



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0027610

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 29 July 2020	09:30hrs to 19:00hrs	Siobhan Kennedy	Lead
Wednesday 29 July 2020	09:30hrs to 19:00hrs	Martin McMahon	Support
Wednesday 29 July 2020	09:30hrs to 19:00hrs	Naomi Lyng	Support

What residents told us and what inspectors observed

Residents were happy to share their views with the inspectors about their experience of living through the COVID-19 outbreak that had occurred in the designated centre in April 2020. They described their days spent cocooning in their bedrooms and were glad it was coming to an end as they were frustrated with the visiting restrictions. They had missed seeing their family up close and being able to hold and hug their great grandchildren. They explained how they received visitors to their bedroom windows and how staff taught them to use information technology equipment. While this gave them some comfort it was not like sitting with your family around you.

Residents also missed being together with other residents and participating in the group activities. Although opportunities were being put in place for residents to resume socialising with others in the dining rooms and the communal sitting areas while maintaining social distancing, everyone remained cautious. Residents understood the need for the continuing restrictions and talked about taking small steps to achieve normality. Staff shared with residents the infection prevention and control precautions that they had to take to protect themselves and others including hand hygiene.

The residents who spoke to the inspectors spoke favourably about the high quality of care that they received and confirmed that they enjoyed living in the centre. They were extremely complimentary of the staff. They referred to them as our heroic carers. Residents told inspectors that the staff were supportive, kind, patient and understanding. They had confidence that should they contract COVID-19 that staff would care for them and help them to make a full recovery. Residents said that staff were remarkable, that nothing was too much trouble and that throughout the outbreak staff kept smiling and helped to make residents laugh. Staff and residents were visibly emotional and grieving for the residents who had died during the outbreak.

Residents were able to identify staff who they could speak to if they had any concerns or wanted to know anything.

The inspectors observed staff to be knowledgeable about the residents who lived in the centre. Staff communicated using respectful language about and to the residents. Staff provided opportunities for residents to undertake personal activities in private and they offered residents the choice of how they wanted to spend their time.

Residents expressed satisfaction with their accommodation. The bedrooms that the inspectors observed were personalised with the residents' personal belongings. Some residents had their own furniture and bedding and there was sufficient storage available for their belongings. Residents' bedroom doors were identified with a meaningful photograph or an image of their favourite hobby. For example, a piece

of farm machinery, to denote residents' previous life styles were displayed on bedroom doors. The communal rooms were well decorated and reflected images of the local geographical areas and culture of the local community.

Capacity and capability

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in April 2020. During the previous inspection on 16 th January 2019 the centre was found to be fully compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, in the early stages of the COVID-19 outbreak the Chief Inspector had received unsolicited information of concern in relation to the care and welfare of residents. The issues related to standards of infection prevention and control (IPC) and staffing levels and competencies. This information was used to develop some of the lines of enquiry for this inspection. While inspectors found that management team made every effort to ensure that a good quality and safe service was being provided to residents, the inspection found that further improvements were required to ensure that:

- there were sufficient staff to provide a dedicated staff team for the designated isolation unit located on the second floor of the centre which was accommodating five residents at the time of the inspection.
- All staff consistently implemented the current infection prevention and control guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance)
- hazards were identified, assessed and controlled as per the designated centre's own risk management policy.

Some of these matters were addressed during or immediately after the inspection. The provider had been in the process of recruiting nurses to the staff team however they had encountered a number of difficulties in relation to a shortage of nursing staff in the area and a delay in the recruitment processes for nurses entering the country from overseas.

A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Síochána (police) vetting disclosures.

During the COVID-19 outbreak in the designated centre records showed that management and staff had worked tirelessly as a team to provide person centred care to the residents and support anxious relatives whilst managing an unprecedented situation and associated workload. During the

outbreak a number of residents died which had a profound impact on residents, staff and managers in the centre. During this inspection inspectors were told about the impact the outbreak had had on how residents lived their lives and communicated with their families. Staff told the inspectors the impact it had had on how they carry out their work and managers discussed the impact on how they achieved the planned service objectives effectively and efficiently.

Inspectors were told that the dedicated management team consisting of the registered provider representative (RPR), person in charge (PIC) and assistant director of nursing (ADON) provided leadership and direction to the staff team during COVID-19 outbreak.

Records showed that the management team had planned and prepared for a potential COVID-19 outbreak in the designated centre. It was evident that they had communicated with statutory and non statutory organisations and bodies, restricted visiting and trained staff in specific areas relevant to the pandemic. However, at the onset of the outbreak on 9 April 2020 the RPR encountered a number of difficulties with; sourcing personal protective equipment (PPE), implementing frequently changing public health guidance, securing external allied health care professionals, testing and obtaining the results of swabs taken and ensuring that staffing levels were maintained.

The management team worked with staff and the statutory agencies to ensure that care and services were maintained for the residents in line with the changing guidance of the time. Student nurses who previously worked in the centre were recruited. It was difficult to secure agency care staff. They initiated a communication strategy with residents and families, put systems in place to routinely observe residents, refer staff and residents for testing and set up procedures for testing in-house and isolating residents. This helped to ensure that best practice guidance was implemented throughout the service.

Following the COVID-19 outbreak the RPR reviewed the COVID-19 contingency plan in accordance with the regulations and considered the preparedness required for a future outbreak. This included enhanced engagement of the support from the multidisciplinary community response teams so that residents are afforded access to best expertise and support and contingency plans for staff illness.

Staff had access to a range of ongoing training appropriate to their roles and responsibilities and they were supported to carry out their work by the management team. Staff were confident and willing to implement changes in care practices to ensure the safe delivery of services to residents. They had received mandatory training and participated in sessions related to standard infection prevention precautions.

A policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations.

Key policies and procedures had been reviewed and implemented in line with the most up-to-date infection and prevention control guidance.

Appropriate notifications were received by the Office of the Chief Inspector.

Regulation 15: Staffing

The inspectors found that the planned staff rota matched the staffing levels on duty, however, there were insufficient dedicated staff to meet the needs of residents in the designated IPC isolation unit.

The RPR informed inspectors that recruitment was in process. Following the inspection the RPR forwarded written confirmation that a staff nurse was deployed to lead the care staff team who were assigned to work specifically in the designated IPC isolation unit on the second floor.

The RPR confirmed that recruitment was ongoing to secure an additional number of staff nurses and liaison was taking place with local recruitment centres to secure agency staff to be available in the event of a further COVID-19 outbreak.

The recruitment processes and a sample of documents in respect of persons working at the designated centre were reviewed and found to meet the requirements of the legislation.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that staff had access to education and training appropriate to their role and responsibilities. At the time of inspection staff were up to date on mandatory training, for example, fire safety, safeguarding of vulnerable adults, manual handling and food hygiene.

There was evidence that staff working in the centre had completed the standard precautions, in particular hand hygiene, respiratory hygiene and cough etiquette, along with training in transmission-based precautions (contact, droplet and airborne).

Staff members who communicated with the inspectors had a clear awareness of the early signs and symptoms of COVID-19, caring for residents with dementia, end of life and first aid care. They demonstrated that they were knowledgeable and skilled in the duties they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre.

Staff were seen to be supportive of residents and responsive to their needs.

Residents were complimentary of the staff team and management.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of responsibility at individual and team level. All staff working in the service were aware of their responsibilities and to whom they reported. The leadership and management ensured that care and services were person centred in line with the centre's statement of purpose and stated objectives.

There were systems in place to monitor and audit care and services provided for the residents. For example, audits of falls were completed. They highlighted any discrepancies and actions taken to address issues, including the need for further post fall analysis.

However, some management systems were not sufficiently robust and needed improvement. This included the management of risk in the centre and the oversight of infection control practices. These areas are addressed under the relevant regulations in this report.

In addition the provider had reconfigured the second floor of the designated centre in order to take new admissions. This necessitated creating an area where new residents could isolate for 14 days following their admission. As part of the reconfiguration of the second floor the communal lounge was no longer available for residents who had completed their 14 days isolation and were able to leave their bedrooms. Inspectors found that no alternative lounge had been provided for the residents. As a result these residents did not have access to the facilities as described in the centre's statement of purpose.

The annual review of the quality and safety of care delivered to residents was prepared in accordance with the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was evidence from records and discussions with residents that complaints were managed in accordance with the policy. Many issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

During the COVID-19 pandemic unsolicited information had been received by the Office of the Chief Inspector. These matters primarily related to the quality of the care and services provided to residents and quality of information to relatives.

Measures were put in place to address these issues and to prevent any further occurrences.

Judgment: Compliant

Regulation 4: Written policies and procedures

The RPR updated the key policies and procedures relevant to COVID-19 with all the changing guidance. This was then disseminated to the staff team and implemented.

Judgment: Compliant

Quality and safety

Inspectors found that overall residents' health, personal and social care needs were met and that residents were provided a safe service that was of good quality. Some improvements were required in relation to infection control, risk management, care plans and ensuring that rights of all residents in the centre were met.

The care and support provided was observed to be person-centred, and daily routines such as bed and meal-times, and engagement in activities were based around resident choice and autonomy.

Care plans reviewed were reflective of residents' needs, and consent was sought and documented for sharing of information with other parties. Residents, at this stage had on site access to their general practitioner (GP) and were supported to avail of additional allied health professionals and psychiatry services as required.

Staff were knowledgeable of individual residents' needs and interests, and were observed providing assistance in a caring and respectful manner. Call bells were answered in a timely manner. Staff were observed encouraging and promoting hand hygiene and cough etiquette at appropriate moments, and were knowledgeable on signs and symptoms of COVID-19 and the need for urgent reporting of same. There was good morale observed among the staff members, and one staff member reported that "they all pulled together" during times of decreased staffing during the outbreak.

Since the Health Protection Team; Department of Public Health (DPH) confirmed that the outbreak was declared over on the 24 June 2020 every effort was being made to normalise residents' lived experiences including social distancing in the communal areas and staff rooms. During the inspection, inspectors observed good interactions between staff, residents and visitors which helped to create a positive,

welcoming atmosphere and a relaxed environment for residents.

It was observed that the centre had undergone significant decluttering since the COVID-19 outbreak, but had preserved a homely, comfortable environment for residents. One hallway in the Dun a Ri dementia specific unit was decorated with posters and pictures reflecting current affairs and Irish culture over the past number of decades, and residents were observed enjoying this on the day of inspection.

A lively atmosphere was maintained throughout the centre and residents were observed chatting to each other, engaging in activities and enjoying refreshments with minimal disruption. There were a number of outdoor areas for resident use including an internal courtyard which allowed residents to engage in gardening activities and pet care. Residents were observed enjoying the balcony garden area on the first floor, however, residents on the second floor did not have access to the balcony area as reported under Regulation 9.

Group activities were taking place on the day of inspection and these were observed to be meaningful to the residents and appropriate for their abilities and interests. Residents who presented with challenging behaviour were observed to be engaged in a sensory experience session with staff, which consisted of different lights and sounds being played in a calm, relaxing environment. Orientation boards were observed throughout the centre, and menus were displayed in prominent locations to promote resident choice. Biannual meetings were observed to take place between the management and residents, with the option of a family member or nominated person being present. Advocacy services and a resident newsletter were advertised clearly in the reception area.

Arrangements had been put in place for residents to receive visitors, in accordance with public health guidance.

An isolation area had been identified in the centre for new admissions and residents suspected or confirmed as having COVID-19. Non-occupied rooms were terminally cleaned and locked, ready for use when required. Cohorting of staff for this unit, storage facilities and access to recreational areas for residents required review. There were adequate supplies of Personal Protective Equipment (PPE) available in a designated location, and a nominated person identified to manage the stock. Accessibility to the PPE supplies during residents' direct care and cleaning of equipment required further clarification.

Regulation 11: Visits

During the outbreak visitors had been restricted to visiting at residents' bedroom windows and designated external areas. In addition a residents' sitting room on the ground floor was used as a visitor's room for those residents living in the dementia-specific unit.

Since the centre had recovered from COVID-19 visiting restrictions had been

reduced in line with public health guidelines. Visiting was being facilitated in a designated visitors' room at the entrance to the building so that visitors did not need to pass through the resident areas. Inspectors observed a number of residents visiting with their families on the day of the inspection.

Judgment: Compliant

Regulation 13: End of life

At the time of inspection, some residents were receiving end of life care. The care provided was of a high standard. On review of residents' end of life care plans, the inspectors found evidence that the physical, psychological, sociological and spiritual needs of the residents had been considered from an individual, familial and multidisciplinary perspective. The centre had considered the residents' autonomy and capacity throughout the end of life journey. The centre has taken a proactive approach to facilitate visiting during the end of life journey while adhering to infection prevention and control precautions.

Judgment: Compliant

Regulation 26: Risk management

A detailed risk register was in place, with measures and actions documented for the management of identified risks in the designated centre. However, inspectors found that a number of additional risks had not been identified and addressed by the provider:

- Care records for residents being accommodated on the second floor were stored on the first floor and were not easily accessible for staff caring for those residents.
- A fire door was held open with a wedge which prevented the door from closing in the event of the fire alarm sounding.
- Residents' hoist equipment was blocking a hallway which was used by residents to access their outside space and prevented them from mobilising safely in this area.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had recently undergone a comprehensive infection control audit and inspectors noted that a number of issues were highlighted to be actioned. On the day of inspection the following improvement actions were still outstanding :

- Personal protective equipment (PPE) was not available in sluice rooms.
- Linen trolleys were stored in a communal resident bathroom.
- Infection prevention and control signage was insufficient in the isolation unit.
- Maintenance of premises, for example, broken tiles in a communal bathroom had not been addressed in line with the audit findings.
- Waste management on the 2nd floor did not reflect best practice. For example, an open unlabelled bin, which was not pedal operated, was observed on the corridor beside the water dispenser.
- Staff were using a staff area to prepare residents' refreshments.
- Staff were working between the isolation unit on the second floor and the first floor which was not in line with the current guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.)

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors found that pre-admission assessments were carried out prior to an individual being admitted to the designated centre in order to ensure the service could meet their needs.

There was evidence that each resident had a comprehensive assessment following their admission from which a care plan was developed with the resident and/or their family. Validated nursing assessment tools were used to assess the resident's needs, for example, nutrition, pressure areas and dependency level.

Care plans were regularly reviewed however inspectors found that one resident's care plan did not record the residents' needs in relation to as required (PRN) medications even though as required medications had been administered on a number of occasions.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate health care was provided for residents living in the designated centre.

At the time of inspection, there was evidence that residents had access to a General Practitioner of their choice (GP). records showed that residents were reviewed regularly by their GP including if their health or well-being deteriorated.

Staff who worked in the centre were knowledgeable about the health care needs of the residents and there was evidence of recent referrals being made to specialist services in line with the needs of individual residents.

Judgment: Compliant

Regulation 9: Residents' rights

Person-centred care was observed to be promoted and supported in the centre. Residents were observed to have a choice in all aspects of their daily life. There were a number of different recreational areas for resident use in the centre including outdoor courtyard and balcony areas. These were observed to be designed around the residents' needs and facilitated engagement in social interactions and activities. Inspectors found that residents who were accommodated on the second floor but who were not being required to self-isolate did not have access to a recreational or outdoor area.

Resident's privacy was observed to be respected throughout the inspection. Staff were observed knocking on doors prior to entering a bedroom and seeking consent prior to assisting with activities of daily living. Staff were respectful of those residents who chose to spend time alone in their bedrooms.

Inspectors reviewed the activity schedule on offer to the residents. In line with the current guidance, the residents were attending activities in small cohorted groups. The activities were provided taking into account the residents preferences and their abilities to participate. However, inspectors found that small group activities were not available for those residents on the 2nd floor who were not self-isolating. At the time of inspection there was no clear plan in place to facilitate this.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Esker Lodge Nursing Home OSV-0000135

Inspection ID: MON-0027610

Date of inspection: 29/07/2020

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of how the management systems support the operationalization of guidelines by the team has been completed. The risk register has been reviewed to ensure that all mitigating actions identified have been fully implemented.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>A review of the risk register has been completed and mitigating actions have been identified specifically in relation to: location of relevant care records for second floor residents which are now stored on the second floor, communication to all staff re. zero tolerance on the use of wedges as per the Fire Safety Management Plan and resident hoist equipment has been stored in a different area to ensure it is not preventing access to the outside balcony</p>	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

Personal protective equipment (PPE) have been placed in the sluice rooms. The dirty linen trolleys are stored in the sluice rooms. Additional infection prevention and control signage is placed in the isolation unit. The broken tile in a communal bathroom has been replaced. Foot operated bins as opposed to open bins have been provided in bedrooms as appropriate. A new staff area has been created for staff. A separate area has been made available to staff to prepare residents' refreshments. Dedicated staff are working in the isolation unit and do not move out of the isolation unit.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The documentation has been updated to ensure that the individual resident's medication is no longer recorded as PRN.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The second floor has been reconfigured to ensure that residents who do not have to self isolate can access the outdoor area. We continuously revise the activity plan for the residents on the second floor who do not need to self isolate which mirrors a selection of the activities on offer on other floors, based on residents' abilities and preferences.

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 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	20/10/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/09/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	30/09/2020

	actions in place to control the risks identified.			
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		14/09/2020
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	14/09/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/09/2020