



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

Issued by the Chief Inspector

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0031725

About the designated centre

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

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 66 single and 2 double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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
Thursday 21 January 2021	09:05hrs to 16:00hrs	Deirdre O'Hara	Lead
Thursday 21 January 2021	09:05hrs to 16:00hrs	Michael Dunne	Support

What residents told us and what inspectors observed

The inspectors arrived at the centre in the morning, and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, face masks, and temperature checks. Following an opening meeting, the person in charge accompanied the inspectors on a tour of the centre where they also met and spoke with residents in the corridors, and in the dining and sitting rooms.

This was a good centre with a relaxed atmosphere and residents were seen to interact well with staff. The centre was homely and accessible and provided adequate physical space for residents to have their individual assessed needs and preferences met. Residents were encouraged to bring in personal mementos, souvenirs and photographs, many had availed of this opportunity.

Due to the outbreak in the centre residents were restricting their movements and remained mostly in their rooms for dining and activities. At times residents were seen to be accompanied by staff for walks through the building or when undertaking activities. Inspectors observed residents liaising with the relatives on mobile devices while others were in receipt of staff support when using technological platforms to communicate with loved ones. Inspectors observed staff responding promptly to residents seeking assistance with calls bells answered within acceptable times.

The changes in routine due to COVID -19 and why they were necessary were explained to residents and the person in charge said that the majority of residents understood the precautions and restrictions needed. Resident said that they knew that they had to do things differently and it was necessary to keep everybody safe from COVID-19. Resident wishes in relation to their health and care had been established, essential visiting was facilitated and necessary steps were taken to maintain contact with friends and family. Residents were informed about the COVID-19 vaccination programme and were provided with key information regarding the efficacy of the vaccine. Residents were provided with newspapers in order to keep update with current affairs while resident newsletters provided up-to-date information about key activities within the home.

All residents observed on the day were well dressed in appropriate clothing and footwear. Residents spoken with during the course of the inspection mentioned that they felt safe in the centre and that if they had a concern they would raise it with any member of the team and it was dealt with quickly.

Supportive communication was observed between staff and residents. When residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and staff were seen to redirect residents in a supportive

manner and residents responded well to this.

Capacity and capability

This inspection was unannounced to monitor compliance with regulations and was prompted by a second COVID-19 outbreak in the designated centre which was reported to the Chief Inspector on the 14 January 2021. The first COVID-19 outbreak started on 27 March 2020 and was declared over on 28 June 2020. During the first outbreak 32 residents and 25 staff had contracted the COVID-19 virus and sadly five residents with confirmed COVID-19 died.

On the day of inspection there were no active cases of COVID-19 in the centre, however there was an outbreak which had not been officially been declared over by Public Health as 28 days had yet to pass since the last case was detected. During this outbreak two staff had tested positive for COVID-19.

Overall this centre had demonstrated its sustained capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Records viewed by inspectors showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, an outbreak control team met regularly where the person in charge was identified as the lead person.

The registered provider had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. The provider was seen to have taken the necessary steps in relation to restricting visiting as part of COVID-19 preventative measures. Visiting had been restricted in line with public health guidance.

Systems and arrangements were in place to obtain feedback which contributed to residents experiencing a good service and quality of life while living with restrictions due to COVID-19. Choices and consultation with residents and families in this regard were confirmed with residents. A complaints process was in place and records of investigation outcomes and learning implemented to improve the service and care for residents was documented.

Records to be maintained in respect of Schedules 2, 3 and 4 were available and were stored securely. Notifications to the regulator were maintained and submitted as required. A current insurance policy was active, and staff files were maintained as required by regulation.

Consultation forums were held with residents, and family meetings were facilitated. The numbers of staff and skill mix on duty was sufficient with regard to the assessed needs of the residents. Residents said they were satisfied with the staffing arrangements and timely responses they provided when they needed assistance.

Staff were sufficiently experienced and suitably trained to meet each resident's needs, to support their abilities and promote general well-being.

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff, the Inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the assessed needs of residents and size and layout of the centre.

There were at least two registered nurses on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control and protection of residents from abuse.

Examples of other training available to staff were responsive behaviour, cardio-pulmonary resuscitation, end of life care, hydration and nutrition, privacy dignity and rights, care planning, wound management, venepuncture and food handling. To further support staff, the provider had engaged an external company to deliver resilience training the week before the inspection. Seven staff were trained to take swabs for the detection of COVID-19.

Staff were supervised in their work by the assistant director of nursing and the two nurse managers. There was a performance appraisal system in place for staff in the centre.

Judgment: Compliant

Regulation 21: Records

Records were maintained safely and were accessible. A sample of staff files reviewed against the requirements of schedule 2 were compliant. Information on display in the reception area included the complaints procedure and the registration certificate.

Judgment: Compliant

Regulation 22: Insurance

A record of a current insurance policy was available. This policy had been renewed recently. It made provision for loss or damage to resident property and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Beechfield Manor Nursing Home is owned and managed by Beechfield Manor Nursing Home Limited. Prior to the COVID-19 pandemic, the centre had a good level of compliance identified during inspection in 2018. This inspection showed that the required improvements from the last inspection had been made with regard to staffing and fire.

There was a clear management structure in place. The registered provider representative, senior management, person in charge, assistant director of nursing, and two nurse managers actively participated in the operation of the centre. There were systems in place whereby senior management, from the nursing home group, was readily available to the person in charge where they regularly reviewed and monitored both clinical and non-clinical data to ensure that care provided was appropriate and of good quality.

The centre had a detailed COVID-19 preparedness plan in place to include planning for cohorting of residents (COVID-19 separate from non-COVID-19), enhanced infection prevention and control measures, staff training, establishing surge capacity and promoting resident and family communication. This plan was reviewed and updated regularly and when national guidance changed.

The annual review was in progress and almost complete where consultation with residents and family was seen in surveys viewed. Resident feedback showed that residents were generally happy with the service provided and there was a plan in place to address any issues. Regular communication to families was seen in records to update them of any changes in the centre during the pandemic.

The provider had recently undertaken a staff survey which showed that staff felt that management was approachable and the centre was a supportive environment to work in. They were given all the information that they needed to care for residents and reported that they learnt about COVID-19 as it progressed and were satisfied with the PPE provided. They stated that staff worked well together and there was excellent teamwork. This was confirmed through observation of staff

when they were working and conversations staff had with inspectors.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and families were satisfied with measures put in place in response to any complaint.

Residents who spoke with inspectors said that should they have a concern or complaint that it was dealt with quickly.

Judgment: Compliant

Quality and safety

Overall the care and welfare support provided to residents living in the centre was provided to a good standard. While there were infection prevention and control processes and procedures in place and the centre was visibly clean, there were areas identified which required review. These are discussed in detail under regulation 27: Infection Control.

Residents had access to a range of primary healthcare professionals with arrangements in place to access specialist services when needed. Residents also had access to social care supports in the community with networks in place to secure advocacy and social work support when required.

Records reviewed during the inspection indicated that residents were consulted about their care and health needs and where this was not possible then their families or designated care person was consulted. There was a focus on achieving a restraint free environment and where restrictive practices were in place they were reviewed at appropriate times with the least restrictive option seen to be trialled in the first instance. There was a focus on ensuring residents rights were respected and promoted. Inspectors observed residents and staff interactions and found these to be a positive experience for residents and staff.

Residents who displayed responsive behaviours were provided with care input which ensured their safety but was also delivered in a manner which was unique to that particular resident. For example staff were aware of the individual triggers that may affect a residents behaviour and were able to intervene at an early stage to diffuse

potentially difficult situations.

There were good opportunities for residents to participate in activities. There were three activity workers on the staff team providing social care input. Residents were able to participate in bubbles (small groups of five residents) when engaging in group activity while inspectors observed staff supporting residents pursuing their own interests in their room. Inspectors spoke with a number of residents who expressed satisfaction with the support provided. Residents told the inspectors that they felt informed and engaged in life in the centre and confirmed they had received updates throughout the pandemic concerning testing, visiting and on infection prevention and control measures such as social distancing, hand hygiene and cough etiquette. While residents mentioned that they missed seeing their families face to face they acknowledged the benefit of the technological support provided by the centre to maintain remote contact with their loved ones.

Inspectors found the centre to be clean and homely. The centre was tastefully decorated and suitable to meet the needs of the residents. Resident accommodation was provided over three floors on the lower ground, ground and first floors which was serviced by a lift. On the day of the inspection the majority of residents were located in their own rooms. Residents told the inspectors that they were currently receiving their meals in their rooms and that they understood why restrictions were in place to stop the spread of COVID 19. At times residents were seen to be accompanied by staff for walks through the building or when undertaking activities. Residents expressed hope that the pandemic would end and that things would get back to normal for them.

Inspectors found residents rooms to be tastefully decorated with many displaying personal items belonging to the individual resident. Residents confirmed their rooms were warm and comfortable and were regularly cleaned by the staff team. Similarly residents mentioned that they had no concerns regarding their laundry and that it was returned to them without delay.

All residents observed on the day were well dressed in comfortable clothing and footwear. Residents spoken with during the course of the inspection mentioned that they felt safe in the centre and that if they had a concern they would raise it with any member of the team and it was dealt with quickly.

Regulation 27: Infection control

During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider, person in charge were liaising with Public Health and the HSE and frequent outbreak control meetings were seen to be taking place.

The centre had an infection prevention and control policy which included the management of COVID-19 which had recently been updated to reflect national guidelines. The Health Protection Surveillance Centre's Interim Public Health,

Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance was also available in the centre.

There was on-going monitoring of staff and visitors to identify signs or symptoms of COVID-19, which was documented before staff and visitors entered the building and there was PPE available for their use. Staff were aware of the local policy to report to their line manager if they became unwell. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition.

While there were infection prevention and control signs on display in the centre, additional signage on bedroom doors to indicate to staff which residents were restricting their movement in the centre was required. Residents who were restricting their movement in the centre was due to recent admissions. This was addressed during the inspection.

Social distancing measures were observed by staff when they were on break and seating arrangements were spaced at a safe distance. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift.

Alcohol based hand rub was available in the centre and the provider had ordered additional wall dispenser units. Hand hygiene practice and correct use of PPE was good on the day of inspection.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct manner.

There were safe laundry and waste management arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. Records showed that bedpan washers were regularly serviced and there was a legionella management system in place.

Infection prevention and control and health and safety audits were on-going in the centre. There were cleaning processes in place which were documented in cleaning sign off sheets for terminal cleaning of rooms and frequently touched surfaces. While the centre was clean, refresher training for cleaners was required with regard to cleaning processes. Cleaning was overseen by the person in charge, assistant director of nursing and the nurse managers.

There were records kept of patient equipment cleaning schedules by nurses. A seasonal influenza and COVID-19 vaccination programme had taken place where a high uptake of the vaccines was seen by residents and staff.

The provider had a program in place to replace carpets with washable flooring however some seating on the top floor was stained and required review.

Other findings on the day of inspection identified the following areas for

improvement:

- The provision of splash backs and intact seals behind sinks to allow for effective cleaning, some walls were seen to be damaged.
- The correct method to dispose of water when residents were assisted with personal hygiene. Hand hygiene sinks should not be used for this purpose as there is a risk of cross contamination.
- A large number of toilet brushes were stored on toilet cisterns which could lead to cross infection.
- Two sharps boxes were not signed when opened or the temporary closure mechanism engaged when they were not in use. One blood sugar monitor was not clean.
- Insulin pens were not labelled, this was corrected on the inspection day.
- Clinical supplies were stored on the floor in store rooms, which could lead to floors not being cleaned adequately and contamination of supplies. The person in charge had assured the inspectors that these items had just been delivered and were to be transferred to an outside storage area.
- Clean linen were not covered when stored on trolleys in corridors. This practice could lead to cross contamination in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Prospective residents had an assessment of their health and social care needs carried out before being offered a placement at the centre. This was carried out to ensure that the centre was able to meet the resident's individual health and social care needs.

Following admission to the centre a comprehensive assessment was conducted focusing on residents needs in greater detail. Care plans were subsequently developed to meet the identified need and were based on relevant nursing tools applicable to each need. For example a resident at risk of malnutrition as an identified need had a MUST assessment (malnutrition universal screening tool) in place which was carried out to inform interventions required to address the identified need.

Care plans were seen to be reviewed within the required timescale with records indicating that residents and their families were engaged in this process.

Care plans were subject to management oversight through an auditing process which identified and actioned improvements where necessary.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that there were suitable arrangements in place to ensure that residents had access to appropriate and timely healthcare interventions. Residents were offered a choice of GP upon admission. The person in charge (PIC) confirmed that resident's access to a GP services was maintained during the pandemic with GPs visiting the centre on a regular basis. Inspectors noted that resident's medication was reviewed and recorded in their care notes at appropriate intervals.

Referrals to specialist services in the community were carried out in a timely manner. There were clear records available to indicate the rationale for behind these referrals, with treatments plans and aftercare arrangements clearly documented in care records.

Access to allied healthcare services such as dietician, SALT (speech and language therapy) and TVN (tissue viability nurse) was maintained by online referral during the pandemic.

Dental, chiropody and optician services visited the centre as and when required to maintain residents primary healthcare needs with referrals made to community services for occupational therapy input. Residents were in receipt of physiotherapy support provided in house on a part time basis.

There were established links with the local pharmacy with arrangements in place for anticipatory prescribing for residents requiring end of life care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint free environment and was guided by a policy and procedure to inform the care and management of residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). There was a restraints register in place which was updated on a regular basis and subject to regular review and oversight by the management team.

Inspectors reviewed a number of care records for residents who displayed responsive behaviours and found that in all instances care interventions were based on supporting the individual to maintain their autonomy where possible. Records indicated that where residents were subject to restrictive practices such as the use of bed rails to reduce the risk of falls or sensor alarms to inform staff of resident movements that there was a clear rationale behind their introduction and use. Residents and their families were consulted before their introduction and there was

evidence seen where the least restrictive option was trialled initially.

Records also confirmed that where restrictive practices were in use they were only implemented following a risk assessment process and were reviewed on a regular basis by the management team.

Discussions with staff confirmed that they were aware of resident care needs and were familiar with triggers that may impact adversely on resident's behaviours. Inspectors observed instances of responsive behaviours during the inspection and found staff to be supportive and respectful of residents when dealing with these issues. Appropriate de-escalation techniques were used to diffuse potentially difficult situations ensuring that all residents were adequately protected.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place to protect residents from abuse. These included processes around the safe recruitment of staff. A review of schedule 2 records indicated that staff were Garda vetted and had suitable references and qualifications in place prior to starting in their role.

A review of training records indicated that staff had attended mandatory training which covered the detection, prevention and the appropriate response to allegations of abuse. Staff spoken with felt that this training assisted them in being able to support residents who raised concerns with them. Staff also mentioned that they were aware of the centres safeguarding policy and of their own responsibility in dealing with allegations of abuse reported to them.

Allegations of abuse were reported to the Chief Inspector in a timely manner and were investigated by the provider in line with the centres own safeguarding policy. The person in charge confirmed that the centre was not operating as a pension agent for residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

All residents spoken with by the inspectors expressed high levels of satisfaction regarding the services provided and the support received from the staff team. Inspectors observed staff and resident interaction throughout the day and found them to be based on respect for the individual. Where residents had communication needs staff were seen to be use active listening skills and gave residents time and

space to make their views known.

Residents confirmed that staff supported them in maintaining links with their families throughout the pandemic and were now familiar with modern technology communication tools.

Inspectors reviewed care records relating to activities and found that they were based on information accessed from residents about their likes and dislikes. Where residents did not wish to attend group activities support was given to residents to pursue their own particular interests.

Inspectors saw information which recorded resident's participation in activities and noted that staff used this information in identifying the most appropriate activity intervention.

There were many examples which indicated that residents were consulted about key decisions that affected their lives. All residents were informed and consulted about the COVID-19 vaccination programme and were given appropriate information to help them make an informed decision about giving their consent.

Residents were encouraged and facilitated to vote in recent elections and there was evidence of keeping residents and their families updated regarding key events in the centre by means of a newsletter. In addition there was regular communication with residents and families throughout the pandemic regarding resident's health, testing and arrangements around visiting.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0031725

Date of inspection: 21/01/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none">1. The provision of splash backs and intact seals behind sinks to allow for effective cleaning and some walls were seen to be damaged. Our maintenance team audited all the sink areas. There is a combination of sinks with Mirrors above and sinks without. Where a mirror is in situ this is used as the splash back. We plan to install splash backs on the sinks that do have a mirror. Splash backs have been ordered, delivery and installation to be completed by 14/04/2021. Maintenance team have fixed any damaged wall areas. Completion date: Completed.2. The correct method to dispose of water: All Staff have been trained already and we reminded them again the right method of disposal of water when residents were assisted with personal hygiene. Completion date: Completed.3. Toilet brushes on cisterns: All Housekeeping and care staff reminded not to leave toilet brushes on toilet cisterns. Completion date: Completed.4. Sharps boxes: All Staff nurses have been previously trained on correct use of Sharps boxes and all have been reminded to sign and close the sharp boxes when it is full. Completion date: Completed5. Linen Trolley: Laundry trolley with cover has been ordered and we are awaiting delivery. We have been using a plastic cover to cover linens on the trolley. Completion date: 10/04/2021.	

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 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	14/04/2021