



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Abbey Haven Care Centre & Nursing Home Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0033954

About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals.

This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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 11 August 2021	11:00hrs to 19:00hrs	Catherine Sweeney	Lead
Wednesday 11 August 2021	11:00hrs to 19:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This inspection was carried out to assess compliance with the Health Act 2007 during an outbreak of COVID-19 in the designated centre. During this outbreak 36 residents and 9 staff members tested positive for COVID-19. At the time of this inspection residents and staff had not completed their required period of isolation. Residents were observed to be cared for in their bedrooms on the day of the inspection.

There were very high levels of vaccination uptake by residents in the centre and the inspectors were assured that where residents were not fully vaccinated this was by choice or due to medical reasons. However, this meant that a small number of residents remained vulnerable because of their vaccination status.

The provider stated that all public health guidance was followed. Signage was in place on the bedroom doors of residents with a positive diagnosis of COVID-19 to alert staff to the isolation requirements for these residents. However, there was no distinction between areas in the centre that accommodated residents with a positive COVID-19 diagnosis and those who were undetected. This was challenging for staff as it meant that they were continuously moving between 'COVID-19 positive' and 'COVID-19 not-detected' residents. The bedroom doors of residents where COVID-19 had not been detected had been left open, increasing the risk of infection to these residents.

The number of Personal Protective Equipment (PPE) stations was inadequate, poorly organised and did not contain the correct equipment required for effective infection prevention and control. Inspectors observed poor practice in relation to putting on and taking off PPE. Arrangements were not in place to ensure that staff could remove PPE safely.

Due to the infection control measures in place inspectors were limited to speaking with only a small number of residents on the day of the inspection. The residents observed by the inspectors appeared to be content and relaxed in the company of staff. Staff demonstrated a comprehensive knowledge of residents personal preferences. Resident choice was seen to be respected on the day of the inspection. For example, one resident told the inspectors that they had been facilitated to spend a couple of hours outside to do some gardening and enjoy the sun shine. This was achieved in a safe and socially distanced manner.

Although the opportunity for activity and social engagement was limited due to the outbreak, residents observed in their bedrooms were seen to be enjoying radio and television programmes of their choice. Other residents were seen walking the grounds of the centre and engaging with the centre's resident dog. Appropriate social distancing measures were maintained and residents and staff wore their face masks when mobilising in the centre.

Communication with families and friends was found to be well facilitated and encouraged. Although visiting was restricted during the outbreak, window visits were observed to be unrestricted. Residents also had unrestricted access to telephone and internet services.

Capacity and capability

This was an unannounced, risk-based inspection carried out by inspectors of social services to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Chief Inspector had been notified of an outbreak of COVID-19 on 4 August 2021, which affected over 9 staff and 36 residents. The arrangements in place for the prevention and control of this outbreak were reviewed on this inspection. Inspectors acknowledge that residents and staff were going through a very challenging time during the outbreak.

The provider of this centre is Abbey Haven Care Centre and Nursing Home Limited. The person in charge is a director of the company. The person in charge is responsible for the day to day running of the centre. They are supported in their role by a director of nursing. Both the person in charge and the director of nursing facilitated this inspection.

Prior to this outbreak the provider had a good history of regulatory compliance in the governance and management of the centre. Inspectors found that the organisational structure in the centre and the roles and responsibilities of the management team were clear. The centre had robust management systems, such as communication meetings, risk management systems, complaints management and auditing programmes, in place to ensure that the service provided was safe and effective. However, the current outbreak of COVID-19 exposed weakness in a number of areas of the centre including

- inadequate cleaning staff to maintain cleaning standards during an outbreak of COVID-19
- inadequate levels of care supervision
- complex, disjointed and poor quality record-keeping.

There were 60 residents accommodated in the centre, three of whom were in hospital on the day of the inspection. At the start of the inspection, the person in charge confirmed that 38 residents and 10 staff members had tested positive for COVID-19. A high percentage of residents and staff in the centre were fully vaccinated against COVID-19. The centre was supported during the outbreak by the Health Service Executive (HSE) outbreak team.

The centre is a purpose built, single story property with single and twin room occupancy. Due to the extent of the outbreak, a decision was made, in consultation

with public health, not to cohort residents into 'positive' and 'not detected' areas in the centre. Instead, residents with a positive diagnosis were isolated in their single rooms, or in their twin room if their fellow resident had also tested positive.

Nursing and care staff levels and skill mix had not been adversely affected by the number of staff unavailable to attend work due to a positive COVID-19 test. The provider had an effective staffing contingency plan in place. However, inspectors observed that standards of general cleanliness had not been maintained. The provider had scheduled a contract cleaner to attend the centre to support the cleaning team. A review of the roster found that the cleaning team consisted of two cleaners, both working from 9am until 2pm daily. The amount of time allocated to cleaning the designated centre was not adequate, with particular regard to the extra cleaning required during an outbreak of COVID-19 and for the size and layout of the building.

A review of the staff training records found that all mandatory training had been completed. This training included Infection prevention and control, COVID-19 management, hand hygiene training and the use of Personal Protective Equipment (PPE).

Staff spoken with demonstrated an awareness of infection control procedures however, on a few occasions, inspectors observed some poor infection control practice in relation to the use of PPE. Inspectors concluded that improved supervision and support for staff in relation to infection prevention and control was required. In addition, supervision arrangements for monitoring the quality of nursing documentation was also required to ensure clear, accurate and comprehensive daily recording of a resident's physical, social and psychological well-being.

During this inspection inspectors sought to track the progress of a sample of residents by reviewing the nursing records in relation to their physical, psychological and social well-being, from the weeks prior to the outbreak, through to the COVID-19 screening process, identification of infection and subsequent infection prevention or control procedures in place for each resident.

The organisation of the records required for this review was poor and disjointed and did not allow for clear oversight to ensure that all action taken was in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

Regulation 15: Staffing

The COVID-19 outbreak in the centre resulted in 10 members of staff being absent from the roster. While the provider ensured that the nursing and care hours remained adequate, the number of cleaning staff required to ensure effective infection prevention and control was not adequate. Two cleaning staff were rostered from 9am to 2pm, seven days per week. This was not adequate for the size and

layout of the centre and resulted in a poor standard of cleaning in the communal areas of the centre. The provider had scheduled a cleaning contractor for a deep clean of the centre. This was due to be completed on the day following the inspection. However, inspectors concluded that the on-going cleaning requirements of the centre could not be maintained with the current cleaning staff level.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of the training records for staff found that all mandatory training was up-to-date, including specific infection prevention and control training in relation to COVID-19. The cleaning staff spoken with demonstrated a good knowledge of the required cleaning process.

A review of the supervision arrangements for staff was required. Inspectors observed a number of incidents of poor infection control practice from the care staff. For example, staff were observed removing soiled PPE in the area where clean PPE was stored. In addition, staff were observed entering residents bedrooms without changing their gloves between residents.

Improved oversight and supervision was also required in relation to nursing documentation. The supervision system in place to provide oversight of the quality of the nursing documentation was not effective.

Judgment: Substantially compliant

Regulation 21: Records

A review of the records kept in respect of each resident was required to ensure that records were accessible and available for review. This was evidence by

- The daily progress report for each resident was not readily accessible. The report was documented in a file separate to the residents care plan. The progress report for the weeks preceding the outbreak had been removed and filed with the care plan. This meant that two files required review in order to establish the medical and nursing interventions in place for each resident.
- The nursing record of a residents health and condition and treatment given was not completed on a daily basis in accordance with Nursing and Midwifery Board of Ireland (NMBI) Recording Clinical Practice guidelines. The quality of the information contained in the progress notes is further detailed under Regulation 6, Health care.
- Infection prevention and control records including audits, procedures and

monitoring documentation was disjointed and poorly organised.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place were not effective in an outbreak of COVID-19 and did not adequately protect the residents against the risks associated with an outbreak. For example:

- poor record management and a paper-based documentation system did not facilitate efficient retrieval of information required to manage or have effective oversight of an outbreak of COVID-19.
- assurance that HSPC national guidelines were followed could not be evidenced due to inadequate nursing documentation and poor supervision of nursing and carer interventions.
- the provider had failed to ensure that all residents with a positive diagnosis of COVID-19 were medically reviewed. The provider arranged for all residents to be reviewed by their doctors immediately following the inspection.
- some completed audits did not include a quality improvement plan to address deficits.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints management in the centre found that the policy and procedure was in line with the requirements under Regulation 34. A review of the complaints log found that all complaints and expressed dissatisfaction were documented and managed in line with the centre's policy including resident satisfaction and identified learning.

Judgment: Compliant

Quality and safety

As outlined previously in this report, this inspection took place during an outbreak of COVID-19 in the centre. Inspectors reviewed the systems in place to manage the on-going risk to the quality of care and the safety of the residents during this

outbreak. While risk was generally well documented and managed in the centre prior to the outbreak, this inspection found that improvements were required in the infection prevention and control systems in place. Furthermore, poor nursing documentation resulted in a disorganised approach to testing, monitoring and reviewing residents affected by the outbreak. On a more positive note, residents reported that they felt well looked after in the centre. A review of the systems in place to protect residents rights found that communication with the residents was positive and residents were well supported in relation to social care and social engagement.

A review of the infection prevention and control procedures in place during the outbreak found that there were some positive infection prevention and control measures in place including:

- Alcohol hand sanitizers were available throughout the centre.
- Appropriate signage was in place reminding all persons to complete hand hygiene and transmission based precautions.
- Much of the furniture and chairs were in good condition, clean and washable.
- Infection Prevention and control audits had been completed

Notwithstanding these positive measures, inspectors found that residents were still at risk of infection as a result of the provider failing to ensure that procedures consistent with the standards for infection prevention and control were implemented by staff. Procedures, frequency and methods for housekeeping and environmental cleaning were vague and require greater detail to inform staff of their duties. The frequency and standard of cleaning observed on inspection was not adequate and the inspectors observed examples of unclean floors and visibly unclean surfaces on door handles, tables and supportive equipment. There was also no evidence of an increase in cleaning hours during this outbreak. Despite this, the cleaning staff described their cleaning and disinfecting process and were aware of contact times for adequate disinfection.

There was good evidence that there was a system of Infection Prevention and Control auditing in place to monitor standards, but this system was paper-based and audits were stored in the same folders as sign-in sheets and therefore, the record keeping was difficult to navigate. There was an environmental audit seen from 2020, and it was signed 'reviewed 2021' however, the audit had not been repeated. As a result, no quality improvement plan associated with this audit had been developed to drive improvements and plan changes. Similarly, a hand hygiene facilities audit was found to have no quality improvement plan to correct deficits. These findings further reflect the issues identified under regulation 21, records and regulation 23, governance and management.

While each resident had an individual assessment and an overall care plan developed and on file, resident information, specific to the COVID-19 outbreak, was poorly documented and difficult to follow. A generic COVID-19 care plan had been developed for each resident, however, these care plans did not guide person-centred care.

Overall, the documentation of nursing care was not comprehensive, did not reflect an accurate assessment of the resident's physical, psychological and social well-being, and did not facilitate continuity of care between health care professionals. For example, a review of a sample of residents' progress notes found that there was

- no evidence of referral for COVID-19 testing following documentation of significant indicators such as cough, shortness of breath and frequent falls
- no reference to the date of referral for testing, or the date for serial testing.
- no clear test result was documented within the progress notes.
- no indication of the immediate infection control interventions required for residents.
- no evidence of appropriate levels of monitoring for residents who had tested positive.
- no record of the date and time of a medical review, or prescribed medical interventions

Some residents who had received a positive COVID-19 diagnosis had been physically reviewed by their doctor. Other positively diagnosed residents, who were presenting with physical symptoms of infection had been prescribed treatment following telephone contact with the resident's doctor. Arrangements had not been put in place for on-site medical reviews of a number of other residents with a positive diagnosis of COVID-19.

Residents' rights in the centre were observed to be well respected. Although activities were restricted on the day of the inspection there was evidence that residents are actively socially engaged in the centre. Residents had access to daily newspapers, television and radio. Residents who were not restricted to their bedrooms were observed spending time in the internal garden or mobilising independently through the corridors.

Advocacy services were in place and found to be used appropriate to facilitate resident's personal choices and preferences.

A review of the residents meeting notes held prior to the outbreak in the centre found that the provider had ensured clear communication with residents in relation to COVID-19 infection, visiting restrictions, and vaccine roll-out. Issues such as food and mealtimes, activities and complaints was also discussed during these meetings.

Regulation 27: Infection control

Some poor infection control practices were identified on this inspection. These included

- procedures, frequency and methods for housekeeping and environmental cleaning were vague and require greater detail to inform staff of their duties.
- clean linen was not stored in a manner that protected it from contamination, for example, some personal clothing was observed on the laundry floor.

- facilities for, and access to, staff hand wash sinks were less than optimal throughout the centre.
- Inspector's observed two occasions of inappropriate use of PPE's, whereby staff were observed entering a residents room without removing apron and gloves, cleaning hands and replacing gloves and apron .
- PPE stations were not plentiful and inspectors could not always locate the nearest one.
- Open, unlabelled toiletries such as shampoo and shower gels were found in the communal bathrooms.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessment and care plans were found to be completed and reviewed in line with the requirements under Regulation 5.

Judgment: Compliant

Regulation 6: Health care

Due to the lack of detail within the nursing documentation, in relation to the actions taken to prevent and to subsequently control the outbreak of COVID-19, it was not clear if the provider had made arrangements for appropriate medical and health care to support the residents during the outbreak. A medical review of all the residents with a positive diagnosis of COVID-19 was required.

Nursing documentation was not recorded in line with the Nursing and Midwifery Board of Ireland (NMBI) recording clinical practice professional guidance. The quality of the documentation of care made it difficult to track a residents care pathway, with particular reference to a residents physical well-being on the days prior to testing positive for COVID-19. The COVID-19 care plan in place for each resident did not guide person-centred care.

This meant that there was no clear record of nursing action taken, from the onset of clinical symptoms, recording of testing dates and results and any other subsequent action taken to ensure a high standard of care was delivered.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider has systems in place to ensure the right's of each resident was respected and upheld, in line with the requirements under Regulation 9, Residents' rights.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0033954

Date of inspection: 11/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two (2) additional cleaning staff have being recruited and cleaning hours are rescheduled to include additional cleaning hours in afternoon / evening.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Care Staff refresher workshops have taken place to reinforce compliance in use of PPE and increased supervision to monitor this will be ongoing.</p> <p>Staff nurse meeting has taken place to discuss shortfalls in documentation and records. Supervision of those records will be enhanced and audits scheduled to identify gaps in documentation.</p> <p>All care staff have been requested to undertake refresher IPC module on HSELand in addition to on site workshops.</p> <p>Housekeeping meeting has taken place to address shortfalls in cleaning process and record keeping. Refresher Training for staff will take place with new staff training. The frequency of environmental audits has been increased.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Staff nurse meeting has taken place to discuss shortfalls in documentation and records. All nursing staff will undertake HseLand recording of Clinical practice.</p> <p>Supervision of those records will be enhanced and audits scheduled to identify gaps in documentation. Further training will be determined by standard following audits as a quality improvement measure</p> <p>All care staff have been requested to undertake refresher IPC module on Hseand in addition to on site workshops.</p> <p>Housekeeping meeting has taken place to address shortfalls in cleaning process and record keeping. Cleaning procedures record keeping has been revised. Refresher Training for staff will take place with new staff training.</p> <p>A review of the organization and management of nursing records will be completed in conjunction with nursing staff with a view to the use of one single resident record where possible.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All residents who had a positive diagnosis have been medially reviewed at 12/8/2021. The majority of residents did not require any medical interventions and remained asymptomatic however their GPs were being kept informed on a daily basis and this practice will continue.</p> <p>Care files and records are being reviewed to ensure all relevant resident records in relation to this outbreak are maintained in the respective resident's record.</p> <p>Audits conducted will have quality improvement plan to address deficits going forward</p>	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Housekeeping procedures have been reviewed and record templates revised. Two additional staff have been recruited for housekeeping services.</p> <p>Supervision and observational audits will be conducted for compliance with Hand hygiene and PPE use. Corrections to practice will be made immediately where identified.</p> <p>Staff nurses have been informed of their supervisory role with care staff and care practices in the absence of nurse manager.</p> <p>A senior staff member will undertake the HSE link programme for Infection Prevention and control scheduled in September (this prog was scheduled for May 2021 however it did not proceed due to cyber-attack on HSE website). This will enhance IPC practice and monitoring.</p> <p>Laundry staff have been reminded of the correct procedures for the storage of clean linen.</p> <p>A review of access to hand hygiene sinks will be conducted in line with the HSE IPC lead</p> <p>All open and unlabeled toiletries have now been removed from use and staff have been informed of the labelling and storage requirements going forward.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents with a positive diagnosis have had a medical review by 12/8/2021. Further reviews have been followed up by medical practitioner as required.</p> <p>All nursing staff have been requested to complete Covid -19 record keeping and documentation module on Hseland. Documentation and record keeping has been discussed in detail at recent staff nurse meeting.</p> <p>NMBI Recording clinical practice guidelines are available to assist nursing staff to establish and maintain accurate, clear and current records. Nursing records will be audited for compliance and followed up with a quality improvement plan.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/11/2021
Regulation 21(6)	Records specified in paragraph (1)	Not Compliant	Orange	01/11/2021

	shall be kept in such manner as to be safe and accessible.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2021
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	01/11/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Not Compliant	Orange	12/08/2021

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Not Compliant	Orange	12/08/2021