



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2020
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0029669

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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 17 June 2020	10:00hrs to 15:00hrs	Liz Foley	Lead
Wednesday 17 June 2020	10:00hrs to 15:00hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Inspectors spoke with residents throughout the inspection and observed person-centred staff interactions with residents. Residents and staff living and working in the centre have been through a challenging time and were facing the prospect of further restrictions as another outbreak had been declared in the centre.

The centre was clean throughout and had adequate communal spaces to meet the needs of residents, however these were all vacant on the day of the inspection. Floors were clearly marked to guide residents and staff on seating arrangements to allow for social distancing. Great care had been taken to ensure the decor and environment was homely and safe for residents. There was access to interesting and safe internal courtyards and gardens off communal rooms and to the rear of the centre. One resident enjoyed tending the flowers and shrubs around the centre. The centre had four ponies in an adjacent field and residents enjoyed watching them or petting them by a fenced area designed for this purpose. Each pony's name and distinguishing characteristics were displayed on the fence for residents' information.

Residents were cocooning in their rooms and staff were observed going into residents' bedrooms throughout the inspection. Some residents told inspectors they were aware of the outbreak and while they would prefer to be mixing with other residents and enjoying group activities they understood the need to remain apart. Residents told inspectors that staff were attentive, kind and doing their best under the difficult circumstances. Some residents expressed sadness at the effects of COVID 19 in the centre and some were frustrated and missing their families. Some residents were fearful but said that staff were a constant reassurance to them.

While the provider was doing all they could to occupy and reassure residents following a long period of restrictions some residents were frustrated and missed their family and interaction with her friends in the centre. Some residents told the inspectors that they missed their families and although they confirmed that they participated in window visits, they wished visiting could start again. One resident said that she wanted to touch her family more than anything else. Staff made efforts to keep residents in good spirits and kept residents and their families in contact remotely as much as they could. Another resident said it was very difficult for them not to be sad and lonely but they were looking forward to the day their family will be able to visit again kept them going.

Inspectors viewed correspondence sent to families to keep them informed of residents wellbeing during the outbreak. Letters and email returned to the centre were highly complimentary to the staff and management.

Staff were observed attending to residents throughout the inspection and were observed using personal protective equipment (PPE) and good hand hygiene in

line with best practice.

Capacity and capability

Prior to the recent COVID-19 pandemic, Beechwood Nursing Home, operated by Maisonbeech Limited, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The centre is family owned and operated and the management structure consisted of the registered provider, a limited company which has three directors who were responsible for the running of the centre. A person in charge, responsible for the day-to-day operations of the designated centre, was supported by an assistant director of nursing, senior nurses and other staff members including nurses, carers, activities staff, housekeeping, catering and maintenance.

This was a short notice announced risk inspection to monitor ongoing compliance in the centre. Unsolicited information had been received by the Chief Inspector in relation to the COVID-19 outbreak. The findings of this inspection is that the provider had made every possible effort to put safe systems in place to care for and protect residents and staff in the centre.

The centre was experiencing its second outbreak of COVID-19 with one resident and one staff member having tested positive. On the day of inspection the centre were awaiting mass testing of all remaining residents and staff to establish their status. The provider subsequently informed inspectors on receiving the results that no further cases were detected and they continued to implement outbreak precautions in the centre in line with the public health guidance.

The centre's initial outbreak of COVID-19 had had a significant impact on residents, staff and families in the centre. A total of 30 residents had tested positive and sadly the centre recorded 11 deaths during this time. 46 staff members also tested positive. Inspectors acknowledged that this was a difficult and challenging time. At the beginning of the outbreak the service was particularly challenged by staff shortages but managed to maintain a safe service with the support of additional staffing from, the HSE and agency staff. Staffing levels had now stabilised and the centre had sufficient staff to meet the needs of residents and to cohort staff to reduce the risk of cross contamination of COVID 19. The centre were now focusing on rehabilitating the 26 residents who had recovered from COVID-19, most of whom were back to their baseline. The centre had established communications with external agencies for expert advice and support and continued to engage with and seek advice when required.

Overall inspectors found that good systems were in place to monitor the safety and

effectiveness of the service. While some routine audits had not been completed in line with the centre's plans inspectors found that residents' care needs and safety were prioritised particularly around infection control. For example additional resources had been provided for cleaning and equipment. Additional actions were required to strengthen the centre's approach to infection control and reduce risks of cross contamination, however overall the centre had followed the advice provided by the HSE during the outbreak.

There was good record keeping practices which supported the centre with contract tracing when required and records of symptom monitoring for COVID-19 were available for both residents and staff.

Notifications had not been submitted within the required timelines to the Chief Inspector however this was corrected before the inspection and notifications were now submitted within the correct timelines.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people and works full-time in the centre. During the inspection she demonstrated good knowledge of the regulations, the standards and her statutory responsibilities and displayed a commitment to providing a person-centered, high quality service. An assistant director of nursing also worked full time in the centre and deputizes for the person in charge for periods of leave or absence.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of two registered nurses on duty 24hrs per day.

There were minimal staff interruptions during the centre's second wave of COVID-19 and contingency included utilizing the centre's own staff to cover staff absences. The centre would employ agency staff if required but were covering all shifts to ensure the care and wellbeing of all residents was being met.

Judgment: Compliant

Regulation 16: Training and staff development

According to the training matrix provided to inspectors, mandatory training completed by staff included the following: fire safety, manual handling and people moving, dementia training and safeguarding vulnerable persons awareness programme. Records indicated that most staff were up to date with this training. Some training had been postponed due to the restrictions caused by COVID 19 and had been rescheduled for later in the year. The provider was reviewing how training could be facilitated if restrictions were to continue.

In addition to the centres regular infection prevention training staff had recently received training in infection control specific to COVID which included hand hygiene and donning and doffing of PPE. Staff were observed to have good practices and had good knowledge of the procedures and requirements for preventing the spread of infection.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All records as set out in schedules 2, 3 & 4 were readily available to inspectors throughout the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures in place and all staff were aware of their

respective roles and responsibilities. The person in charge was an experienced nurse manager who worked full time in the centre and was supported by an assistant person in charge and a care team.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. There were monthly management meetings and regular staff meetings. While these were interrupted during the COVID-19 outbreak the management team had a recent review meeting and kept residents, staff and families fully informed of all changes in the centre.

While the centre encountered staffing difficulties at the beginning of their outbreak due to the large number of staff affected by COVID-19, they were supported to maintain safe staffing levels from external agencies. Staffing levels had now settled and the centre had sufficient numbers of staff to provide cohorts or separate teams of staff to care for groups of residents. Additional systems and resources to support the residents and staff during the outbreak were in place for example, additional PPE, hand hygiene facilities, increased cleaning frequency and additional equipment.

During the outbreak the centre maintained good communications with residents and their families. Senior management and nursing staff ensured families received regular updates about their family member and the status of the centre in general. Calls made to families were documented in care plans and emails sent and received were viewed by inspectors. It was obvious from the positive feedback in the emails and letters from families, that sufficient and accurate information was provided. The person in charge and the assistant director of nursing maintained regular and ongoing contact with members of the public health team and the HSE during the first outbreak and currently during the second one.

Staff told inspectors that the management team were always available and supportive with any concern or suggestion. The management team were planning on completing an audit or review of their outbreak when it was over and will use this information and learning to inform their planning for any future outbreak in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had not been submitted to the Chief Inspector within the required time lines, however this had been corrected prior to the inspection. Recent notifications as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of resident care during the first COVID-19 outbreak, had initially been challenged by the numbers of staff who could not work because of confirmed or suspected COVID-19. However the centre engaged with agencies and the HSE who supported the centre with the provision of staff.

The needs of residents had been to the fore and this continued to be the ethos of care. Dedicated staff in the centre worked tirelessly with the assistance of staff from the HSE and agencies to maintain safe levels of care to residents at the height of the outbreak. While the centre were experiencing a second wave of COVID-19 there was minimal interruption to staffing and safe staff levels were maintained.

Residents nursing and health care needs were assessed and met to a good standard and they were assured of timely access to medical and health and social care professionals as needed. Local GP's attended the centre throughout the outbreak and provided invaluable support to residents and to staff. Staff knew residents well and were knowledgeable regarding the levels of support and interventions that individual residents in their care needed. There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans developed in consultation with residents or their family on their behalf, to meet their assessed needs as they preferred.

The centre was well maintained and visibly clean throughout. Good efforts were made to create a homely and personalised environment for residents living in the centre. Residents' accommodation was spacious and met their needs including their privacy and dignity needs as described in the centre's statement of purpose.

The centre's management and staff team were managing a COVID-19 infection outbreak and residents were self-isolating in their bedrooms at the time of this inspection. Staff had access to sufficient personal protective equipment and having completed training in infection prevention and control procedures were carrying out care and support procedures for residents in line with best practice. Healthcare risk waste management procedures required urgent improvement to ensure any risk of cross infection was mitigated. The person in charge assured inspectors that additional hand gel dispenser units were ordered and would be placed throughout the centre. The centre were currently using individual bottles of hand gel. Systems were in place to monitor all residents twice daily for symptoms of COVID-19 and staff were also monitored twice per shift for symptoms.

Staff demonstrated respect and empathy in their interactions with residents and made efforts to maintain residents' contact with their families with telephone, video calls and window visits during restricted visiting due to the COVID-19 national emergency precautions. Although, group activities for residents were currently suspended and all residents were self-isolating in their bedrooms, activity staff

focused on facilitating meaningful one-to-one activities for residents in their bedrooms. Staff kept residents well informed regarding the COVID-19 pandemic and answered any questions they had. Families were communicated with regularly to keep them informed regarding residents' health and wellbeing. Residents had televisions and radios that they now used more often while staying in their bedrooms.

Inspectors observed positive interactions between residents and staff. Residents stated they felt safe in the centre and were complimentary in their feedback about the staff team and centre's management. A safeguarding policy was in place and all staff were appropriately trained in safeguarding residents from abuse.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of regular window visits, telephone and video calls. Plans to recommence controlled visits for residents by designated family members were in place when the COVID-19 outbreak was declared over by Public Health specialists. Residents and their families were kept informed regarding visiting arrangements in the centre

Judgment: Compliant

Regulation 13: End of life

Each resident was recently consulted with and given opportunity to express their wishes and preferences regarding their end of life care. Where residents were unable to discuss this information, staff spoke with their relatives to obtain information on residents' preferences and wishes that they shared with their families. Information was documented in residents' care plans regarding their preferences and wishes about their physical, psychological and spiritual care and where they received this care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team.

A relatives' room was available in the centre with kitchenette facilities and provided overnight accommodation to facilitate residents' relatives to be with them in the event of them becoming very ill. While not in use during the current COVID-19 national emergency, residents' relatives were facilitated to be with them

at the end of their lives.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents. Most of the bedrooms had en-suite facilities and were single occupancy on the day of inspection. The provider had recently reduced twin bedrooms to single rooms. Bedrooms were personalised and enjoyed natural light. Corridors had handrails and call bell facilities were available in each bedroom. Communal bathroom and toilets were available at convenient locations along circulating corridors and within close proximity to the communal sitting and dining rooms. There was safe enclosed outdoor spaces with pathways and appropriate seating for residents.

There was a choice of communal spaces and quiet rooms for residents and their visitors and these spaces mostly enjoyed lots of natural light, however these were unoccupied during the inspection. The layout of the centre facilitated zoning of residents with one area of the centre currently empty and available as an isolation wing. The floor in communal areas were marked with tape to remind residents of safe social distances. A visitor's booth had been developed in a communal area which had its own entrance to reduce footfall in the centre and thus reduce the risk of introducing any infection.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. Additional procedures and resources were in place to help manage the centre's second outbreak of COVID-19 which to date had a significant impact on residents, staff and families in the centre. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring. The centre had engaged fully with the support and expertise offered from the HSE and actions from environmental audits were completed and reviewed. Cleaning procedures were updated and frequency increased for specific areas of the centre. The centre was clean to a high standard throughout.

However the following improvements were required;

- Open healthcare risk waste bins were on the corridors, this posed a risk of cross contamination. Outside the centre in a designated, enclosed waste

storage area, there were large rigid bins to safely store risk and non-risk waste however, the hazardous waste bin was not securely closed and bags containing healthcare risk waste were seen on the ground outside this bin. This posed a risk of cross contamination and was not in line with best practice. This finding required immediate review and the provider representative assured inspectors that this would be addressed as a priority.

- Clean PPE was stored in boxes on the floor throughout the centre; this also posed a risk of cross contamination.
- PPE was found on handrails with staff drinks bottles beside them and a residents feeding pump was observed on the floor beside a resident in a bedroom. Management undertook to review these issues immediately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents needs were reassessed and care plans reflected their changing needs caused by COVID-19 infection. Staff used a variety of accredited assessment tools to ensure each resident's needs were identified and a person-centred care plan was put in place to meet their needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, pressure related skin damage, depression and the supports they needed regarding their mobility needs. Residents were closely monitored for any deterioration in their health and wellbeing or any indication of infection.

Holistic care plans were developed to inform the care supports and assistance each resident needed. The information in the sample of residents' care plans examined by the inspectors was person-centred and clearly described the interventions staff must complete informed by each resident's individual preferences and wishes regarding their care. The effectiveness of care provided for residents was monitored on a daily basis to ensure the high standards of care given to residents by staff was maintained. Sufficient detail was included in each resident's care plan to inform the frequency of care procedures and the optimal clinical parameters that should be maintained to ensure each resident's ongoing health and wellbeing.

Residents or their families on their behalf were involved in the development of residents' care plans and subsequent reviews. Records maintained provided assurances that this consultation process occurred.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. Local GP's continued to attend the centre throughout the outbreak period with additional support provided to residents and staff. The medical needs of all residents was under constant review at the height of the initial outbreak in the centre. This ensured needs were met particularly for those residents who became very unwell and passed away.

Allied health supports continued remotely during the outbreak, for example, the dietician, palliative care team and pharmacy support. The centre had audited weight loss for example and the dietician made recommendations remotely which were supported by the GP and implemented by staff in the centre.

Judgment: Compliant

Regulation 8: Protection

Policy documentation was in place and available to staff to inform safeguarding and protection of residents from abuse. All staff interactions observed by the inspectors with residents were respectful, courteous and kind.

All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Residents confirmed to the inspectors that they felt very safe in the centre and that staff were kind and caring towards them.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge and staff team kept residents informed and they were consulted with and given opportunities to express their views including in relation to Covid 19 infection prevention and control arrangements and recommencing visiting in the centre.

Residents were self-isolating in their bedrooms at the time of this inspection. The centre had a designated staff member with responsibility for facilitating residents' activities. As group activities were currently suspended, the activity coordinator ensured each resident was supported to participate in activities in their bedrooms that were meaningful and reflected their interests and capabilities. Information about each resident's previous life, significant events and their individual interests were collated and used to support and inform an activity programme for them. The records of the activities residents participated in concurred with feedback from residents who told inspectors about the activities they

participated in during each day. These records recorded each resident's level of engagement in the various activities provided and gave assurances that the activities met their interests.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met by knocking on their bedroom before entering. Staff were respectful and discreet when attending to the personal needs of residents ensuring their bedroom and toilet doors were closed when assisting residents with their personal care.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their religious rights with the help of staff who ensured they were able to access webcam links to religious services and to prayers in local churches. Residents were also facilitated to participate in a daily rosary prayer.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0029669

Date of inspection: 17/06/2020

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Clinical waste bins with foot pedal operated lids have now been installed throughout the center in residents’ rooms and on the corridors. 2. The center has now installed a larger 770 lt. capacity hazardous waste bin to hold healthcare risk waste and collections of clinical waste organized fortnightly. 3. PPE boxes are now placed on tables off the floor at the PPE stations. No PPE being left on handrails. 4. Shelves have been installed at appropriate points to hold staff drinking bottles away from the PPE stations. 5. Staff instructed not to leave a feeding pump on the floor. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	06/08/2020