



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

## Issued by the Chief Inspector

Name of designated centre:	Borris Lodge Nursing Home
Name of provider:	Borris Lodge Nursing Home Limited
Address of centre:	Main Street, Borris, Carlow
Type of inspection:	Unannounced
Date of inspection:	21 September 2021
Centre ID:	OSV-0000203
Fieldwork ID:	MON-0031607

## About the designated centre

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

Borris Lodge Nursing Home provides residential care for 52 people. Care can be provided for residents over 18 years of age although predominantly for residents over 65 years of age. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided.

The building was laid out over three separate floors, accessed by stairs and two lifts. The basement was not used by residents other than for to attend the hairdressing salon or various parties. In total, there were 46 single and three twin bedrooms. 28 of the single rooms have full en-suite facilities. One of the twin rooms has an en-suite with toilet and wash hand basin. The bedrooms were comfortable, and many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. There are several sitting rooms and seating areas located around the centre. Additional toilets, bathrooms and shower rooms are also located around the centre.

According to their statement of purpose, the centre is committed to providing the highest level of care, in a dignified and respectful manner and endeavours to foster an ethos of independence and choice. It aims to provide accommodation and an environment which replicates home life as closely as possible. The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance. Residents had access to safe and accessible enclosed courtyards and a mature garden at the front of the building.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	50
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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
Tuesday 21 September 2021	09:30hrs to 17:50hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

During this unannounced risk inspection, the inspector met and spoke with more than seven different visitors and twelve residents. There were good levels of satisfaction with the service in general, with families praising the care that their loved one was receiving in the centre and the communication with the provider throughout the extended period of restrictions brought on by the pandemic.

Most residents said that they were happy with their living arrangements and the staff were attentive and kind, and responded quickly to their needs. The inspector observed staff interacting with residents in a positive and supportive manner throughout the day. It was evident that staff knew the residents well and had established trusting relationships with them. Residents said that the food was good and that there were plenty of choices available to them on a regular basis. If they did not like what was on the menu, an alternative would be provided. All food was freshly cooked on site and the chef was consulting with the residents in respect of their preferences for upcoming menus.

While the majority of the residents said they were satisfied with the activities available to them, three residents said that they were bored and there was not much to do other than looking at television. The inspector spent time observing residents' lived experience throughout the day of inspection. The vast majority of residents were observed spending their day in their room at their bedside, with little interaction other than the passing staff or, for some, receiving visitors. One resident said that they like being on their own and they did not mind staying in their room and reading as they were 'somewhat of a loner'. Others said that they did not have much of a choice where to go.

The inspector spoke with the activity staff available on the day, who said that they were taking residents out for walks and doing one to one sessions. At the time of inspection, formal activities with residents were taking place three days a week due to scheduled absences not being replaced. This meant that residents did not have access to formal activities several days a week, despite restrictions being eased and all of them being fully vaccinated.

Throughout the day, the various communal rooms available for residents were observed to be empty. In the afternoon, eight residents were observed watching a concert of Irish music on television, but there was little interaction from staff and meaningful engagement with the residents during that activity. The activity coordinator said to the inspector that there was no pre-planned schedule of activities for residents as they would decide what activities to do on the day. They said that in general, games for the residents would be organised every two weeks. The inspector observed that, where appropriate, residents were facilitated to smoke outside, in a sheltered area which was appropriately equipped to maintain residents' safety.

The inspector completed a walkabout of the premises with the person in charge. Overall, the premises looked clean and well-maintained and hand sanitisers were frequently available throughout the building. The inspector observed staff using the hand sanitisers and appropriately adhering to good infection prevention and control precautions during the day, including the wearing of facemasks. In their conversations with the inspector staff were knowledgeable and confident in how they would manage a potential outbreak of COVID-19, and said that they felt very supported by the management team. However, improvements in infection prevention and control processes, practices and the management systems in place to oversee that was required as further described under regulation 27.

The layout of the premises was spread across three floors, with residents' accommodation being provided on the top two floors. Residents' bedrooms were bright and spacious and observed to be personalised with items of significance. Residents confirmed to the inspector that they were satisfied with the cleanliness of their room and how staff looked after their personal property. The centre was surrounded by beautiful landscaped grounds and several safe internal courtyards were also available to the residents, with benches and raised flower beds. The doors were open and access to the internal courtyards was unrestricted, however, despite being a nice warm day, no residents were observed using these spaces.

There was good signage at the entrance in the centre and a robust protocol on receiving visitors and checking their temperature was in place, which was observed to be adhered to during the day. Hand hygiene posters and cautionary signage was also observed appropriately placed at key locations throughout the centre.

Residents said that they were consulted in the running of the centre with quarterly meetings taking place. Minutes of residents' meetings showed that visiting arrangements, Mass service, food and infection prevention and control were among the issues discussed. Minutes showed high satisfaction with the service in general, and where group meetings could not be held, there was evidence that individual consultation with the residents took place. 15 residents had completed the residents' satisfaction survey after the outbreak of COVID-19 in the centre was declared over. They were unanimous in praising staff, which were referred to as 'lovely'; however, residents also mentioned that it was a lonely time as they missed their families who could not visit due to the national restrictions in place at the time. The centre was located in the centre of Borris town, which enabled residents to maintain good links with the local community.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

## Capacity and capability

Overall, this was a well-run centre led by a team committed to ensure residents'

safety. The inspector found there was good oversight in how the service was run and a positive staff culture. However a number of improvements were required to ensure that the management systems in place to oversee the service were sufficiently robust to identify areas for improvement. The centre had a strong regulatory history of compliance, and with enhanced resources and increased focus in addressing inspection's findings, it had the capacity and capability to achieve compliance in the future. There had been no unsolicited information of concern received in respect of the centre since the last inspection.

The registered provider is Borris Lodge Nursing Home Limited. Since the last inspection, the Chief inspector had been notified of changes in the directorship of the company as of June 2021, which was now part of a larger care group. To ensure a smooth transition, the previous person in charge was still in the role at the time of inspection. The inspector found that they provided strong leadership to the team and were a visible presence on the ground, known by all residents and staff. A new person in charge was due to commence in the centre in the next 10 days and the inspector was informed that a thorough handover will take place and that this information has been communicated to all residents, staff and families.

At governance level, the incoming person in charge was supported by a regional manager, a director of operations and the registered provider representative, who visited the centre regularly and attended formal management meetings where any issues relevant to the service were discussed. From an operational perspective, the person in charge was supported by a deputy person in charge, two senior nurses and the wider team of staff including care staff, domestic, catering and maintenance. In addition, the inspector was informed and saw in the updated statement of purpose that the management team will be strengthened with the addition of a clinical nurse manager role, who will have a number of allocated management hours.

The centre had experienced an outbreak of COVID-19 in December 2020 and January 2021 which saw nine residents and nine staff testing positive for the virus. The outbreak was appropriately contained and managed so that it did not spread and the registered provider had liaised with all relevant stakeholders, including families, public health, HSE (Health Service Executive) and the regulator. A contingency plan, relevant policies and guidance and appropriate personal protective equipment (PPE) were in place to support staff in the implementation of best practice.

Staff were appropriately supervised in their work and had attended mandatory and relevant training to support them in their role. The person in charge completed short focused weekly care staff meetings which were opportunities to discuss any accidents and incidents involving residents, provide updates on infection prevention and control and discuss other educational tools, as well as other relevant aspects of team work. This system demonstrated effective leadership and ensured a cohesive team was in place to provide care in line with best practice for the benefit of the residents.

While the number and skill mix of care and nursing staff was appropriate, the

inspector found that additional cleaning and activities staff resources were required to ensure the residents enjoyed a good quality of life on daily basis. The centre did not use agency staff and although there were no staffing vacancies in the centre at the time of inspection, the inspector found that when in the event of absence, not all shifts were covered.

Records were well-maintained and a review of Schedule 5 policies showed that some of them required further updating in respect of COVID-19 arrangements.

A complaint procedure was in place, however the number of complaints was very low. An annual review had been completed which included a quality improvement plan for 2021.

### Regulation 15: Staffing

The inspector found that the number and skill mix of staff available in the centre required to be improved:

- There were two cleaning staff available on a daily basis, however improvements in cleaning quotas were needed given the size and layout of the centre to ensure each room was appropriately cleaned on a daily basis. On the day of inspection, an unplanned absence in this department was replaced with trained maintenance staff.
- There was 0.82 whole time equivalent of activities staff to provide social stimulation to the residents. When activities staff were on scheduled leave, no replacement had been put in place.
- Similarly, a review of rosters showed small gaps and a number of occasions where care staff were had not been replaced when an unexpected absence took place

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had completed all mandatory training in manual handling, safeguarding vulnerable adults and fire safety. Although the training matrix reviewed on the day was difficult to follow, satisfactory assurances were received following the inspection that mandatory training was up to date and refresher courses had been scheduled. All staff had also completed additional training in infection prevention and control both on site and online and there was evidence of supervision processes in place including orientation, induction and regular appraisals. All nurses had an active registration with Nursing and Midwifery Board of Ireland (NMBI)



Judgment: Compliant

### Regulation 21: Records

This regulation was not reviewed in its entirety, but from the sample of staff files and care records reviewed the inspector was satisfied that information was appropriately collected, recorded and stored safely. All staff files reviewed contained evidence of An Garda Síochána prior to starting employment in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The management system in place to ensure a consistent, safe and appropriate service was provided to the residents required to be strengthened. For example, although a number of various audits were carried out in respect of care and service, they were consistently showing 100% results and as a result not effective at identifying areas for improvement. One such example was the infection prevention and control audit, which did not corroborate with the inspection's findings.

Additional resources were required to provide effective and safe services in line with the statement of purpose, both in terms of human resources and equipment.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An accessible and effective complaint procedure was available in the centre. It was prominently displayed at the entrance to the centre and included all the designated persons as per regulatory requirements. There have been no formal complaints received in the centre since 2020.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were available and had all been reviewed in the previous three years. Although a separate comprehensive COVID-19 policy was in place, a number

of Schedule 5 policies had not been updated with relevant COVID-19 information. For example the admissions policy, end of life policy and transfers and discharges to name a few.

Judgment: Substantially compliant

## Quality and safety

Although it was evident that the staff and management were working hard to providing a safe service and a high standard of quality care for the benefit of the residents living in the centre, improvements were required to ensure residents also enjoyed a good quality of life that was filled with purpose and social stimulation and to prevent isolation and loneliness.

There were no immediate risks identified on the day and the inspector was assured that residents were cared for by staff who knew them well and were responsive to their needs. Several visitors were seen coming and going throughout the day and outings were also facilitated. However, the inspector observed that group activities were limited and the communal rooms remained empty during the day, with little social interaction taking place. From reviewing residents' progress notes or the notes maintained by the activities coordinator, the inspector did not find sufficient evidence to assure them that each resident had daily opportunities for participation in meaningful activities. This was also confirmed by residents and staff who communicated with the inspector on the day. In addition, while some life histories records were comprehensive and informed staff about residents' past hobbies, likes and preferences, the inspector observed that they did not consistently inform individualised activities plans for the residents, which were generic.

Nursing care records were maintained in hard copy and a review of a sample of five residents' care plans found a good standard of care was provided to the residents. Care plans were implemented within 48 hours following admission and there was evidence of consultation and involvement with the resident and their families.

Care plans were reviewed at regular intervals or whenever residents' condition changes. By and large care plans were person-centred, however there was scope for improvement in ensuring that the care planning documentation was less medicalised and in line with a social model of care. Residents said they were satisfied in how they could access the general practitioner and the records show good professional specialist input when required.

During the inspection a resident was transferred to the acute services and upon reviewing the documentation the inspector was satisfied that appropriate steps had been taken in the management of care for this resident and that the supporting documentation sent with the resident contained comprehensive detail to ensure a safe transfer.

The inspector found that the provider was striving to ensure a safe service and staff were trained and observed to adhere to good infection prevention and control practices. The rate of vaccination among residents and staff was 100%, which was a great achievement to ensure residents were protected from the risk of COVID-19. A robust infection prevention and control strategy was in place which identified a lead both on days and nights. Updates in respect of public health guidance were communicated to staff at the weekly team meetings and a COVID-19 folder was in place to access relevant information if needed. However, the inspector found that further improvements were required specifically in the management of laundry processes, waste, cleaning and disinfecting communal equipment as further detailed under regulation 27. While premises were clean on observation improvements in storage and equipment were needed as described under regulations 17 to support good infection prevention and control practices.

### Regulation 11: Visits

Visiting arrangements at the time of inspection were in line with public health guidelines. Visitors met on the day reported they were satisfied with the arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

The storage facilities available in the centre required full review as hoists were observed stored in residents' bedrooms and along the corridor and posing a trip hazard. In addition, storage cupboards for clean linen, blankets and dry items were located in two communal bathrooms which was not appropriate. This posed not only a risk of cross infection, but also a risk to privacy and meant that staff could not access the supplies they needed at all times.

Furthermore, a review of all equipment was required to ensure it was fit for purpose and amenable to cleaning. For example rust was observed on a radiator, on the mopping and bucket equipment and on a number of commodes. Not all waste bins were fit for purpose; some did not have cover lids, others were not foot pedal operated or were broken. There was mould observed in one of the shower room located on the top floor.

The housekeeping room also required refurbishing as the floor was observed to be damaged and there was no lockable safe storage for cleaning chemicals.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Upon transfer, appropriate documentation was completed and stored in residents' file including a copy of the medicines prescriptions, the medical referral letter and the nursing transfer letter, using the nationally approved format.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy in place met the regulatory requirements. No immediate risk was identified on the day and a comprehensive risk register was in place.

Judgment: Compliant

## Regulation 27: Infection control

Although there were numerous examples of good practice in respect of infection prevention and control, further improvements were required as follows:

- The cleaning schedules did not include all areas of the centre and were not fully completed to ensure oversight of cleaning.
- The cleaning and decontamination of equipment was not of a good standard; for example some commodes were observed unclean; communal slings were observed resting on assistive hoists with no assurance mechanisms in place to ensure they have been decontaminated prior to use.
- Although a one way system was in place in the laundry, the segregation of linen did not take place at the point of use in line with best practice and the processes of decanting and sorting the soiled laundry posed a risk of cross-contamination. Furthermore, not all linen skips were appropriate to support effective systems of laundry segregation and transport.
- The cleaning trolley was not covered to ensure safe storage of chemicals and paper towels and other items were observed stored exposed at the bottom of the trolley which posed a risk of cross contamination.
- Storage practices in the centre required full review; for example housekeeping items and chemicals were observed inappropriately stored in a communal toilet on the top floor and the inspector was informed this was the regular practice.
- A protocol for the reprocessing of the spray bottles used for cleaning was

required

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they were person-centred, regularly updated and created in consultation with the resident. All care plans reviewed reflected residents' current condition. There was evidence of comprehensive assessments using validated screening tools, and these were reviewed every four months or sooner if resident's condition changed.

Communications with families in respect of residents' plans of care occurred frequently and it was appropriately documented.

Judgment: Compliant

### Regulation 6: Health care

Residents had appropriate access to a general practitioner of choice and additional expertise based on referral, including access to physiotherapy, dietetic services, occupational therapy, speech and language therapy, chiropody and tissue viability nursing.

Judgment: Compliant

### Regulation 9: Residents' rights

There was no pre-planned activities schedule available to the residents in line with the centre's own policy and statement of purpose. This would ensure that residents have something to look forward to and that they have opportunities to participate in meaningful activities of their choice.

Although several communal facilities were available for residents' use, they were observed empty throughout the day with little opportunities for residents to engage with each other than the mealtimes. Although staff took residents for walks when they had the time, some residents reported isolation and boredom and that there was not much to do during the day.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Borris Lodge Nursing Home OSV-0000203

Inspection ID: MON-0031607

Date of inspection: 21/09/2021

## 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: A full review of staffing hours and allocation will be undertaken, and any shortfalls will be addressed during this review.</p> <p>Ongoing recruitment will assist in supporting staff numbers as required. As explained to the inspector on the day, currently a newer member of staff is completing her activity course and will be stepping into the activity co-ordinator role once complete with the support of the existing members of activity staff.</p> <p>For Completion by 15th November 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of and implementation of an extensive audit system will take place over the coming months. This will ensure that all staff are aware of the implications and responsibilities of their roles within the home.</p> <p>For Completion by 1st January 2022.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  All Schedule 5 policies will be updated with the relevant Covid 19 information.  For Completion by 30th November 2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A review of all storage areas within the home has already begun. This will encompass existing storage so all is utilized efficiently and new storage areas which will be more suitable for equipment, which is used frequently throughout the day, i.e. Hoists etc. All equipment will or has been serviced as per the servicing plan and any day-to-day issues can be dealt with by our experienced maintenance staff.  Where appropriate any faulty or unfit for purpose equipment/bins etc will be replaced. The housekeeping room will be refurbished, and suitable storage will be utilized for the cleaning chemicals.  For Completion by 30th January 2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  As mentioned above, a review of storage, equipment, staffing and our audit process is underway – this will encompass the cleaning schedules and practices also. Ongoing infection control training and audit of compliance will further re-enforce already good practices with staff.  For completion by 30th January 2022.</p>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As stated previously, a staffing review and recruitment is ongoing, and another activity staff member will be in place shortly. This will enable a return to our full activity plan (which was suspended during annual leave) and feedback from Residents will be sought to ensure that the plan is appropriate and has something of interest to all Residents. For Completion by 30th November 2021.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/11/2021
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	30/01/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/11/2021

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/01/2022
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	30/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2021
Regulation 9(2)(b)	The registered	Not Compliant		30/11/2021

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.		Orange	
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	30/11/2021