



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

Issued by the Chief Inspector

Name of designated centre:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green Road, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 October 2021
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0033897

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

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
Friday 8 October 2021	11:00hrs to 14:30hrs	Lorraine Wall	Lead
Thursday 7 October 2021	10:30hrs to 17:30hrs	Lorraine Wall	Lead
Thursday 7 October 2021	10:30hrs to 17:30hrs	Catherine Sweeney	Support
Friday 8 October 2021	11:00hrs to 14:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, inspectors found that residents were well looked after, were supported and assisted to be as independent as possible in their day to day life and felt content with life in the centre. However improvements were required in the oversight and governance of the centre so that a high quality, safe and appropriate service is delivered for the residents going forward.

The inspection took place over two days and inspectors spent time chatting with residents and observing the interactions between residents and staff.

Inspectors spoke with a number of residents relatives and found that they were positive about the care received. Inspectors also spent time reviewing records of communication, meetings and other feedback forums available to residents.

Residents were very positive about the way they were looked after and the efforts of staff to take care of their needs, stating that the "staff are very kind" and "the staff are 100 percent". Residents were seen chatting comfortably to staff and managers and interactions were friendly and empathetic. It was evident that staff knew the residents well and were familiar with their needs. Those residents who were more dependent and who could not talk with the inspectors, appeared comfortable in their surroundings and did not show any signs of distress.

Residents and families who spoke with the inspectors described how they could communicate any concern or make a complaint, stating that they were confident any concerns would be addressed. Residents told the inspectors that they felt safe in the centre.

The centre is separated into two units, a dementia care unit and a long term care unit. Residents in both units were seen to enjoy a programme of group activities facilitated by the activity co-ordinator, including singing and art classes. The activity coordinator also spent one-to-one time with individual residents with complex needs. There was one activities coordinator who was rostered to work between both units which meant that when she was working on one unit the residents on the other unit did not have any meaningful occupation available to them. Residents stated that "activities are good, when they happen" Residents explained that there were long periods of time between activities and some residents said that they found the days long.

Residents spoke of their delight in seeing their family and friends again and how much better it was now that visiting restrictions had eased. However, Inspectors found that the visiting policy had not been updated to reflect the current guidance from the Health Protection and Surveillance Centre which meant that there were still significant restrictions in place within the centre. Residents and families who spoke with the inspectors had not been informed about the changes in the

guidance.

Resident's bedrooms were suitably furnished. Wardrobes or chest of drawers and lockers provided adequate storage for residents personal belongings. Residents said they were happy with their rooms. Resident's bedrooms were comfortable spaces with many filled with residents' photographs and personal possessions. However the four twin bedrooms would not meet the minimum size required in the regulations from 1 January 2022 and were scheduled for extensions.

Residents were complimentary about the quality of meals available in the centre, reporting that "the food is great." The inspector observed that some residents had their meals in the dining area, while others chose to have their meal in their own bedrooms. The inspectors observed the lunch time meal and found that staff assisted residents discreetly and respectfully.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

This inspection found that the centre was managed by an experienced management team. However significant focus and improvements were required to bring the centre into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

This inspection found that improvements were required in the following regulations; staffing, staff training and development, risk management and resident's rights in order to bring the centre into regulatory compliance. In addition inspectors found that some staff were not clear about the emergency procedure required on hearing the fire alarm. A review of the fire safety policy showed that there was no clear procedure identified in the centre's own policy. This posed an immediate risk to residents in the centre and an urgent action plan was issued to the provider in relation to Regulation 28 Fire Safety Precautions.

This was a two-day unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the providers action plan to ensure that the four twin bedrooms would be brought into compliance with SI 293 by January 2022 in line with the centre's current conditions of registration.

Blackrocks Nursing Home Ltd. is the registered provider for Blackrocks Nursing

Home. The senior management team included the provider representative, the person in charge, and two managers. Within the centre, the person in charge and a clinical nurse manager provide oversight and support to a team of nursing, care and support staff. This inspection was facilitated by the senior management team. Managers were aware of their roles and responsibilities.

Inspectors were not assured that the four twin bedrooms would meet the minimum size required in SI293 by 1 January 2022. The provider provided assurances that this work was due to commence and was scheduled for completion before 31 December 2021.

A review of the rosters found that the provider did not have sufficient resources in place to ensure that care and services were delivered in line with the centres statement of purpose. For example on the first day of the inspection there were not enough carers on duty and one member of staff from the laundry was relocated from laundry duties to provide care and support for a resident at lunch time. The provider was in the process of recruiting health care assistants, however these health care assistants had not yet commenced duty.

Inspectors also found that although the centre had a system in place for reviewing the quality of care experienced by the residents living in the centre, the audit and oversight processes were not robust. For example the management fire safety audits had failed to identify the risks and non-compliances found by inspectors on this inspection. In addition records showed that audits had been completed in relation to falls and medication management however there was no clear action plan to investigate the findings and implement improvements following these audits. The inspectors also found that the risk management system in place in the centre had not identified key risks found on the day of inspection.

A review of the incidents and accident reports showed that a number of incidents that required notification to the Health Information and Quality Authority (HIQA) under Regulation 31 of the Care and Welfare Regulations, had not been submitted by the person in charge.

There were well established recruitment and selection processes in place. An Garda Siochana vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

There was a training programme in place, however training records showed that not all staff had completed mandatory training in safeguarding and management of responsive behaviours. In addition not all staff were up to date with their fire safety update training. Of significant concern some staff were not clearly able to articulate the fire evacuation procedures and not all staff had completed a fire drill. This is discussed further under Regulation 28.

The centre had a complaints policy and procedure in place. A number of complaints were recorded and inspectors found that resident's complaints and concerns were responded to promptly and well managed by the designated complaints officer. There was a clear record of the complaint issue and how it was investigated and resolved. This included a record of the complainant's satisfaction with how their

complaint had been managed.

Regulation 15: Staffing

The staffing numbers on the day of this inspection were not adequate to meet the needs of the residents or for the size and layout of the building. For example;

- There were not enough care staff on duty which necessitated staff being moved for their duties in other departments in order to provide care and support for the residents.
- There was only one housekeeper on duty on the first day of inspection, which was not adequate to ensure that the cleanliness of the centre could be maintained in the event of a COVID-19 outbreak.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of the training records for staff found that there were significant training gaps in the following areas:

- Fire safety and fire drills. This is discussed further in Regulation 28.
- Management of responsive behaviours
- Safeguarding vulnerable adults
- Safe moving and handling techniques

Judgment: Not compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of the centre. This was evidenced by

- the management systems in place were not effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored.
- inspectors found staff involved in carrying out audits did not have sufficient knowledge and skills in these processes.
- the current system of record keeping did not ensure that records were well maintained and available as required by the regulations. For example, on the

first day of the inspection there were two additional staff members on duty who were not reflected on the roster. In addition, staff files were stored in a secure filing cabinet in a secure upstairs office. However, this office was not part of the designated centre.

- the centre's Health and Safety Policy had not been reviewed in line with regulatory requirements.
- a number of risks identified on this inspection had not been identified and managed by the provider.
- the provider did not have a comprehensive time bound plan in place to meet the requirements of Condition 4 of the centre's registration

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed the incidents and accidents register and found that a number of incidents that required notification had not been submitted to the Chief Inspector by the person in charge.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The policy set out the complaints process and the name of the person responsible for managing complaints in the centre.

Complaints were investigated and this was recorded in the complaints log. Formal complaints were responded to within the time frames outlined in the centre's complaints policy. There was a record of the complainant's satisfaction with how their complaint had been followed up.

Judgment: Compliant

Quality and safety

Overall, the care of the residents in the centre was found to be delivered to a high standard. Residents reported feeling safe and well cared for by staff.

Throughout this inspection, it was evident that the management and staff had

worked cohesively to protect residents from contracting COVID-19. The centre has remained free from COVID-19 throughout the pandemic.

However, due to the issues relating to fire precautions found on the inspection, inspectors were not assured that residents were adequately protected from hazards particularly in relation to fire safety. Inspectors reviewed the fire precautions in the centre and identified a number of issues in relation to evacuation procedures, staff training and fire drills. Inspectors were not assured that residents would be safely evacuated in the event of a fire. As a result the inspectors issued the provider with an urgent action plan to address the issues and submit assurances to the Chief Inspector.

The centre had an electronic nursing documentation system in place. A review of residents nursing care notes found that each resident had a comprehensive assessment completed. A care plan had been developed from these assessments. Clinical and environmental assessments has been completed and identified risks with an appropriate action plan. Care plans reviewed were detailed and guided staff to deliver person-centred and appropriate care to residents.

Residents were supported in the centre by their medical doctor and a team of allied health care professionals including a dietician, speech and language therapist, chiropodist and a physiotherapist who is on site two days a week.

Inspectors found that the provision of facilities for occupation and recreation, and the opportunities for residents to participate in appropriate activities were not adequate and did not ensure that all residents could participate in meaningful occupation. This was verified in what residents told the inspectors about how they spent their day as a number of residents told the inspectors that they often found the days very long.

An activities coordinator was employed in the centre and spoke with inspectors on the first day of the inspection. Each resident had a comprehensive and detailed social care assessment and this information was used to develop an appropriate, resident-centred care plan for each resident. A review of the resources available to deliver this high quality care plan was required, as described under regulation 23, Governance and management.

Residents received visits from family and friends in the visitor's room or the resident's bedroom. Window visits were also available. However some residents and visitors told the inspectors about some ongoing visiting restrictions that there were still in place which were not in line with the current guidance. Residents and relatives said that they would like to see each other more often and were not aware of the most up to date visiting guidance.

Inspectors viewed evidence of monthly residents meetings which showed good levels of attendance. Records showed that during the meetings residents offered their opinions and suggestions on life in the centre, however, inspectors noted that the record did not include an action plan to address concerns or to implement suggestions made by the residents.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, and ancillary facilities inspected appeared clean. Monitoring systems for the detection of symptoms of COVID-19 such as temperature and symptom declaration were in place for residents, staff and visitors. However, a number of issues were identified which had the potential to impact negatively on infection prevention and control standards. This included inadequate numbers of cleaning staff for the size of the building and inadequate cleaning equipment which was not in line with current guidance.

The centre had a system of risk management in place and an updated risk management policy in line with the regulations. However, inspectors found that the risk management structure within the centre had failed to identify key risks in relation to fire safety and staffing levels as found on this inspection.

Regulation 11: Visits

The current visiting arrangements did not ensure that visits were being managed in the least restrictive manner taking into account the current guidance from the Health Protection and Surveillance Centre (HPSC).

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors identified some areas of infection prevention and control practices which required improvement in order to ensure that residents were adequately protected:

- Inadequate number of cleaning staff for the size and layout of the building, particularly during a national pandemic.
- One member of staff who was working in the laundry was redeployed to assist one resident at meal time. Inspectors were not assured that this member of staff changed their uniform before commencing care duties in the dining room.
- The flooring was damaged in the assisted bathroom posing an infection control risk
- Some toilet cisterns were cracked and required replacing. This posed an infection control risk.
- Cleaning equipment was not colour coded in line with national guidelines. For example, on the first day of the inspection, cleaning staff were using blue paper roll for cleaning rather than colour coded cloths. This was not in line with the centre's own cleaning policy.
- Clean linen was stored on trolleys in a number of assisted bathrooms which created a risk of cross contamination.

- A loop mop system was used in the centre, however there was no system in place to ensure that water was changed adequately between each resident's room or that mops were appropriately cleaned after use each day. The provider gave assurance that a flat mop system was available and inspectors saw that this was in use on the second day of the inspection

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not have adequate fire safety precautions in place. This was evidenced by:

- the provider had failed to ensure that all staff were aware of the fire evacuation procedures within the centre.
- some of the simulated fire evacuation drills that had been completed did not record staff names, which meant that the provider could not give assurances that all staff had completed a fire drill. In addition some staff confirmed that they had not completed a fire drill since they started working in the designated centre.
- a night time fire drill had not been recorded since 2019.
- the emergency evacuation procedure was not clear and inspectors could not ascertain the protocol that staff were expected to follow in the event of a fire.
- staff who spoke with inspectors were not aware of the emergency procedure to be followed in order to safely evacuate residents in the event of a fire
- a number of staff had not completed their annual fire training since early 2020.
- a number of fire doors were propped open with stools, which created a risk of fire and smoke not being contained in the event of a fire.
- the fire doors in the laundry room and smoking room were found to be damaged. These concerns had not been identified on the daily or weekly fire door checks.
- there was a locked gate outside an escape route off the St Anne's unit which obstructed evacuation in the event of a fire. The key to this gate was kept in the nurses station, which may not be accessible in the event of a fire.

The provider was issued with an urgent action plan to address the fire safety concerns and provide the Chief Inspector with assurances in relation to fire precautions within the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had a suite of clinical and environmental assessments completed. Clinical assessment such as nutritional risk scores, fall risk assessment and dependency assessment had been completed and reviewed in line with regulatory requirements. Environmental assessments such as personalised emergency evacuation plans (PEEPs) and safe manual handling techniques had also been completed and were up to date with the current needs of the residents.

The results of the comprehensive assessment were used to develop the residents care plan. Care plans reviewed described how the individual needs and preferences of each resident would be met.

A comprehensive and detailed social care assessment was also completed for each resident and this informed the development of a social care plan which was found to be person-centred and meaningful.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to a doctor of their choice. A review of a sample of resident's files found that residents were appropriately referred for medical and allied health care professionals. The recommendations from this team were documented in the residents progress notes weekly and incorporated into the residents care plan, where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The systems in place to ensure compliance with Regulation 9 did not ensure that residents' rights were upheld in all areas. For example;

- there was a lack of resources to offer all residents the opportunity to participate in occupation and recreation in accordance with their interests and capabilities.
- residents attended meetings where they could express their concerns and make suggestions, however, there was no evidence of an action plan following these meetings to ensure residents' issues and suggestions were followed up.
- inspectors were told that religious services had been suspended due to

COVID-19, however mass was reinstated on the day of inspection in the on-site chapel.

- a resident's survey had been completed by the residents which recorded 100% satisfaction. This did not reflect the residents' feedback to the inspectors on the day of inspection.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Blackrocks Nursing Home OSV-0000321

Inspection ID: MON-0033897

Date of inspection: 08/10/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: On October 7th and 8th (the days of the inspection) we were awaiting Garda Vetting and work permits in advance of the arrival of 3 new nurses and 2 new Health Care assistants all of whom have now started.</p> <p>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the action taken will result in compliance with the regulations.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training was ramped up immediately as part of our ongoing training plan the 8 staff who required Fire training were trained the week after inspection. Training in all other areas will ensure that all staff will have completed the mandatory training required by the end of 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: Audit training will be completed by management by the end of January 2022.</p> <p>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the action taken will result in compliance with the regulations.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure that all notifications are complied with in future. The guidance document has been reread and assurance is provided that there shall be no oversight in this area in future.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: We shall continue to facilitate all visiting in the spirit of the guidance provided by the HSE and HPSC. Our focus is to facilitate as much visiting as possible by any means and to provide a welcoming safe place in the community for people to live - whilst also remaining Covid19 free.</p> <p>The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the action taken will result in compliance with the regulations.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To continue to ensure the cleanliness of our building, the flat mop system was put in place on the day of the inspection. A member of management is also in the process of completing a QQI level 5 in IPC.

The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the action taken will result in compliance with the regulations.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A plan was put in place the week of the inspection which was identified as satisfactory on October 28th 2021, all staff training was brought up to date, all fire drills were brought up to date. New magnetic locking system has been procured and will be fitted as soon as possible for the 8 doors without magnetic locks. A fire risk assessment for the building by an external person is in the process of being completed by an Architect.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The issue identified by some residents was in relation to Activities; we shall carry out additional resident surveys to identify how we can provide additional resources for recreational therapy for each resident on an individual basis. Feedback from resident's at resident's meetings once actioned will be documented. We continue to strive for an environment where residents can choose activity and recreational therapies based on their preferences and capability.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	15/11/2021
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	15/11/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Orange	21/11/2021

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/11/2021
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	31/12/2021
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	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/12/2021

	published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	13/10/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	13/10/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	13/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	13/10/2021
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	13/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Not Compliant	Red	13/10/2021

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	07/10/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2021