



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

Issued by the Chief Inspector

Name of designated centre:	Bridhaven Nursing Home
Name of provider:	Bridhaven Nursing Home Limited
Address of centre:	Spa Glen, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	22 February 2021
Centre ID:	OSV-0004455
Fieldwork ID:	MON-0032087

About the designated centre

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

Bridhaven Nursing Home is a designated centre and is located within the suburban setting of Mallow, Co. Cork, close by to shops and other amenities. It is registered to accommodate a maximum of 184 residents. It is a three-storey facility with three lift and two stairs to enable access throughout the centre. It is set out in five suites named after local rivers: 1) Clyda is a dementia-specific unit with 18 bedrooms (all single rooms with full en suite facilities of shower, toilet and wash-hand basin) and is located on the lower ground floor 2) Lee (41 beds – two twin and 37 single with en suite facilities) located on the ground floor 3) Blackwater (44 beds – six twin and 32 single full en suite facilities) located on the ground floor 4) Bandon (45 beds – four twin and 37 single with en suite facilities) located on the first floor upstairs 5) Awbeg (36 beds – seven twin and 22 single with en suite facilities) located on the first floor upstairs. Additional assisted toilet facilities are located throughout the centre adjacent to communal areas. Each suite had a day room and dining room and there are additional seating areas located at reception and throughout the centre. There is a large seating area upstairs for resident to relax with views of the enclosed bonsai garden and also the entrance plaza. Residents in Clyda have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery; there is a second smaller enclosed garden accessible from the Blackwater day room. Bridhaven Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	134
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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
Monday 22 February 2021	09:00hrs to 16:45hrs	Mary O'Mahony	Lead
Monday 22 February 2021	09:00hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

In Bridhaven Nursing Home management and staff had maintained a COVID-free centre during the first two waves of the disease. However after Christmas this changed when an outbreak of COVID-19 amongst residents and staff was declared on 30 December 2020. Sadly some residents who had contracted COVID-19 had died. The virus was still active at the time of inspection. However, a large number of staff and residents had recovered and were out of isolation. Residents usual way of life had been significantly impacted by the COVID-19 virus. Residents, their friends and families had been restricted in their social interactions and personal contact. The roll-out of vaccinations had brought huge relief and hope within the centre. One resident, who informed the inspectors he was "doodling", spoke of his delight to have received the second dose of the COVID-19 vaccine last week. Residents were very complimentary about the professionalism and dedication of staff during the outbreak. Other residents echoed these words of contentment with the centre and the kind staff who cared for them. It was evident that staff in the centre had strived to facilitate meaningful engagement between residents and their relatives through the use of video calls, window visits and with a private social media group confined to their own residents and families.

Inspectors walked around all units within the centre. Overall the centre was well laid out to meet the needs of residents who lived there. The atmosphere in the centre appeared quiet and calm. Staff were coping well with the stress of the outbreak and were supporting residents, relatives and staff on a daily basis. A large number of residents, deemed to be close contacts of a confirmed case of COVID-19, were isolating in their bedrooms when inspectors arrived. However, before the inspection was completed negative swab results were received for these residents, which was a great relief to all involved.

Group activities, including bingo and crafts, were facilitated for residents who had no symptoms of COVID-19 and those who were deemed safe to be involved. Two residents who were no longer required to isolate in their rooms were observed going outside to smoke. Residents were seen relaxing in various day rooms and alcove seating areas, while maintaining a physical distance in accordance with health prevention surveillance centre (HPSC) guidance. On the Bandon Unit a small group of residents were observed using the communal sitting and dining room for prayer while in the Awbeg unit residents were seen in the dining room, walking about and relaxing in the large bright, sitting area between two units.

Overall, the physical environment in the centre appeared clean and well maintained throughout. Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items. The corridors were sufficiently wide to accommodate walking aids, and handrails were readily available for residents' use.

Hand hygiene audits and training were undertaken, This was one of the most

important measures to prevent transmission of COVID-19 infection. Nonetheless, some barriers to effective hand hygiene practice were identified during the course of this inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

At the time of inspection there were 134 residents in the centre with 50 vacancies. The inspection was carried out to evaluate how the centre was managing the outbreak of COVID-19 and how the residents and staff were dealing with the illness and associated challenges. Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of health care associated infection at the centre. Senior management reported that they had acted to implement the majority of public health and infection prevention and control (IPC) recommendations.

A significant amount of work had been undertaken by the provider in implementing multiple measures to manage the ongoing COVID-19 pandemic and the present outbreak. Discussion with staff and a review of documentation showed that daily management meetings were convened to oversee the management of the outbreak. Additional daily staff "huddles" were organised to ensure that staffing levels were adequate and the management team were made aware in a timely manner of any potential care concerns.

Weekly serial testing of staff working in the centre was ongoing. Testing of residents who were symptomatic for COVID-19 was being carried out in line with public health recommendations. The majority of staff nurses had been trained to collect a viral swab sample for testing for SARS-CoV-2, the cause of COVID-19. Antigen testing was also used for added assurance.

Up-to-date infection prevention and control policies and procedures were in place and these were based on recent national guidelines. Efforts to integrate infection prevention and control guidelines into practice were underpinned by infection prevention and control education and training.

There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Infection prevention and control audits covered a range of topics including donning and doffing PPE and hand hygiene. A daily infection control audit was undertaken on each unit to monitor compliance with outbreak management measures.

The provider also had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, information notices, and audits of equipment and environmental cleanliness. The high levels of compliance achieved in environmental hygiene audits were also reflected in the findings on the day of inspection.

Regulation 14: Persons in charge

The person in charge had been appointed to the position in September 2020. She was experienced in older adult care and fulfilled all the regulatory requirements. She was knowledgeable and aware of her responsibilities as person in charge.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were sufficient staff on duty in the centre to meet the needs of residents. The roster was seen and this corresponded with the information discussed with the person in charge. Management staff were also assigned to work at weekends which supported communication over the seven days, which was important at this time of the outbreak of COVID-19. Staff were divided into teams and cohorted to work in different units to prevent cross infection.

Nonetheless, there were only two staff in the centre who were responsible for coordinating the activity programme. A new person had been recruiting since the last inspection bring the team to three. However, one person had since left the team. As the centre was big and the rooms extended over three floors inspectors found that two staff were not sufficient in this role, to provide a seven day service. The person in charge stated that plans were in motion to recruit a third activity coordinator to meet the needs of all residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records were made available to inspectors. Inspectors reviewed the training matrix which indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE).

Staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety and manual handling. Staff confirmed their attendance at this training.

Oversight of training needs was supported on an electronic system which sent alerts when updated training was due. A number of senior staff were qualified to deliver in-house training for example, protection from abuse, manual handling and fire safety. Other training such as, palliative care and nutritional needs training was provided by external facilitators.

A training video had been developed in the centre to demonstrate how to don and doff PPE. Senior managers audited this practice to ensure it was aligned with the current HPSC guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined roles and responsibilities set out and staff were aware of the line management reporting protocol. A new person in charge was appointed since September 2020. Since the previous inspection a senior manager had resigned. This post of assistant person in charge had been replaced, on an "acting up" basis. Recruitment was ongoing for the permanent post of assistant person in charge. Inspectors met with a number of staff who were working in management posts on a temporary basis. They were found to be knowledgeable and capable. A senior manager was leading the IPC training, audit and COVID-19 preparations.

Daily management meetings were held to discuss the management of the outbreak. Records were reviewed which demonstrated a clear, comprehensive exchange of important information.

Resources had been made available for a plentiful supply of good quality PPE, the provision of four external changing rooms and two staff meeting marquees. These additions as well as increased staffing levels provided an optimal response to the outbreak and prevention in the future.

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic and the outbreak some items had been understandably delayed. However, a clear plan was evident.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents which were required to be notified to the Chief Inspector under the regulations, were seen to have been appropriately managed and notified. These included the death of a resident, an infection outbreak and any serious injury to a resident.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies in place.

However, one staff member had difficulty locating the policy folder on the unit. This was located at reception. The provider was required to make policies and procedures available to staff, Best practice would mean that staff had the policy folders near at hand for care needs, advice and coaching purposes. Management explained that they planned to incorporate all new national infection prevention and control policies into local policies.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Judgment: Substantially compliant

Quality and safety

As this inspection was taking place during an outbreak of COVID-19 inspectors were mindful that this was a stressful and challenging time for staff and residents. In relation to a COVID-19 outbreak, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. Inspectors saw that management had followed best evidenced based practice and there was good access to specialist expertise with respect to infection prevention and control advice. Inspectors identified a number of examples of good practice in the management of COVID-19. The outbreak had so far been contained within two units. However, despite the best efforts of all involved and good local infection control protocols the outbreak was ongoing. The minutes of the multi-disciplinary team meetings (MDT) indicated that staff had identified challenges in relation to the needs of specific residents, who were unable to follow guidelines on isolation because of their changed cognitive abilities, due to the effects of dementia or other acquired brain disorder. The advice received was that sedation was not recommended for any

group of residents.

Residents with active COVID-19 infection were accommodated within single, fully en-suite rooms in designated areas of the centre. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Staff were assigned to different zones in the building and there were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units. By way of example, staff had separate entrances to their units and separate changing rooms. Staff had a supply of freshly laundered uniforms which were seen to be folded on chairs to be donned on entering each unit. All team meetings were held in an outdoor marquee which meant that there was adequate space for staff to social distance as well as providing an aerated environment for any staff gathering.

Overall, equipment in the units inspected appeared clean and well maintained with few exceptions. For example, inspectors found however that the tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. These alcohol based wipes were only effective when used to disinfect already "clean" non-porous hard surfaces. The provider had planned to address this issue and had ordered additional disinfectant, detergent wipes during the inspection.

Further improvements were required in respect of premises and infection prevention and control, which were interdependent. Despite the infrastructural differences between older and newer units, a good standard of cleaning was consistently observed on the day of inspection.

Regulation 10: Communication difficulties

The centre had set up a private 'facebook' account for residents and relatives of Bridhaven. This meant that relatives were aware of all activity in the centre, could see pictures of their relatives and be made aware of any changes in the COVID-19 status. Residents were also facilitated to use mobile phones to talk with family members. Electronic tablets were available to facilitate video calls. Residents were kept up to date with news from the community by staff and by phone calls to relatives. Residents were updated daily about the virus and were well able to discuss this with inspectors. They had a TV in their bedrooms so they could choose to watch the news or alternatively a favourite programme for distraction and relaxation. Residents' meetings and information leaflets were available to residents. Pastoral care was accessible to all and the complaints process was on display for residents. The care of residents with behaviour associated with the effects of dementia and other brain injuries had been discussed with a geriatrician. These meetings were documented and the advice given was followed. An appropriate care plan was in place to guide staff on supporting the identified communication needs for such residents. However, staff stated that they were aware that there were a number of residents who required increased supervision. Inspectors discussed the need for

one-to-one care support for a number of these residents who were observed to have very high care needs during the inspection. The assistant person in charge said this was being addressed and confirmed there were sufficient staff on duty for these care needs. This required ongoing review.

Judgment: Compliant

Regulation 11: Visits

Visiting arrangements were facilitated in line with HPSC guidance. Relatives whose family member was receiving end of life care were facilitated to come and sit with their relative on a compassionate visit. A visitors' hub was set up on the grounds of the centre to enable visiting, while at the same time maintaining social distancing with the use of a perspex screen.

Judgment: Compliant

Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk registers. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- Staff temperature checks twice daily in line with current guidance.
- Ample supplies of PPE available. Staff were observed to consistently using PPE in line with national guidelines.
- Increased cleaning and disinfection of all residential units.
- Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre.

- Isolation guidelines followed for staff and residents.
- Advice from the outbreak control team (OCT) and the IPC team was seen to have been followed and improvements made where required.

The provider was advised of the following:

- Facilities for and access to hand wash sinks in the areas inspected were less than optimal. For example here was a limited number of dedicated hand wash sinks in the centre. The stainless steel hand hygiene sinks did not comply with current recommended specifications.
- The underside of a number of wall mounted alcohol hand gel dispensers were stained
- Tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Management had planned to address this issue.

Judgment: Substantially compliant

Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults.

Restraints such as bed rails and chemical restraint was only used as a last resort.

The person in charge said that concerns were addressed without delay and that staff appraisals formed part of the quality improvement system for staff.

Protection of residents was routinely discussed at staff meetings according to records seen.

Judgment: Compliant

Regulation 9: Residents' rights

Prior to the outbreak of the virus residents had a number of opportunities to participate in activities and recreation. Family contact was maintained through window visits, hub visits at Christmas, phone, video calling and letters. It was evident that residents had been consulted about the public health measures and minutes of residents' meetings confirmed this, Residents spoken with were found to be informed about the virus and the outbreak. They had been vaccinated and were delighted about this.

Face to face contact was supported with the use of their own 'facebook' page and

electronic tablets. Pastoral visits could be facilitated and staff chatted with residents about events in the community as well as nationally. Local children had sent in letters and drawings to cheer residents. Staff said that residents found this very moving and supportive.

Residents were familiar with the staff on duty and were quick to notice that inspectors were new to the centre. They were interested in inspectors roles and were praiseworthy of the staff when asked about the care. Staff were found to be very upset that a number of their residents had died due to COVID-19 in this phase. It was evident to inspectors that residents experiences were important to staff particularly as most staff lived locally and would have known a number of residents prior to their admission.

Mass was available by video and audio link from the local church. The ministers for each religious group were available to residents and visited them required to provide emotional and spiritual support.

Nonetheless, in one unit inspectors observed that residents were not always positioned in a manner which facilitated mealtimes. By way of example, one resident was partially lying down while trying to reach dinner on a raised bed-table. A second resident who had dementia was also striving to reach the meal and to understand the order of the meal as each element of the meal, including soup, had been served together. This meant that sections of the meal were getting cold. Mealtimes required increased staff supervision and staff retraining. The assistant person in charge stated that this would be addressed.

Judgment: Substantially compliant

Regulation 17: Premises

A number of infrastructural issues were identified which had the potential to impact on infection prevention and control measures.

For example;

- Offices within the units were also used to store clean and sterile supplies and medications. There were no clean utility or treatment rooms with suitable hand washing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Failure to appropriately segregate functional areas posed a risk of cross contamination and required review.
- Storage space on the unit was limited, for example, there was no designated area within one unit of the designated centre for the storage of cleaning trolleys. Items of resident equipment including wheelchairs and hoists were stored along corridors.
- Fabric covered office chairs were seen to be worn or torn. As a result they could not be decontaminated effectively from the point of view that they

were not easily wiped clean and the surface was not intact.

- Improvements were required in signage at the entrance to units accommodating residents with confirmed or suspected COVID-19, to inform any one entering of the outbreak within.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Bridhaven Nursing Home OSV-0004455

Inspection ID: MON-0032087

Date of inspection: 22/02/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: WE are currently recruiting for an additional member of staff.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: A folder containing all policies is on the network/server which is accessible from all computers, including each computer in each nurses' station. A shortcut has been created on the desktop to ensure that staff have easy and immediate access to the appropriate folder. We will conduct a re-education with staff of the location of these policies and the shortcut. We will also ensure that staff are aware of the importance of knowing how and where to access policies at any moment.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

Brídhaven continuously undertakes a programme of building/premises refurbishment in order to keep the physical environment safe, fresh, inviting and pleasing for residents. It also maintains a building that meets its legislative obligations. In line with Schedule 6 changes to come into effect on 1 January 2022, Brídhaven will develop a 2022 programme of works, which will address all legislative and regulatory obligations, including increasing the number of dedicated hand wash sinks in the centre.

The cleaning of the underside of wall mounted alcohol had gel dispensers will be included in the housekeeping schedule immediately.

The process of identification and purchase of a new disinfection wipe was already in place before the inspection. These new wipes are now in use in the centre.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will review the current management rosters to ensure that there is a greater supervision of care on the floor, where there will be clearer lines of responsibility, accountability and leadership to ensure the implementation of safe and high quality care.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Storage space - Brídhaven continuously undertakes a programme of building/premises refurbishment in order to keep the physical environment safe, fresh, inviting and pleasing for residents. It also maintains a building that meets its legislative obligations. In line with Schedule 6 changes to come into effect on 1 January 2022, Brídhaven will develop a 2022 programme of works, which will address all legislative and regulatory obligations, including increasing storage space in the centre.

Fabric chairs – These were identified in our recent IPC audit as needing replenishment. These chairs will be renewed on a phased basis.

Signage – In order to (i) respect the dignity of residents residing in a COVID-19 unit (ii) ensure that they were not identifiable and (iii) ensure that they were not stigmatized for residing there, large scale signage was deemed inappropriate, therefore, we were using colour coded symbols as identifiers. We will introduce more direct A4 signage on the entrance doors to this unit.

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.	Substantially Compliant	Yellow	01/03/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	28/02/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/03/2021
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	01/04/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/04/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant		01/04/2021

	may be consulted about and participate in the organisation of the designated centre concerned.			
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