



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

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	21 January 2021
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0031743

About the designated centre

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

Shrewsbury House Nursing Home is a designated centre defined by Section 2(1) of Health Act 2007 registered to accommodate a maximum of 35 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via stair lift. The ground floor provides two communal lounges, a dining room and a visitors area. Nursing and management offices are located on the ground floor. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes. There is a small car park and street parking available at the front of the building. The centre is close to local shops and amenities and is within walking distance of Croke Park stadium. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day to day responsibility for the management of staff and residents in the designated centre. She is a qualified nurse with more than six years experience of working with older people in a residential setting.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 21 January 2021	09:00hrs to 17:50hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

The premises was warm and comfortable and there was a quiet and homely atmosphere. The inspector observed respectful and friendly interactions between staff and residents, it was evident that the staff knew the residents well and were familiar with their needs and preferences for care and support.

Residents in the centre stated that they enjoyed living in the centre. Most residents that the inspector spoke with mentioned the activities they used to take part in prior to the COVID-19 pandemic. They spoke about how much they missed these activities, with two residents informing the inspector that they now spent their day watching programmes or films on the television. The inspector observed residents sitting in communal areas. While staff were available to residents', their focus was on delivering care and cleanliness as opposed to facilitating occupation and recreation for residents.

The inspector arrived at the centre unannounced and saw that because of the current outbreak of COVID-19, residents were self isolating within their bedrooms or meeting in small groups within communal areas. The centre was divided into units with an allocated area for suspected and confirmed cases of COVID-19. There was an allocated carer assigned to this cohorted area with a staff nurse available who discussed with the inspector the procedure for managing the area. There was a well stocked PPE (Personal Protective Equipment) station which was located nearby to allow staff to put on and remove PPE appropriately.

The inspector observed that there was COVID -19 guidance advertised in key locations throughout the centre reminding people to observe social distancing, to wash hands regularly and to observe guidance in relation to the wearing of personal protective equipment (PPE).

Residents were offered choices during meal times observed by the inspector. Residents also informed the inspector that they were happy with the food they received. The inspector saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia.

Three staff who spoke with the inspector said that they felt supported by management throughout the COVID-19 pandemic. One staff member commented that management were very resident focused and that it was a great nursing home in which to work.

Capacity and capability

Shrewsbury House Nursing Home Limited is the registered provider for Shrewsbury House. The centre has an established and clearly defined governance and management structure. The registered provider representative held a dual role as the person in charge (PIC) during a maternity leave vacancy. The PIC was appropriately qualified and experienced for the role. The PIC worked full-time in the centre and was supported in their management role by a general manager and two clinical nurse managers.

The inspector reviewed the staffing rosters and found that there was sufficient nursing and health care assistant staffing rostered to meet the care needs of the residents. However, there was insufficient cleaning staff to fulfil the requirements of the increased cleaning schedules due to COVID-19.

On the day of inspection, the centre was subject to an outbreak of COVID-19. A total of five residents' and five staff members had tested positive for the COVID-19 virus during the outbreak. Sadly the centre lost one resident to COVID-19 during the outbreak. The inspector acknowledged that this was a difficult and challenging time for all residents and staff within the centre. It was noted that there were daily outbreak control meetings taking place and management and staff worked diligently to contain the outbreak.

The inspector saw evidence that staff were facilitated to attend mandatory training. Refresher training for fire safety was scheduled.

There was a policy and procedure for people who wished to make complaints and residents spoken with said they would feel comfortable making a complaint. However action was required to ensure there was a separate nominated person available to ensure that all complaints were appropriately responded to.

The inspector followed up on actions from the previous compliance plan of the last inspection in February 2019 and found that these actions had been addressed.

Regulation 15: Staffing

The number and skill mix of nursing and health care assistant staff were appropriate to the assessed direct care needs of residents. The designated centre had nursing staff on duty at all times of the day and night.

The centre had one housekeeping staff member on duty seven days a week. However due to increased cleaning requirements as a result of COVID-10, there was insufficient cleaning staff in place. The provider informed the inspector that they were aware of the pressures on the household team and were actively recruiting for additional household staff. While recruitment was occurring, care assistants and managers were undertaking cleaning.

Staff were allocated to separate units to ensure the appropriate segregation of staff into groups to minimise the risk of the infection spreading throughout the centre

during the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed training records in the centre and found that all staff had received training in infection prevention and control which included hand hygiene, breaking the chain of infection, donning and doffing (putting on and taking off) personal protective equipment (PPE).

All staff had received up-to-date training in safeguarding vulnerable adults and moving and handling. Some staff members were due refresher training for fire safety, however the provider showed documentation to the inspector where this had been rescheduled to February 2021 following the outbreak of COVID-19 within the facility.

Four staff were trained to take swabs for the detection of COVID-19. There was additional training available to staff which included palliative care, respiratory care, pronouncement of death and medicines management.

Staff told inspectors that they felt supported in their respective roles. Regular staff meetings took place to keep staff updated on national guidance, COVID-19 precautions and outbreaks within the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a clearly defined management structure in place which identified the roles and responsibilities of key personnel working in the centre.

The registered provider representative was also holding the PIC role during a maternity leave vacancy until June 2021. Managers were seen to be very involved within the operation of this designated centre, which was a standalone service.

Records of management meetings were reviewed and found to discuss clinical and non clinical audit results, ensuring that required actions were scheduled, although some actions were delayed due to COVID-19.

The provider had robust contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management personnel were unable to attend work, and to ensure the centre remained sufficiently resourced with staff and equipment. The PIC had a clear pathway in

place for testing and receiving swab results to detect the presence of a COVID-19 infection.

There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to infection control, hand hygiene, environmental audits, restraints, care planning and incidents such as falls. Following completion of audits, there was evidence that the PIC had highlighted issues within management meetings and assigned actions to relevant staff for completion.

The inspector found that there was sufficient nursing and health care staff to meet residents care needs. However, there were gaps within resources to meet residents recreational needs and to allow for the additional cleaning schedules required to respond to COVID-19. The current household cohort did not have sufficient resources to allow for effective and robust cleaning. As a result, the inspector found that the management team were involved in cleaning schedules within the centre.

There was an annual review in place for 2019. The consultation with residents and their families was completed to guide the 2020 annual review of the quality and safety of care delivered to residents in the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which had been reviewed in June 2020. The PIC was identified as the complaints officer. The registered provider representative was the nominated person to ensure complaints were responded to. The inspector recommended this be reviewed as these two roles were held by the same person at the time of inspection.

The inspector reviewed the complaints log for 2020 and found that complaints were investigated with the conclusion of the issue recorded and what actions had been taken. However improvements were required to ensure the log also recorded whether the resident was satisfied with the outcome and actions taken.

There was evidence of learning from complaints received, with new measures such as checklists of resident items implemented to ensure there was no future re occurrence.

Judgment: Substantially compliant

Quality and safety

The inspector spent time within communal areas, observing and speaking with a number of residents and with staff. Observations were that staff were patient, respectful and friendly with residents when supporting them with their assessed needs.

The inspector found that on the whole the provider had services in place which ensured that resident's health and care needs were met. There were areas however that the inspector found required improvement which will be discussed further within regulation 27 and 9 respectively.

Care plans seen were person centred and residents had comprehensive access to general practitioner (GP) services and to a range of allied health professionals and out-patient services. Records showed that where medical and allied health practitioners made recommendations for care these were implemented.

Action was required by the registered provider in relation to the general upkeep of some of the internal areas of the building. The provider informed the inspector that there were plans for some maintenance works and replacing flooring but this had not been scheduled yet due to the outbreak of COVID-19 within the centre.

The inspector followed up on the centres previous compliance plan and found that improvements were made in the related areas of laundry facilities, privacy within multi-occupancy bedrooms and fire precautions.

While the centre was appropriately cohorting residents and staff into different units, this was not happening for staff break time or when staff were changing into and out of uniform. The inspector recommended this was reviewed with separate facilities arranged in line with national standards and public guidance.

Staff spoken with explained that group activities were not taking place due to the outbreak of COVID-19 in the centre. Residents also told the inspector that they were really missing the group activities that they were previously used to.

Regulation 12: Personal possessions

The inspector followed up on the action plan submitted following the centres previous inspection in February 2019 and found that the areas of non-compliance had been appropriately addressed.

All residents clothing was being laundered within the centre and from a review of records, residents were satisfied with this arrangement with no reports of delay in return or missing clothing.

The inspector reviewed two multi-occupancy bedrooms on the day of inspection and was assured that the privacy curtains allowed residents to have access to their

wardrobes and personal storage.

Judgment: Compliant

Regulation 17: Premises

The centre had a kitchen and laundry service on site which was suitably resourced for the number of residents.

The inspector observed floor coverings which required replacement, the provider had acknowledged this and were scheduling a date for when the work would be completed while adhering to COVID-19 pandemic and level five restrictions.

On the day of inspection, a hoist was stored beside a resident's bedroom, which was partially blocking the full entrance into the bedroom. Management committed to address this on the day of inspection.

The inspector found that the provider had addressed the areas of non compliance from the previous inspection with new equipment installed.

Judgment: Compliant

Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre.

The risk register was maintained and updated to manage the risks for each area of the centre, including incorporating the risks identified from the centres previous inspection. For example a risk was added to the register to highlight the ability needs of residents who resided in a bedroom that had an external emergency exit door and residents sleeping in this bedroom were required to be able to evacuate promptly if in the event of a fire.

The risk register was seen to be a live document which was regularly reviewed and updated, for example, it reflected the risks related to COVID-19.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were policies and procedures in place to manage a COVID-19 outbreak in the centre.

There was a COVID-19 outbreak within the centre on the day of inspection and the inspector was shown the areas where residents and staff were cohorted. There was a PPE station sufficiently stocked within close proximity for the isolation area.

The cohorting of staff and residents in separate units facilitated effective infection prevention and control measures to mitigate against the potential spread of infection within the centre. However the inspector found that staff were not cohorted with separate facilities to change uniform and have lunch breaks which created a risk of cross infection between the units.

The centre had increased cleaning schedules in place to manage the risk of COVID-19, including the disinfection and cleaning of frequently touched surfaces. The inspector recommended that the provider reviewed training to ensure that all staff holding a cleaning role had sufficient skills and knowledge to complete cleaning schedules in accordance with the national standards for infection prevention and control.

The inspector saw that there was guidance advertised at key locations throughout the centre to inform and remind staff, residents and visitors of the correct COVID-19 protocols to follow. Face protection masks were worn by all staff at the time of this inspection.

Staff spoken with confirmed they had attended infection, prevention and control training. The inspector reviewed training records which showed 100% attendance.

Management conducted environmental audits which identified areas for improvement such as new flooring and painting within the building. However the inspector found shampoo bottles within communal bathrooms which could create a risk of cross contamination between residents which were not identified by the provider. Assurances were provided that all residents had individual hygiene products.

All staff members attended weekly COVID-19 swabbing within the centre. Staff confirmed that they and residents had their temperature taken daily and staff were aware that they could not travel to and from work in their uniforms. Staff were aware of the local policy to report to their line manager if they became ill.

Special precautions were in place for infected laundry including the use of alginate bags and clinical waste procedures were seen to be robust. The procedures for laundry ensured there was clear separation of clean and dirty linen.

A seasonal influenza flu vaccination programme was available to both residents and

staff.
Judgment: Substantially compliant
Regulation 28: Fire precautions
<p>On the day of inspection, the inspector followed up on areas of non compliance relating to fire precautions from the previous inspection. The inspector also requested additional documentation was sent in following the inspection. Observations and records viewed by the inspector provided assurances that the provider had addressed the fire concerns within the centre.</p>
Judgment: Compliant
Regulation 5: Individual assessment and care plan
<p>The inspector reviewed a sample of care plans and found that resident care plans were clear, personalised and informed by assessment of clinical, personal and social needs. There was evidence within care planning that the centre promoted the rights of residents in relation to making choices around their care and support.</p> <p>Pre-assessments were completed prior to a new resident's admission. A comprehensive assessment was completed within 48 hours of the resident's admission with a suite of validated clinical risks assessments used to develop the sample of care plans seen. Validated risk assessments were later reviewed at regular intervals.</p> <p>Care and support plans were reviewed regularly or as required by changing needs or dependencies.</p> <p>There were no residents actively receiving End-of-Life care at the time of inspection. However the inspector reviewed a sample of residents' end of life care plans and found that they contained person-centred details about their expressed wishes and preferences in respect of funeral arrangements or place of burial.</p>
Judgment: Compliant
Regulation 6: Health care
Residents had access to a GP of their choice. Residents had access to their GP

remotely throughout the outbreak.

Consultant specialists in Gerontology, Psychiatry of Old Age and Palliative Care were also available to provide additional expertise and support.

From reviewing records of care plans, the inspector found that staff assessed, planned for and monitored residents' health care needs including making appropriate and timely referrals to general practitioners and allied health care professionals.

Records showed that residents continued to have access remotely to allied health professionals such as dietetics, occupational therapy and tissue viability nursing. Referrals were available for community access for dental, optician and chiropody services.

The centre supported residents who met the criteria to avail of the National Screening Programmes if they so wished.

There was evidence of liaison with the public health officer and with the HSE locally regarding results from COVID-19 swabbing.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed staff and resident interactions throughout the day to be positive and respectful with staff ensuring residents privacy and dignity were respected during care and meal times.

There were suitable facilities in place and inspectors observed that seats had been spaced out so that residents could comply with social distancing requirements. Residents could go out to the garden, and many were seen to come and go from the smoking area, chatting among themselves or with staff.

The inspector observed and spoke with residents while they dined in the dining room and spent time in communal sitting rooms listening to music or watching the television.

Resident committee meeting minutes were also reviewed by the inspector and these meetings continued throughout the current restrictions due to COVID-19. Records showed that residents were updated on COVID-19 during these sessions.

There was no group or one to one social activities taking place on the day of inspection. Residents who spoke with the inspector, discussed missing their loved ones and the recreational activities within the centre. Residents spoke about how they enjoyed the activities within their routine prior to the COVID-19 pandemic. Residents informed the inspector that they now spent their day watching

the television.

The inspector reviewed a recent satisfaction survey completed in May 2020 by the centre. Within this documentation it reported that 70% of residents who participated in the survey, reported feeling lonely. The inspector found that the provider had not ensured there were sufficient opportunities for residents to participate in activities in accordance with their interests and capabilities. A review of staffing resources was recommended to ensure that there was sufficient staff available to facilitate opportunities for recreation while adhering to COVID-19 guidelines.

Residents stated they were happy with their bedrooms. The privacy curtains within multi-occupancy bedrooms was reviewed and found to be fixed to ensure residents privacy was maintained.

Communication with residents' families had been appropriately maintained throughout the outbreak with emails and photos sent to families. Visiting arrangements were in line with public guidance.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0031743

Date of inspection: 21/01/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The recruitment process is ongoing at present for an additional housekeeping staff position. Interviews are taking place and we aim to fill the position by 01/04/21</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>With the addition of another housekeeping staff member, the extra cleaning that is required during the pandemic can be completed. This will free up care staff to focus more on residents' recreational needs. The Activities Coordinator is now rostered to specifically look after residents' recreational needs on their shift. They will not be required to assist in care duties or complete additional cleaning. They will arrange one to one activities and small group activities as they had previously done before the outbreak.</p> <p>Since the Covid 19 outbreak in the house is over, musician visits have recommenced. They are currently visiting twice weekly to play for residents in large group sessions as what we were doing prior to our Covid 19 outbreak. Appropriate social distance is maintained in line with government guidelines. Live music sessions will take place outside in the open air or in a sheltered area weather dependent.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge will continue to investigate all complaints. Another senior staff member will act as the nominated person to ensure all complaints are responded to. Whether a resident is happy with the outcome of the investigation of a complaint is recorded on the investigation report of each individual complaint.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Additional staff changing and dining facilities have been constructed to provide a separate designated area for cohorting staff to utilize during an outbreak. This is located at the entrance of the already designated Covid specific unit. This will help ensure the risk of cross contamination is reduced.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Prior to the Covid 19 pandemic, residents enjoyed a full schedule of activities within the home that included outings to local amenities and events and regular visits from family and friends. For the safety of all residents, outings had ceased from March 2020. The home made a huge effort to ensure residents were able to keep in touch with family and friends, facilitating video calls, window visits and prearranged visiting as per government guidelines regularly throughout the pandemic. During the pandemic we have always maintained a full activity schedule with regular music sessions taking place in the garden , we maintained group activities while maintaining social distancing and as per government guidelines.</p> <p>With the hard work of staff and sacrifices of residents, the home was able to remain Covid free until late December 2020. Unfortunately, on the 27/12/20, an outbreak occurred within the home and a decision was made by management to suspend all group activities. Residents with confirmed or suspected Covid 19 infections were cared for in isolation. One to one activities were maintained for all residents during this time. The Covid outbreak affected residents and staff. With the loss of staff who were unwell with Covid 19 and the loss of staff through close contacts, the roster was impacted. The</p>	

focus of care moved towards maintaining the safety and welfare of residents during the outbreak.

With guidance from the public health authority after vaccination and the end of the outbreak, restrictions in the home eased on 03/03/21. A full activity schedule has since recommenced for all residents and visiting has restarted in a slow and cautious manner as per HSPC guidelines.

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	01/04/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	08/03/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	03/02/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	03/02/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Substantially Compliant	Yellow	05/03/2021

	participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	05/03/2021