



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bridhaven Nursing Home
Name of provider:	Bridhaven Nursing Home Limited
Address of centre:	Spa Glen, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0004455
Fieldwork ID:	MON-0037978

About the designated centre

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

Bridhaven Nursing Home is a designated centre and is located within the suburban setting of Mallow, Co. Cork, close by to shops and other amenities. It is registered to accommodate a maximum of 182 residents. It is a three-storey facility with three lift and two stairs to enable access throughout the centre. It is set out in six suites: on the lower ground floor - (1) Clyda is a dementia-specific unit with 18 bedrooms all single rooms with full en suite facilities of shower, toilet and wash-hand basin); on the ground floor - (2) Lee (33 beds – two twin and 29 single with en suite facilities), (3) Blackwater (37 beds – six twin and 25 single full en suite facilities) 4) Lavender (13 beds - all single full en suite bedrooms); on the first floor - (5) Bandon (45 beds – four twin and 37 single with en suite facilities), (6) Awbeg (36 beds – seven twin and 22 single with en suite facilities). Additional assisted toilet facilities are located throughout the centre adjacent to communal areas. Each suite had a day room and dining room and there are additional seating areas located at reception and throughout the centre. There is a large seating area upstairs for resident to relax with views of the enclosed bonsai garden and also the entrance plaza. Residents in Clyda have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery; there is a second smaller enclosed garden accessible from the Blackwater day room. Bridhaven Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	136
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 November 2022	09:00hrs to 17:30hrs	Breeda Desmond	Lead
Thursday 10 November 2022	09:00hrs to 17:00hrs	Breeda Desmond	Lead
Wednesday 9 November 2022	09:00hrs to 17:30hrs	Caroline Connelly	Support
Thursday 10 November 2022	09:00hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights, independence and choices of residents in the centre. Inspectors met many residents on both days of the inspection and spoke with 12 residents in more detail, and six sets of visitors. Residents gave positive feedback and were complimentary about the staff and the care provided, however, they reported that the quality of their food was varied with some residents satisfied, but others not. In general, inspectors observed that staff were considerate and respectful when interacting with residents and treated them with dignity.

Inspectors were welcomed to the centre by reception staff and were guided through the infection prevention and control measures by a member of staff. This included hand hygiene, face mask wearing, electronic temperature check and a signing in process. Following an opening meeting with the management team, inspectors were accompanied on a walkabout of the centre by the person in charge and assistant person in charge (ADON).

There were 136 residents residing in Bridhaven at the time of inspection. Bridhaven was a three storey facility with resident accommodation set out in six units over the three floors; Clyda (dementia specific unit) was located on the lower ground floor; Blackwater, Lee Side and Lavender Cottage (dementia specific unit) on the ground floor; Bandon and Awbeg upstairs. Management and HR offices, the main kitchen, maintenance and facilities, staff facilities, laundry, storage areas, and hairdressers' room were also accommodated on the lower ground floor.

The entrance to the centre was a large bright space that was wheelchair accessible. Several centre-specific publications were displayed to enable easy access for residents and visitors such as the latest family communication letter, statement of purpose, information guide and annual review. Displayed on the front of the reception desk was a large printed copy of the current newsletter with stories and photographs of recent events for visitors to see. Also displayed was a 2021/2022 award received for the third highest flu vaccine update in a long-term care facility in Ireland. An electric essential oil diffuser on the reception desk created a lovely relaxed ambiance upon entry to the centre.

There were two comfortable seating areas by reception and both were beautifully decorated with feature wall-papered walls and co-ordinating paintwork and soft furnishings; the seating area to the right was a larger space and had an open-plan display unit with books and ornaments giving the area a homely feeling. Residents routinely sat here and chatted to passers-by, and staff were seen to actively engage with residents and serve meals in accordance with residents' preference and choice. Staff brought news papers, tea, coffee, and freshly made scones to residents, as well as their medication; inspectors saw that this was part of the residents' daily

routine and residents were relaxed and comfortable here.

There was a large white board on the main concourse displaying the weekly activities in the centre. Lee Side and Blackwater were located off reception. The Blackwater day room and dining room here were adjoined and made an expansive room. There was a comfortable seating area to one side and large 'magic' table which facilitated activities such as art and drawing. One-to-one activities as well as group activities were seen to be facilitated at different times during the day. An inspirational quote was written on the large blackboard on Blackwater and this was updated each day for residents and staff. There was a huge clock with the month, day and date displayed in the day room for residents to see and help orientate them. There was an enclosed garden off the day room on Blackwater where raised flower beds were planted up and there were additional raised flower beds where residents had planted annuals. Construction work was still in progress since the last inspection to enlarge this space and extend the garden, as the current facilities were inadequate for the number of residents accommodated in the centre.

Pictorial signage as well as written information was displayed on large white boards in each unit with the daily menu choice. Table menus were seen on some units with the main meal and tea time choices displayed. Tables were set for mealtimes with cutlery, glasses and napkins. Mealtime was observed on different units. Residents gave mixed feedback regarding the quality of food. Inspectors observed that some dinner-time meals looked appetising and others required improvement. On one unit, inspectors observed meals in front of residents but there was no staff available to assist them as they were helping other residents, consequently, residents' meals went cold while they waited to be helped with their dinner. In general, appropriate assistance was provided to residents but occasionally, staff were seen to stand beside a resident rather than sit facing them so that they could engage with residents to enhance their dining experience. Inspectors saw, and residents reported that their tea-time meal did not always look appetising and the portion sizes were not in keeping with adult size meals. Care staff actively engaged with residents coming to the dining room and during mealtime as they discussed the events and news of the day, however, some of the catering staff did not engage with residents or care staff as part of the serving of meals or when residents asked about the menu choice.

Lavender Cottage was a relatively new dementia specific unit and had keypad coded entry. Relaxing neck massage was seen to be given to residents in the day room and residents looked like they were really enjoying it. One visitor said that staff do this all the time and it has such a positive relaxing effect on their relative. The dining room was beautifully decorated and laid out in a manner to facilitate residents to potter around independently, and had a domestic-style kitchen reminiscent of home. The nurses' station was located towards the entrance of the unit. Sluicing facilities were completed since the previous inspection with the installation of a macerator, shelving for equipment and separate hand-wash sink. The laundry trolley was seen on the corridor and the person in charge ensured that this was removed and put into the designated press to ensure the fire evacuation route was unobstructed.

There was a separate secure entrance to Clyda so that visitors could access the unit

without needing to go through the centre. The reception area here had infection control precautionary facilities along with a sign-in sheet. The complaints procedure was displayed at the entrance. Clyda was redecorated and the atmosphere was relaxed and staff were seen to actively engage with residents in a respectful way, providing encouragement and distraction in line with residents' needs. Memory aids such as large pictures were displayed to orientate residents to rooms such as toilets, bathrooms and the dining room. Large clocks were displayed in the day room and dining room. An open-shelved unit in the day room displayed the colourful memory boxes with each resident's name on the front of their box; these contained items of reminiscence for residents such as photographs and other memorabilia. Residents were seen to enjoy 'Oldies but Goodies' music streamed on the television and staff encouraged residents to sing along to the songs, and offer tea and refreshments during the activity. Access to the enclosed garden in Clyda was via patio doors in the day room. This was a large well maintained space with walkways, shrubberies, raised flower beds and seating for residents to rest.

There was a secure sluice room in Clyda. Observation showed that the hand-wash basin was partially obstructed due to the placement of broom and mop handles; the domestic waste bin was replaced here during the inspection.

Upstairs, there was an expansive connecting corridor between Awbeg and Bandon, with views of the gardens on either side of the building. The display table in this space had the framed words of a song composed by one of the residents called 'A song for Bridhaven'. Inspectors saw the resident performing his song and congratulated him on his composition.

There was a mobile library trolley and staff visited residents in their bedrooms and in communal areas offering reading material. Additional reading material was provided by the local community library for residents, adding to the selection of books available to residents.

Activities session was observed here where staff demonstrated exercises and encouraged residents to do the exercises and they were seen to have great fun, laughter and interaction. This was interspersed with a sing-song to keep residents engaged and after a while, the activities person reverted back to the exercise programme. Later in the afternoon, residents were seen to relax and enjoy an Andrea Bocelli concert and the inspector had a lovely chat about the concert, songs and Italy where the concert was filmed. A family member was seen to visit with a resident's dog which was welcomed into the centre and the delight of the resident was very evident. Residents were also seen to go out with family members for a walk or drive.

A residents' monthly news letter was displayed on the units. This was a colourful publication with lovely pictures of residents enjoying parties and activities. A music quiz was observed on another unit and this was an interactive session with staff and residents singing and enjoying the fun and reminiscence. Staff encouraged residents to participated in the game in a kind and respectful manner in accordance with their needs.

Visiting was facilitated in line with current guidelines and staff were seen to guide visitors through the infection control procedures upon entering the centre. Visiting was curtailed in two of the units due to COVID-19; one visitor spoken with acknowledged that she was facilitated to visit on compassionate grounds and was very happy with the care and attention her relative received.

Residents personal storage in their bedrooms comprised a double wardrobe and bedside locker; some residents had an additional chest of drawers. Twin bedrooms were also viewed and it was noted both residents would not have easy access to their wardrobe as both wardrobes were bedside one bed-space, and the privacy curtains further restricted residents' access to their wardrobes. Surfaces of some bed frames, lockers, bedside tables and flooring were seen to be worn. Low low beds, crash mats, specialist mattresses and cushions, and assistive equipment such as hoists were available. Each resident had their own sling for use when being transferred. In one bedroom upstairs the window was wide open as the window restrictor was dis-engaged. This was brought to the attention of the person in charge who addressed the issue immediately, investigated the matter and put controls in place to mitigate recurrence.

Previously there was a specialist bath available to residents in the centre, and this was removed by the previous provided as it did not comply with infection control precautions and was not replaced.

Alarm bells were wall mounted at the end of each corridor for easy access by staff and residents to call for help. Residents using oxygen had signage indicating oxygen in use in their bedrooms.

Laundry was segregated at source and laundry trolleys had pedal-operated function. There were dedicated laundry staff for day and night duty. There was a separate entry and exit to the laundry to prevent cross-over of dirty and clean laundry as well as specialist washing machines with a one-way operating system. Additional signage was erected following the last inspection to indicate to staff the directional work-flow within the laundry to mitigate the risk associated with cross infection. Laundry staff were knowledgeable regarding appropriate laundering temperatures, cleaning schedules for items such as curtains, for example and explained the infection control protocols in place as well as the fire safety precautions for the laundry.

Throughout both days of inspection, staff were observed to wear PPE appropriately including mask wearing. Appropriate hand hygiene including hand washing and hand sanitisation was observed throughout the inspection. There were hand-wash hubs on all units at different locations at the start and end of corridors. Some of these hand-wash sinks were not in compliance with recommended national guidance. All had advisory signage to explain how to wash hands appropriately and other signs displayed included the 'five moments of hand hygiene' as reminders to staff to wash their hands. Paper towel dispensers, hand soap and pedal bins were alongside each hand-wash sink.

Dani centres were wall-mounted throughout the centre which enabled staff to easily access personal protective equipment (PPE) such as disposable hand gloves and

aprons. Wall-mounted hand gel dispensers were available throughout the centre. There was a mobile nurses' station in the corner of the day room on Lee Side unit and had sanitising wipes, hand hygiene gel and pedal waste bin in line with HPSC guidance to enable effective infection control of the work station.

Emergency evacuation plans were displayed throughout the centre with a point of reference to indicate one's location in the centre; evacuation routes were detailed in the floor plans. Floor plans were orientated to reflect their relative position in the centre. Several of the fire guards on bedroom doors were not operational as the battery was no longer functioning and bedroom doors were seen to be maintained open with chairs, foot stools and bedside tables.

In conclusion, overall, a rights-based approach to care was promoted where residents' choices were respected and their independence supported.

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

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. Inspectors reviewed the actions from the previous inspection and found that actions were taken in relation to submission of notifications, medication management, staffing levels, residents' rights, aspects of infection control; and refurbishment of the premises had begun. Further attention was necessary regarding regulations relating to the auditing process, personal possessions and residents' access to appropriate storage space for their personal belongings in twin occupancy bedrooms, food and nutrition, aspects of infection control, fire safety precautions, the premises, and residents' care planning documentation.

Bridhaven Nursing Home was a designated centre for older adults and was registered to accommodate 182 residents. The provider was part of the Virtue group and the company had four directors. One of the directors acted on behalf of the provider and attended the feedback meeting at the end of the inspection. The centre was managed by an appropriately qualified person in charge, who was knowledgeable of the responsibilities of the role. On site, the person in charge was supported in the delivery of care by two assistant persons in charge, five clinical nurse managers (CNMs), the health-care team, as well as household, catering and administration staff. CNMs were appointed to each unit and one CNM rotated on duty each weekend to provide management oversight and support the service. A human resources (HR) manager was on site full-time to support the service. A resident and family liaison manager supported families and residents with the transition into long-term care; the social care manager promoted a social model of care. A director of quality safety and risk supported the group as well as the overall

governance of the centre.

Quality and safety monitoring systems in place included weekly collection of key performance indicators (KPIs) such as falls, restraints, infection, weights, pressure ulcers and complaints for example. The annual schedule of audit was evidenced with audits completed at regular intervals to monitor the quality and safety of care delivered to residents. Where deficits were identified, action plans were developed, with progress recorded. For example, the skin care bundle was introduced as part of the daily personal care monitoring following audits relating to pressure ulcer prevention; 13 additional screens for care staff to input residents care were procured and due to be delivered 14th November following the inspection. This would enable staff to update the care given at the time of delivery of care enabling early detection and prevention of skin deterioration, and ensuring that contemporaneous records were maintained. While some of the audits had comprehensive action plans and initiatives undertaken to remedy the deficits identified, the audit system was not sufficiently robust to ensure the whole service was effectively monitored; evidence of this was discussed throughout the report and detailed under Regulation 23, Governance and Management.

The regional director of operations facilitated weekly teams meetings were facilitated with the persons in charge of the five centre associated with the registered provider; this provided good support as well as information sharing amongst the persons in charge. Regional 'Quality Safety and Risk' meetings were facilitated and chaired by the director of quality safety and risk. Monthly 'Social, Clinical and Transition' meetings were convened. Agenda items for these meetings comprised quality improvement plans, key performance indicators, transitional management of residents, risk management and attendees included the on-site senior management.

The assistant director of nursing with responsibility for infection control had updated the COVID-19 management strategy following the recent outbreak in the centre as part of their on-going quality review. She had introduced antimicrobial stewardship across the centre in line with current Health Protection Surveillance Centre (HPSC) recommendations.

The resident and family liaison manager completed the pre-admission assessment of residents, and following admission, she met with residents and their families over the following six weeks to provide support with the transition into long-term care. The social care manager liaised with the activities staff to promote meaningful activities and pastoral care.

The risk management policy was up to date and contained information on the specified risks as detailed in the regulation. Risk registers were maintained relating to clinical and non clinical risks associated with the centre. Risk assessments had been completed for actual and potential risks including risks associated with COVID-19 with control measures to keep residents, staff and visitors safe. Schedule 5 policies and procedures were being updated at the time of inspection.

Upskilling of staff was promoted and staff had completed training in areas such as

health and safety, safeguarding, palliative care, manual handling and lifting, train the trainer and dementia care; this enable staff to provide ongoing training on site to staff as the need arose as well as ongoing scheduling of training for staff. Mandatory training was up to date for all staff. Dementia and non-violent intervention training was provided to enable staff to support residents with a diagnosis of dementia.

One of the assistant director's of nursing was delegated responsibility for complaints. The complaints log was examined and records maintained were in compliance with regulatory requirements. The directory of residents was maintained in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary qualifications and experiences as required in legislation. She was actively involved in the operational management and the day-to-day running of the service. She actively engaged with the regulator and was knowledgeable regarding her role and responsibility as person in charge.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, inspectors found that there were sufficient staff on duty in the centre to meet the needs of residents. One ADON post and one CNM post were vacant at the time of inspection and the service was actively recruiting to fill those posts to ensure ongoing management support and structure. Staff were assigned per unit to mitigate the risk of viral transmission between units. In addition, when required, staff teams were allocated in a unit to care for suspected or COVID-19 positive residents and were allocated their own facilities including entry to the unit in line with current HPSC guidance to prevent transmission of infection. Management staff rotated on duty at weekends to support governance and oversight of the service over the seven days.

Judgment: Compliant

Regulation 16: Training and staff development

Further staff supervision was necessary to ensure a social model of care was delivered, for example, at meal times, as detailed under Regulation 18, Food and

nutrition; Regulation 7, Managing behaviour that is Challenging; and Regulation 9, Residents Rights .

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents had the requirements as listed in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of four staff files, some items were initially missing from the files but were all in place by the end of the inspection and therefore contained the records as set out in Schedules 2 of the regulations.

Records requested on the day of inspection were made readily available, were well maintained and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

While a programme of audit was in place, more robust oversight was required to ensure the service was effectively monitored. For example, the following were not identified as part of the audit process:

- ill-fitted evacuation ski sheets on residents' beds with the associated risk
- care plan documentation did not consistently reflect the assessed needs of residents to inform individualised care
- some audits seen were not dated so it could not be determined whether they were a current appraisal of the area being audited
- feedback from residents and observation on inspection showed that the meal-time dining experience for residents and the quality of food served was not of a consistently high standard
- issues in relation to infection control.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional fees to be charged if applicable. However the contracts seen did not include the fees to be charged for residing in the centre as required by the regulations and these were updated on inspection to ensure regulatory compliance.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents, inspectors were satisfied that notifications were submitted as required. An analysis of incidents was undertaken to mitigate recurrences and care plans were updated following incidents such as falls. There was also evidence of learning from incidents to improve the quality of care and safeguard residents and staff. This included incidents relating to smoking and absconson. Management liaised with families where relevant in the decision-making regarding on-going care to ensure that residents' independence was promoted.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were seen to be recorded in great detail and each element of the complaint was documented. The outcome and whether the complainant was satisfied with the outcome was recorded. Complainants were advised of the appeals process as part of their complaints system to promote openness, accountability and transparency.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were updated on inspection to ensure compliance with regulatory requirements. The policy relating to admission was updated regarding the appropriate time-lines for completion of assessments and care planning. It included the local addendum whereby a new resident was re-assessed after a month of admission as residents can be anxious and upset at the time of admission; the re-assessment would give a more true appraisal of the resident as they may be more relaxed and settled and more open to chat.

Judgment: Compliant

Quality and safety

Overall inspectors found that residents were enabled to have a good quality of life in Bridhaven Nursing home. Residents had good access to medical and health care services. A rights-based approach to care was promoted; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to the premises, the dining experience for residents, and in assessment and care planning. These will be addressed under the relevant regulations.

A sample of residents' care planning documentation was reviewed. Personal emergency evacuation forms were in place for all residents. There was good detail in the daily narrative for both day and night duty providing person-centred information on the resident's status and progress. New care bundles relating to skin care were introduced in the care-planning documentation to enable better outcomes for residents to prevent the risk of pressure ulcers. This assessment was recently included onto the electronic recording system to enable staff to record the resident's skin condition twice daily basis following personal care deliver. While validated risk assessments were in place to enable staff to assess residents care needs, these were not comprehensively completed to adequately inform the care planning process. This was further discussed under Regulation 5, individual assessment and care planning. Nonetheless, staff spoken with had good knowledge of residents and their care needs to deliver individualised care.

Residents were seen to have good access to health and social care professionals such as a dietician, dental, occupational therapist (OT), speech and language therapist (SALT) and tissue viability nurse (TVN) to enable better outcomes for residents. Residents had COVID-19 care plans to support their needs. Residents notes demonstrated that they had access to tissue viability nurse specialist to support their wound care. The nutritional status of residents was monitored through regular weights and nutritional assessments. Access to the mobile diagnostic unit enabled residents to have x rays within the centre and negated the requirement to go to an accident and emergency department with the associated anxiety and upset. Fit-for-life physiotherapy group was held on a weekly basis as part of their positive

aging programme to help residents maintain their level of muscle tone and mobility.

Following review and trending of audits, the 'stop and watch' process was introduced. This gave staff the opportunity to have allocated time to stop and speak with the nurse in charge of the unit, to give feedback on each resident and their status which enabled early detection of issues and early intervention to mitigate risk relating to infection for example.

Quarterly medication advisory meetings were facilitated with the pharmacist and GPs attending the centre to provide support and guidance to the service. Residents' responses to medication were monitored to ensure best outcomes for them.

Residents' views were sought on the running of the centre through regular residents' council meetings and resident focus groups. The activities scheduled displayed throughout the centre provided residents with information on the activities so that they could choose where they would like to attend. The person in charge explained that following the lifting of restrictions an inter-generational project had commenced with the transition students in the local school. Initially, the students thought that they would introduce residents to computers but revised the programme following feedback from residents to an exercise programme.

The principles of a restraint-free environment were promoted by the person in charge and staff at the centre. Alternatives to restraint were readily available and different interventions were trialled to enable better outcomes for residents while promoting their independence and dignity. While staff had up-to-date training in safeguarding and responsive behaviours, some observation showed that this was not implemented in practice; this was further discussed under Regulation 7, Managing Behaviour that is Challenging.

Refurbish of the premises and replacement of equipment was an ongoing project; for example, 50 bed-side tables were replaced, some flooring was replaced and with some hand-wash sinks were upgraded to comply with current infection control guidelines. While the centre was visibly clean, surfaces of furniture such as bed frames, lockers and chest of drawers were worn so effective cleaning could not be assured. Some flooring was replaced but other floor surfaces were worn and stained and looked unsightly.

Dedicated hand hygiene hubs were available throughout the centre, however, some did not comply with current recommended specifications for clinical hand wash sinks as specified in document HBN-09 infection control in the built environment (DoH 2013). Some treatment rooms did not have suitable hand washing facilities for the preparation of medications, sterile supplies and dressing trolleys.

Quarterly and annual fire certification was completed in June 2022. Extinguishers were serviced. Daily and weekly fire safety checks were comprehensively maintained. Issues identified on the previous inspection relating to fire doors were remedied and additional fire evacuation signage was displayed to enable evacuation routes to be easily identified. Servicing of equipment such as kitchen facilities for example the canopy and duct, extractors and dryers in the laundry, and gas appliances had up-to-date servicing certifications. Simulated fire drills and

evacuations were undertaken on a regular basis to ensure the competency of staff regarding fire safety precautions. However, other issues were identified regarding fire safety precautions and these were discussed in more detail under Regulation 28.

Petty cash records were examined and required further attention to ensure records were comprehensively maintained to safeguard both residents and staff.

Inspectors joined two separate medication rounds where a sample of medication management administration records were examined. Residents had photographic identification and allergy status details. A review of monthly and three/six-monthly medications was completed following the last inspection; the 'due dates' for these medications were now input by the pharmacist and checked upon delivery to the centre to mitigate the risk of possible omission of medication.

Regulation 10: Communication difficulties

Effective communication was observed throughout the day and in particular on Clyda and Lavendar, the dementia specific units. Here, staff actively engaged with residents, used distraction techniques and sensory aids to engage with residents. Inspectors saw that staff knew the individual interaction and interventions required to engage with residents, while at the same time maintaining respect and dignity of the resident.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with current (November 2022) HPSC guidance. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. Relevant HPSC information notices were displayed at the entrance to the centre providing details to visitors of current protocols when visiting.

Judgment: Compliant

Regulation 12: Personal possessions

Residents in some twin rooms did not have easy access to their wardrobe as the wardrobes for both residents were alongside one resident's bed, and the position of the privacy curtain made it difficult to access the wardrobes.

Judgment: Substantially compliant

Regulation 17: Premises

A three-phase programme of works was underway to upgrade the premises. This included extending the accessible outdoor space for 164 residents (18 residents in Clyda have a large enclosed garden). During the last inspection in March 2022, it was hoped that the garden would be available before the summer, however, this was not completed and while it was reported that the railings to secure the outdoor space were due to be delivered and erected, the outdoor space available to 164 residents remained inadequate at the time of inspection.

The location and size of the hairdressers' salon did not lend itself to promoting a 'salon-type' experience. The room was located in the basement and away from any thoroughfare or social environment.

The specialist bath that was previously in situ was removed by the previous registered provider due to its non-compliance with infection control guidelines, however, this had not been replaced to facilitate resident choice.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed in all units. While the mealtime experience was person-centred on some units, this was not a consistent finding throughout the centre as some residents requiring assistance were not helped in a timely manner so their meal went cold while they waited to be assisted; another staff member stood over a resident while providing assistance with their meal.

Overall the inspectors were not satisfied that the food was consistently wholesome and nutritious and properly served. The inspectors saw that at tea time on the first day of the inspection in one unit the chicken goujons looked overcooked and dried out. The lunch on day two was observed and in one of the units the roast chicken did not look appetising and portion sizes were small and not in keeping with adult portion sizes. Residents reported to inspectors that the quality of food was not consistently good.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

As part of residents' documentation including information upon transfer to another healthcare facility, residents' infection status and history, antibiotic treatment and multi-drug resistant (MDRO) status, was recorded.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was reviewed and it had the specified risks as detailed in the regulation. The risk matrix formed part of the policy to enable staff quantify risk.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the capital project plan in place to address the environment and equipment concerns, the following issues remained outstanding which had the potential to impact the effectiveness of infection prevention and control within the centre:

- surfaces to furniture such as bed frames, lockers, bed tables and armchairs were worn so effective cleaning could not be assured
- some of the hand-wash sinks did not comply with the Dept of Health clinical wash-hand basin guidance
- comprehensive records were not maintained to be assured that adequate precautions relating to legionella was taken; for example, one store room was previously a shower room, however, the shower and wash-hand basin were inaccessible due to the items stored in the shower and hand-wash basin, so flushing could not be completed
- while it was reported that terminal checks were completed following deep cleaning of a bedroom before a resident took up occupancy in the room, records were not maintained regarding these checks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the person in charge advised that the fire guards on residents bedrooms were

to be upgraded, they remained pedal operated and several were not functioning on the day of inspection as the battery was dead, and items like bed tables and stools held bedroom doors ajar. Some of these had not been reported to maintenance for the battery to be replaced.

Inspectors observed that the straps attached to the emergency ski sheets were not appropriately secured to the mattress and were trailing on the ground; this would be a source of delay in the evacuation process as straps could get entangled in the bed frame. The associated risk was not identified as part of the audit process.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was noted in the medication management system following the last inspection findings whereby the due dates for non-regular medications were input into the drug sheets which enabled staff to see when monthly or three-monthly medications were due. This mitigated the potential risk of omission of medications. As part of the medication oversight, additional information was included such as the requirement for blood profile or heart monitoring (ECG) to be completed to enable the GP to monitor residents' response and suitability of certain medications.

As part of residents medication records, individual records were maintained regarding antimicrobial treatment. This information fed into their anti-microbial stewardship oversight. This included whether a specimen was sent for analysis, the antibiotic information and whether an associated care plan was in place, and whether the infection was a reportable organism to the HSE. Staff reported that the attending GPs actively engaged with the anti-microbial stewardship programme which enabled better outcomes for residents.

Medication management training was facilitated on site as well as staff completing the HSE on-line training. Staff had ensured that alert signage was displayed in areas where oxygen was stored or in use.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were examined and these showed mixed findings. Some had personalised information to inform individualised care while many others did not have this detail. For example,

- one resident's comprehensive assessment did not include details of their significant medical history with the associated symptoms affecting the

resident and the implication for their daily life such as their mobility and communication needs. While it was reported that a resident was at risk of infection, it was not reported where or the type of infection the resident was prone to developing,

- another resident had undergone specific treatment but the records did not include where the treatment was administered so the appropriate skin care and observation to ensure oversight of the area was not known,
- in relation to the COVID-19 care plan, the planning around precautions and isolation was not individualised as it did not consider a resident that smoked,
- one resident's documentation did not have their spirituality or end of life care plan in place even though the resident had significant medical history and treatment, and was in a position to fully engage in the decision-making process,
- a number of care plans seen had information relating to other residents, for example, some had details relating to diabetes or schizophrenia for example, even though these were not their diagnoses,
- many care plans referred to a female resident as he or a male resident as she throughout the care plans and it was obvious that these care plans were not person centered or specific to the resident.

All of the above identified areas required action to ensure care plans were correct and comprehensively detailed, to direct personalised care and prevent errors.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to GP services who visited the centre on a weekly basis and when required. The service had the support of a consultant geriatrician which enabled better outcomes for residents, including residents in the dementia units.

To support residents food and nutrition, they had access to speech and language and dietician specialities. Tissue viability nurse specialist support residents regarding their wound management when indicated; scientific measurements were used when monitoring wound status. Regular monitoring of bloods was facilitated in line with residents' diagnosis such as diabetes and cardiac disease.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of inspectors, most evidence showed that staff responded in a respectful way that ensured the resident's

dignified, however, some responses seen by one member of staff escalated the resident's behaviours and caused the resident upset and anxiety. Further education and training for all staff was required in managing challenging behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. The provider was a pension agent for a number of residents living in the centre and the systems in place were found to be robust. The inspectors reviewed the processes in place for invoicing residents and storing their personal monies and these were also found to be comprehensive and systems in place generally protected residents. Although the resident and one staff member signed withdrawals a second staff signature would make the system more robust.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of areas seen by the inspectors where residents rights were not fully protected:

- a number of empty beds in twin bedrooms were not dressed which did not portray a homely feel for the residents residing in those rooms
- some practices seen by inspectors in relation to residents clothing did not promote a rights-based approach to care and did not afford the resident choice.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bridhaven Nursing Home OSV-0004455

Inspection ID: MON-0037978

Date of inspection: 10/11/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff are scheduled for induction training on commencement of employment with which includes dementia training, followed by Non-violence Crisis Intervention (NCI) Training which is delivered by our Psychiatric Clinical Nurse Manager who has specialized in Non-violent Crisis Intervention Training. The attendance record is sent to the HR team to add the date to the training matrix. All training records are filed in an education folder as evidence of attendance. The training matrix is up to date with two sperate columns for staff who work in one of our three specialized dementia units scheduled to complete dementia training annually and for staff who work in the general house are scheduled to complete their NVI training every two years.</p> <p>Staff are assigned daily to supervise the dining rooms during meal times. A process of progression is in place to ensure the CNM's are covered with a skilled Senior Registered Nurse while the CNM's are on leave. This will increase supervision to ensure a social care model is delivered and residents rights supported at all times. A review of all RN's was undertaken to assign certain roles in the absence of more Senior Staff. An interal advert is published and interviews underway to support further support in senior supervisory roles.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

A daily audit/checklist has been added to Epicare touch for all HCA's to complete as part of their daily duties. A new Audit Checklist has been developed and introduced for the Senior HCA & Advanced Health Care Practitioners to audit the epicare entries daily. This will then be audited daily by the CNM's / Senior RN during their morning walk around to ensure compliance and a weekly report generated by the CNM's from epicare to ensure the audit/checklist is completed in Epicare.

The fourth stage of the care planning project was commenced on 8th December with an assigned dedicated CNM as project lead. A schedule is in place to complete each individual Residents Comprehensive Assessment and compile a holistic care plan while delivering one to one training with the Named Registered Nurse assigned to the Resident. This will include coaching the Registered Nurses's while completing the assessment and care plans to embed best practice. The care plans will be review by the CNM's in their assigned homes and any further training needs identified. One:One training will be provided by the dedicated project lead (CNM and ADON).

All non-clinical audits have been reviewed and a project has commenced to add these audits to a schedule where the dates are automatically generate on the day of completion. These audits are completed by the assigned auditor and reviewed and sign off by the facilities manager at the end of each month. These audits are reviewed by the DON at the non-clinical governance meeting to enusre all details are completed and actions added to the CI plan.

Meal times has an assigned CNM/RN to supervise the meal service in each house to ensure the dining experience is consistently of a high standard. The chef is assigned to do a walk around in each dining area during mealtimes to observe and offer support and guidance. A sign off checklist has been implemented for use by the CNM/ RN supervising the dining room. A monthly CNM audit named "The Dining Experience" was introduced, this reviews the dining experience, food preparation & quality along with tasting, welcoming environment, high quality service and visual assessment.

A documented IPC walk around is carried out by the IPC lead (ADON) daily and identified issues actioned at the time. An IPC walk around is performed seven days a week by a CNM who is assigned on the roster (IPC) in the absence of the IPC Lead (ADON). Daily Tool Box training is ongoing and delivered at handover by the CNM, RN and FM and signed at handover by all staff clinical and non-clinical.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The double rooms are scheduled as part of our three staged re-furbishment project. This includes installing over bed wardrobes to ensure each resident has access to and retains

control over his or her own personal property possessions and clothes within their own space. This will also include detailing of the room - painting and replacement of curtains, a TV for each resident along with an individual storage cabinet in their en-suite to store all their personal hygiene products. An interim measure is in place while preparing for this project, to admit only one resident to each double room with the exception to a couple who's preference is to share a double room.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A three-phase programme of works is underway to upgrade the premises. The secure garden fence is now erected in the Blackwater Garden to enable residents walk securely around to the front of the house and back into the building via reception. The fence has been erected and the final security measures is due for completion by January 30th 2023. This will be a garden space for all residents to freely access without restrictions. The outdoor space which includes the Clyda Garden and the Blackwater Garden will be available for all Residents to use as per their preferences.
 The new hairdressing salon is scheduled to be constructed in January 2023 as part of the second phase of the re-furbishment project. A Resident & Representative Newsletter is generated to ensure the Residents & Representatives are informed of the work in progress. Large framed signs is on display throughout the house to inform residents and their representatives of the hairdressers hours and how to make a booking.
 As part of our pre-assessment process the residents are informed that the home does not have a bath and their decision to live in Bridhaven is an informed and respected decision.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 Mealtimes are supervised by CNM/RN along with a chef to ensure the dining experience is a pleasant experience. Staff are assigned to certain duties in the dining room and are assigned to assist certain residents. Meals are served and residents who require assistance is assisted immediately. All assigned staff are present during meal service to ensure adequate assistance is provided. This is supervised and monitored by CNM's and RN's.
 The menu is approved by the dietician and is presented at the Resident & Representative meeting to ensure the Residents have input in the menu planning for each season. The food is sampled daily by a member of the management team in each house to ensure

consistency across the home.

The portion size is provided based on the residents choice and each residents is offered a second servings. The menu is approved by a dietician and no less than 4oz of protein is served as per the (RDA) guidelines for over 65s. The Introduction of a monthly food forum will provide the residents with the opportunity to have frequent input in the menu and have the opportunity to make suggestions at this meeting and on a daily basis while the dining room is supervised by a chef and CNM/RN.

The chicken breasts will be roasted before cutting for colour, and no longer served with a white sauce which it was served with on the day of the inspection. We eat with our eyes and a white sauce with a white meat might not always appeal, a plan is in place to use peppers/peas can add detail to the dish.

The preparations of goujons was discussed and are made using freshly cut chicken breasts dusted in seasoning which is celiac friendly and always served with a dipping sauce.

A food forum is scheduled monthly for all residents to attend, this is chaired by the chef manager and all feedback actioned.

A chef is assigned to do a walk around in each dining area during mealtimes to observe and offer support. This documented and sign off daily by the CNM or RN supervising the dining room.

Our Chef Manager attended a kitchen team food demonstration on Wednesday the 30/11/22 in Sysco Dublin to help improve food ideas in general, food presentation, food allergen awareness and nutrition at mealtimes, the chef manager is very passionate about serving freshly cooked meals of a high standard and is proactive and involved in discussions with residents daily to ensure they are happy with their meals.

Regulation 27: Infection control

Substantially Compliant

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

A capital project is in place for replacement of furniture. 30 bed side tables have been purchased since the last inspection, 15 new chairs have been replaced and a plan is in place to continue to replace all furniture. A quote has been obtained to replace 20 beds, and 20 bedside lockers.

Six hand wash sinks have been replaced since the last visit and a plan is in place to replace all handwash sinks to ensure they comply with the Dept of Health clinical wash-hand basin guidance.

The Legionella Control Association was contacted, and an audit has been scheduled. This will include a risk assessment of the all areas of the nursing home. *Legionella Risk Assessment of Hot & Cold-Water Systems in accordance with L8 Approved Code of Practice. *Legionella Sampling & Testing and Interpretation of Analysis *Set up and Auditing of Site-Specific Legionella Logbooks

A new "room detailing" form has been created to ensure once the room is vacated and prior to an admission all departments complete their check to ensure the room is ready for a new admission.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A new style of door guards are on order which will ensure they are always working. The residents preference is considered and a risk assessment completed where a residents preference is to have an alternative to the door guard.
 A daily audit has been added to Epicare documentation software as a daily action to monitor the evacuation sheets which has been assigned to the Senior HCA & Advanced Health Care Practitioners. This will then be audited daily by the CNM's during their morning walk around to ensure compliance and a weekly report generated to ensure this is completed in Epicare. Our fire training is conducted on orientation day which includes how to fit evacuation sheet. This is followed by annual training by all staff.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 A Dedicated project lead (CNM) has been assigned to stage 4 of the assessment & care planning project to ensure best practice is embeded and all assessments and care plans are patient centered.
 One:one Education & Training provided to ensure all RN's have the skills and knowledge to accurately complete all comprehensive assessments and patient centered holistic care plans.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Ongoing supervision and monitoring of the management of behaviors that challenge by the CNM's and Senior Management team.</p> <p>All staff attend dementia training as part of their induction along MAPA or NVI training.</p> <p>15 RGN's has completed the QQI6 Dementia Training.</p> <p>All HCA's have completed QQI level 5 in Care of the Older Person, Care Skills & Care Support Care Training with 5 new starters completing the course this week. This includes the following modules, The Ageing Process, Dementia Types & Approaches, Responsive Behavior Approaches, Psychology of Ageing & Effects.</p> <p>All staff who work in Clyda, Lavender Cottage and the Memory Support Unit undertake yearly NVI training.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Only one resident is assigned to the double rooms until the refurbishment project is completed.</p> <p>A room detailing form has been devised to ensure a vacated room is detailed and prepared for an admission once vacated.</p> <p>Resident & Representative provide the Residents preferred clothes on admission. Staff are promoted to ensure the residents preference is a priority and the opportunity to choose their own clothes is promoted. This is discussed as part of the dementia training on admission and daily during handover in the dementia households.</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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/12/2022
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	30/01/2023

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	11/11/2022
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	11/11/2022
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	11/11/2022
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	30/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	11/12/2023

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/11/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	08/02/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Not Compliant	Orange	08/02/2023

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	14/12/2022
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	11/11/2022
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	30/06/2023