow best practice in relation to the cleaning of bedrooms and

communal areas. There were four housekeeping staff working during the day, with one staff member returning in the evening to ensure communal areas and frequently touched surfaces were cleaned further. There was an external laundry facility on the grounds of the centre, and the inspector observed that there was a clear flow of dirty to clean processes in place and a member of staff assigned to laundry duties daily. The provider had arranged for an external provider to assess and manage the risk of legionella in the premises. Some improvements were required in relation to hand hygiene resources and storage, as discussed further under Regulation 27.

Regulation 11: Visits

The centre's visiting procedures were observed to be in line with the Health Protection Surveillance Centre guidance, '*COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs)*' at the time of inspection.

Judgment: Compliant

Regulation 17: Premises

One twin bedroom did not meet the size requirements as required by the amended regulations S.I. No 293 (2016), which are due to come into effect on 1 January 2022. The provider gave assurances following inspection that a plan was in place to increase the floor space of this bedroom as part of the centre's application to renew registration.

There was a lack of sufficient storage available in the centre. For example, one store room was inaccessible due to the large amount of cardboard boxes there. The inspector also observed that the oratory had been temporarily re-purposed as a store room for personal protective equipment (PPE) which was not in line with the centre's statement of purpose and impacted residents' access to communal space for religious activities. The provider provided evidence following inspection that this facility had been returned to its stated purpose.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy in place contained the required measures and actions

to control the specific risks required by the regulation. The risk register was updated appropriately. This identified relevant hazards within the centre and included an appropriate risk assessment and the measures in place to mitigate the risk.

Serious incidents and adverse events were investigated in a timely manner, and the records available were detailed and identified action plans and learning which was shared with staff.

Judgment: Compliant

Regulation 27: Infection control

The infection and prevention control (IPC) procedures were not sufficiently robust to ensure that they met the national standards for the prevention and control of healthcare associated infections. For example, the inspector observed that:

- there was a risk of cross contamination due to the unsuitable storage of residents' equipment, for example residents' mobility equipment was stored in a communal bathroom, and a resident's transfer aid was stored on the floor of a sluice facility
- access to hand hygiene facilities was limited in some areas of the centre. For example, access to a hand wash basin in one communal bathroom was blocked by a number of empty linen trolleys, and while hand sanitiser was available in all residents' bedrooms there was no access to alcohol hand sanitiser on one long corridor

Judgment: Substantially compliant

Regulation 28: Fire precautions

Oversight to ensure that fire doors were fit for purpose required improvement. This is important because functioning fire doors are key to contain fire, smoke and toxic fumes in the event of a fire, and malfunctioning or damaged fire doors should be identified and managed promptly to safeguard residents from the risk of fire.

The inspector observed that a number of fire doors were malfunctioning on the day of inspection, including one fire compartment double door, one sluice facility door and three bedroom doors. These doors failed to close completely and therefore provided an inadequate barrier seal against fire. The provider demonstrated responsiveness to these findings and a carpenter was observed to come on-site on the day of inspection to review the fire doors.

In addition, the self-closing devices in place on a number of residents' bedroom doors were not being effectively used. The inspector noted that a number of these

doors were left partially closed which prevented the self-closing device from closing the door completely in the event of the fire alarm being activated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of residents' care plans, the inspector observed that one resident's care plan for behaviours that challenge was not person-centred and did not identify appropriate triggers to responsive behaviours, or inform staff practice in how to manage the behaviour effectively.

In addition, the inspector observed that daily nursing notes recorded on an electronic record system were repetitive and generic, and did not provide sufficient details on the provision of individual residents' care.

Judgment: Substantially compliant

Regulation 6: Health care

From a review of records and communication with staff and residents, the inspector was assured that residents had timely access to medical and allied health professional services where required. This included access to geriatrician services, psychiatry of older age, physiotherapy, occupational therapy, speech and language therapy, dietician, tissue viability nursing and optometry. Residents were supported, where possible, to be reviewed by a general practitioner (GP) of their choosing.

Judgment: Compliant

Regulation 8: Protection

All staff were observed to have completed up-to-date safeguarding training. Staff communicated with on inspection were knowledgeable of the detection and prevention of abuse, and the measures to take in the event of suspected abuse in the centre.

There were arrangements in place for the investigation of all incidents and allegations of abuse. The inspector followed up on safeguarding incidents notified to the Chief Inspector and observed that these were investigated in a timely manner, escalated to the appropriate authorities where required, and that appropriate

safeguarding care plans were put in place for residents.

The centre was a pension agent for six residents living in the centre. The inspector observed that a separate residents' bank account was made available for this purpose, and arrangements made were in line with the Department of Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of four twin bedrooms did not promote residents' privacy and dignity. For example, the inspector observed that the wash-hand basin in these bedrooms was located within one resident's screened area. This meant that residents would need to encroach on the other resident's space to access the sink. In addition, one resident did not have appropriate screening in place to allow them to undertake personal activities in private as the curtain was observed to cut across the resident's bed.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Killure Bridge Nursing Home OSV-0000242

Inspection ID: MON-0033534

Date of inspection: 03/09/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All issues raised at residents meeting will be logged as a complaint and acted on using the complaints policy</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The floor space in the double room is increased to meet the requirements.</p> <p>A new storage unit was purchased to store PPE</p> <p>Maintenance issues repaired on day of inspection</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Resident's equipment removed from sluices and bathrooms.</p> <p>Extra hand sanitizers placed on corridors</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors fixed on day of inspection.	
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: Care plan information session for nurses facilitated by Mary Burke	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Curtains moved in double rooms to ensure each resident has access to sink without encroaching on other resident in double room	

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 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 3.	Substantially Compliant	Yellow	30/09/2021
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.	Substantially Compliant	Yellow	07/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	07/09/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	03/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	03/09/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	03/09/2021
Regulation 34(2)	The registered provider shall ensure that all	Substantially Compliant	Yellow	03/09/2021

	complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2021