



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	01 December 2021
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0034819

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. Our vision is to deliver high quality, holistic, person centred care in a homely environment. Our ethos is to have an environment where residents feel safe and protected. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. All residents have an assessment of their physical, social and cognitive ability prior to admission to the residential services. To fulfil personal, social and psychological needs the following activities are available: arts for health, Sonás, Bingo, massage weekly, music sessions, etc. Mass is televised when celebrated, Wednesday evenings and Saturday mornings. Representatives of other religions/spiritual groups are available and visit on a regular basis. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 December 2021	09:10hrs to 16:45hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents rights were promoted and residents were supported to have a good quality of life in the centre. The inspector met with the majority of the 16 residents living in the centre on the day of inspection and spoke with five residents at length to gain insight into their lived experience.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre, the inspector was guided through the infection prevention and control procedures by the person in charge. An opening meeting was held with the person in charge who also accompanied the inspector on a walkaround of the centre.

St. Joseph's Unit is located on the first floor of Bantry General Hospital and has two rooms with four beds, two rooms with two beds and 12 single rooms. All bedrooms in the centre had en suite toilet and shower facilities. Two of the bedrooms were designated as palliative care suites with adjoining space that included a seating and kitchenette for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to the palliative care rooms with a sheltered area and outdoor seating.

The centre was warm, brightly decorated and clean throughout. Bedrooms in the centre were brightly painted and a number of bedrooms were decorated with residents' personal possessions and family photographs. The four bedded rooms were large and spacious with individual wall mounted televisions at each bed side. Showers and toilets in the centre were clean and well maintained.

There were paintings on the corridor walls, some of which had been created by residents during arts sessions held in the centre. One wall in the centre was covered with a bright red mural that was painted by a local artist. Emblems of significance to residents, were stenciled on the wall such as a harp, music notes, tractor tyre tracks and piano. There were plenty communal spaces in the centre for residents' use including, a day room, a dining room, a sitting room and two seating areas where residents could sit and rest in private. The day room had a kitchenette and a number of tables with comfortable seating for residents' use.

There was a varied schedule of activities on offer seven days a week. This was facilitated by the activity co-ordinator and additional care staff who were rostered when the activity co-ordinator was off duty. The schedule of activities was displayed in the day room. On the morning of inspection, the inspector saw a group of residents discussing the day's newspapers and current affairs. The activity co-ordinator told the inspector that they also planned to dismantle the memory tree that was put up for the month of November to remember loved ones who had passed away. The inspector saw that this tree had tags with names of loved ones that the residents had chosen during the month. During the inspection the inspector

saw that residents were enjoying activities, such as watching their favourite musicians on one of the centre's electronic devices, playing cards and many one-to-one chats between staff and residents. One of the residents told the inspector that they loved the music sessions held in the centre. The centre had close links with the local choral groups and societies; a recent session provided by the singer Sean Keane was warmly welcomed by residents and staff. During the day volunteers who could no longer visit the centre because of the pandemic, held face-time chats with residents to keep in touch.

The centre also had a spacious sitting room that had an electric piano, large TV and a movie projector and screen for showing movies. The sitting room had plenty comfortable seating and chairs and a fireplace gave the room a homely feel. A storage press in this room concealed a well stocked nail bar and products that the hair dresser used during visits to the centre. The sitting room opened out to an outdoor sheltered roof terrace that was well maintained. The terrace had a spectacular view of West Cork Mountains and Whiddy Island. Raised flower beds, plants and artificial grass decorated the terrace which also had seating for residents use. However, due to the poor weather conditions, residents did not use this space on the day of inspection.

The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. The inspector saw that staff provided assistance when required, to ensure meals were consumed while hot and appetising. However, the inspector saw that residents' meals were served from trays on the dining room tables, rather than trays being removed, to promote a more homely experience. There were regular offerings of drinks and snacks throughout the day. Residents who spoke with the inspector were very happy with the range of food on offer and confirmed that choices were available at all times.

Visiting had resumed in line with the Health Protection Surveillance Centre (HPSC) 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. Visitors were seen to come and go during the day. A staff member was seen to carry out screening procedures for COVID-19 for visitors. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits.

All of the residents who spoke to the inspector were complimentary of the care that staff provided. One resident told the inspector that it was "like a hotel" and that staff were wonderful and caring. The inspector saw that residents were well dressed and a number of residents were mobilising with assistive equipment independently around the centre during the day. The inspector observed that staff and the person in charge engaged with residents in a respectful and caring manner throughout the inspection. It was evident that staff knew how residents liked to spend their day and residents' likes and dislikes.

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 the quality and safety of the service being delivered.

Capacity and capability

It was evident to the inspector that the registered provider, management and staff provided a good standard of care and quality of life to residents living in the centre. The management team were responsive to issues as they arose in the centre and used audits to improve the service.

St. Joseph's Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of Bantry General Hospital, which is an acute hospital. There was a clearly defined management structure for the centre and staff were clear on their roles and responsibilities. The person in charge reported to the Director of Nursing who in turn reported to the Chief Executive Officer of Cork University Hospital Group, who was the nominated person representing the registered provider for the service.

Minutes reviewed by the inspector indicated that the designated centre was an agenda item for the Executive Management Board of the hospital. The person in charge attended regular meetings with the director of nursing where key operational and clinical issues pertinent to the designated were discussed. The co-location of the designated centre beside an acute hospital had been factored in the the controls in place to reduce the risk to residents living in the centre of acquiring COVID-19. For example, the centre was closed to respite admissions, footfall through the centre had been reduced and separate staff changing facilities had been fitted to reduce this risk. The centre had also continued with serial testing of staff for COVID-19 to further mitigate the risk. The inspector acknowledges that staff and residents had been through a challenging time and had been successful in keeping residents in the centre free from COVID-19 to date.

The person in charge was supported in her role by an acting clinical nurse manager, staff nurses, health care attendants, multi-task attendants, catering staff and an activities co-ordinator. There was sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours.

There was a comprehensive programme of training available to staff and the majority of staff were up-to-date with mandatory training. A small number of staff were scheduled for training in manual handling and in the weeks following the inspection. Staff at the centre had access to face to face training from two infection prevention and control nurses who worked on site and the inspector saw one of these nurses provide infection control training to staff on the day of inspection.

The person in charge collected key performance indicators such as number of pressure ulcers, pain management, medication usage, antibiotic usage, residents' weights and falls each week to monitor the standard of care provided to residents.

An extensive schedule of audits was also in place and action plans were developed to inform continuous quality improvement. There was good oversight of clinical incidents in the centre. Nonetheless, to drive further quality improvement, trending and analysis of residents' falls to identify any areas for improvement should be carried out. The person in charge undertook to complete this following the inspection.

Complaints were managed in line with the centre's policy and procedures. A comprehensive annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents. This included areas for improvement for 2021.

There was evidence of consultation with residents in the planning and running of the centre. Regular residents meetings were held and residents and family surveys were completed to help inform ongoing improvements. For example residents had been consulted regarding their wishes for Christmas.

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard for the assessed care needs of the 16 residents and the size and layout of the centre. It was evident from review of the staff roster and discussion with the person in charge that staffing levels were monitored and managed to meet the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training available for staff in the centre. All staff were up-to-date with mandatory training on safeguarding, managing responsive behaviour and dementia care. One member of staff was scheduled to attend for fire training in the weeks following the inspection, while three staff members were scheduled for manual handling training. Staff in the centre were provided with face to face training on hand hygiene, donning and doffing PPE and standard and transmission based precautions by two nurses with expertise in infection control who worked on site. The inspector observed that staff were appropriately supervised during the inspection.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and made available to the inspector as requested during the inspection. The inspector reviewed a sample of three staff files and found they contained the information as required by Schedule 2 of the regulations. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place.

Judgment: Compliant

Regulation 23: Governance and management

While there was a schedule of audits in place in the centre, further audit and analysis of falls was required to identify any trends and where possible reduce their occurrence.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the centre's records of accidents and incidents. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints in the centre. The procedure was displayed in the centre for residents and relatives. Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The inspector reviewed the complaints log and found that residents and relatives complaints were investigated and actions arising from the complaints and the satisfaction of the complainant were recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date. The most recent HPSC guidance, Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities in Residential Care Facilities was also available to staff working in the centre.

Judgment: Compliant

Quality and safety

The inspector found that supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in the centre. Residents' needs were met through very good access to healthcare services, opportunities for social engagement and a well maintained premises.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist, physiotherapist and occupational therapist. Care plans reviewed showed that residents had access to audiology and opticians when required.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance.

Residents' needs in relation to nutrition were well met. There was a good system in place to ensure that residents received the correct menu and choice of food. Residents' food likes and dislikes were recorded and made known to staff. The inspector saw that the lunch time meal appeared nutritious and appetising. Residents were all very complimentary about the food, choice and its presentation including the modified and special diets. Assistance was offered in a discreet and dignified manner where required. Some improvements required to the dining experience are addressed under regulation 18.

There was a proactive approach to risk management in the centre. Risk assessments

had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. There was good uptake of COVID-19 vaccination and influenza vaccination among residents and staff in the centre. There was good oversight of infection prevention and control measures through regular audit of environmental hygiene, sink inspections, mattress checks and compliance with hand hygiene. Results of these audits reviewed by the inspector indicated good compliance with these practices.

There was an adequate number of hand hygiene sinks and alcohol gel dispensers in the centre and these were noted to be clean and well maintained. The inspector saw that there were comprehensive cleaning schedules in place for environment and equipment. The inspector saw that personal protective equipment (PPE) were readily available throughout the centre and staff were observed to be adhering to best practice when using same. Protocols were in place in line with the HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate isolation of residents should the need arise. The centre was observed to be very clean. Some improvements required are addressed under Regulation 27.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Staff were up to date with fire safety training and fire safety was included in the staff induction programme. Personal emergency evacuation plans were in place for residents.

Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19 and provided with surgical masks. Residents and visitors who spoke with the inspector confirmed that there was sufficient time and access in place for visits. Visiting generally took place in residents' bedrooms and visitors were seen coming and going on the day of inspection.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that end-of-life care assessments and care plans were documented and updated with the changing needs of residents. Residents individual wishes and choices were recorded. The inspector saw that residents and their family members were supported and end-of-life care was provided in accordance with the residents and their families' wishes as outlined in end-of-life care plans. There were two designated palliative care plans with facilities for families to spend time with

residents who were end of life in the centre. Residents' general practitioners were available as required and staff had access to nurses with specialist expertise in palliative care who worked on site at the centre to provide good support for the residential care staff team. Individual religious and cultural practices were facilitated at the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector saw that the design and layout of the premises was appropriate to the needs and number of residents using the service in accordance with the statement of purpose. The centre was clean and suitably decorated. Equipment for residents' use was seen to be in good working order. The inspector saw that there was adequate storage facilities and plenty communal space for residents use. The two four bedded rooms had been recently fitted with overhead hoists which staff reported were beneficial. Emergency call bells were seen to be available at residents' bedsides. Residents could access an outdoor sheltered roof terrace that was well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

While the quality and choice of food available to residents was good, the dining experience required review. The inspector saw that trays were not removed from tables in the dining room and day room when residents were served their food which did not support a homely dining experience.

Judgment: Substantially compliant

Regulation 26: Risk management

The inspector reviewed the centre's risk management policy that was in draft format as it was being reviewed and updated at the time of inspection.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control at the centre, however the following areas required improvement:

- oversight of cleaning practices to ensure that flat mop heads used to clean bedrooms and bathrooms were changed between rooms
- the labelling of a cleaning product used to clean the desk surfaces between staff use required review as it could be easily mistaken for alcohol hand rub.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had fire safety management precautions in place. Procedures to be followed in the event of a fire were displayed prominently throughout the centre. Fire training was provided annually to all staff and included simulated fire evacuation drills and the use of fire equipment. Staff spoken with were aware of their role in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) for residents were available and viewed by the inspector. The inspector saw evidence that in-house daily and weekly fire checks were taking place. Quarterly servicing of the fire alarm system and emergency lighting was documented in addition to annual fire equipment maintenance. Fire drills were taking place on a regular basis, simulating evacuations during night time conditions, to develop practices and enhance learning. The person in charge provided assurance to the inspector that the frequency of these drills would increase to be assured that all staff could complete an evacuation in a timely and safe manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector viewed medication administration practice which was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were updated regularly as required by legislation and thereafter to reflect residents' changing needs. The inspector reviewed a sample of care plans and saw that residents were comprehensively assessed within 48 hours of admission with person centred care plans put in place to support resident's needs. Residents were risk assessed for clinical risks such as malnutrition, falls and pressure ulcers using validated tools.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met in the centre. On the day of inspection, a local General practitioner was on site to review residents. There was good access to medical staff with regular medical reviewed recorded in residents' files. Residents were also reviewed by health and social care professionals such as dietitian, speech and language therapists, physiotherapist and occupational therapist as required. As the centre was located on the same site as an acute hospital, residents whose condition deteriorated could be reviewed in the medical assessment unit as soon as required. During the inspection, a nurse specialist in palliative care was onsite to support and care for residents who were end of life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with staff and observations of the inspector, there was evidence that residents who presented with responsive behaviour were responded to in a person-centred and dignified way by staff. This was also documented in care plans which involved the multidisciplinary team. Staff were up-to-date with training on dementia care and managing responsive behaviour. The usage of bed rails was monitored at the centre and the person in charge told the inspector, they were only used when alternatives and other interventions had failed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in the centre. Each resident's hobbies and preferences were captured in social assessments which informed their individual recreation and occupation care plans. Residents were supported to engage in activities that considered their interests and capabilities. The centre employed an activity co-ordinator who provided a varied activities programme that included reminiscence, board games, playing cards, baking and sonas therapy. There was adequate space and facilities for residents to undertake activities in groups, and in private. A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to radios, telephones, television and local newspapers. Notice boards in the centre prominently displayed details of available advocacy services. Links with the local community were maintained for residents living in the centre through local musical festivals and events; for example a local musical society had arranged for singers and musicians to give performances and recitals in the centre. Residents in the centre also participated in an Arts for Health programme. While volunteers could no longer attend the centre due to the ongoing pandemic, a number of residents remained in touch with volunteers through access to electronic devices available in the centre.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0034819

Date of inspection: 01/12/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Further analysis will be undertaken on the trending of falls.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The trays will be removed and the food served directly on the table in the Dining & Day room to support a homely dining experience.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • The flat mop heads will be changed between Bedrooms & Bathrooms • New containers have been ordered for the desk cleaning product to mitigate the risk of it being mistaken as alcohol hand rub. 	



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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	22/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/01/2022

	healthcare associated infections published by the Authority are implemented by staff.			
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