



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

Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Short Notice Announced
Date of inspection:	02 December 2020
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0031215

About the designated centre

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

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. For operational purposes the centre is divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

There are numerous communal areas for residents to use including four day rooms, a dining room and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs in-house as required. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff. Activities are provided seven days per week and throughout the day and evening.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 2 December 2020	09:00hrs to 17:30hrs	John Greaney	Lead
Wednesday 2 December 2020	09:00hrs to 17:30hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Residents who spoke with inspectors reported that staff took good care of them. They said they enjoyed the food and there was plenty of choice and sometimes the portions were too big.

Residents were seen to engage in activities provided by the staff such as crosswords, word search games, one to one activity, reading newspapers and magazines. Other residents enjoyed watching the TV, radio, listening to music and poetry reading. Residents who were relaxing in the lounge of one unit were seen to socialise with other residents at a safe distance. They said that staff were very kind and answered bells quickly and always ready to help when asked.

Information regarding to the outbreak in the centre was was seen to be well communicated to residents and families and they understood the reasons for restricted visiting. Letters viewed showed that families appreciated the efforts staff made to keep residents safe. Window visits were seen to take place during the day of inspection.

Staff who spoke with inspectors said that they felt well supported by the person in charge and management and said that management went above and beyond what was expected of them to support them in their work and keep the residents safe. They were saddened at the loss of their residents who had passed away during the outbreak.

Capacity and capability

Prior to the recent COVID-19 pandemic, Bishopscourt Residential Care had a good level of regulatory compliance. As found on previous inspections, where issues were identified for improvement, the provider was responsive to the regulatory process and implemented required improvements.

The centre is family owned and operated. The management structure comprises the registered provider, a limited company which has two directors, one of whom is present in the centre on a daily basis. There is a general manager that oversees the overall running of the centre. The person in charge has clinical oversight of the centre and is supported by two clinical nurse managers. Management are supported by a team of nurses, carers, activities staff, housekeeping, catering and maintenance.

This was a short notice announced risk inspection. The centre was subject to a significant outbreak of COVID-19 that was not yet declared over.

Unsolicited information had been received by the Chief Inspector in relation to the COVID-19 outbreak. This inspection was carried out to monitor ongoing compliance with regulations and to follow up on the information received.

Overall, the findings of this inspection indicated that the provider had made every possible effort to put safe systems in place to care for and protect residents and staff in the centre. The provider acknowledged that there were challenges during the initial stage of the outbreak due to the number of the centre's own staff that required self isolation. The centre had established communications with external agencies for expert advice and support. Inspectors found that the provider had taken the advice on board and continued to engage with and seek advice when required.

Overall inspectors found that good systems were in place to monitor the safety and effectiveness of the service. There was a strong governance structure. One of the directors was present in the centre daily and was involved in the day to day operation of the centre. There was also a director of nursing responsible for the clinical aspects of the centre and a general manager responsible for non-clinical issues. Observations of the inspectors were that staff were well supported and there was good oversight of the quality and safety of care delivered in the centre.

The outbreak of COVID-19 had a significant impact on residents, staff and families in the centre. A total of 38 residents had tested positive for the virus and sadly the centre recorded five deaths during this time. Sixteen staff members also tested positive. Inspectors acknowledged that this was a difficult and challenging time. At the beginning of the outbreak the service was particularly challenged by staff shortages but managed to maintain a safe service with the support of additional staffing from the HSE and employment agencies. On the day of the inspection HSE staff had withdrawn and the centre managed to meet the care needs of residents from within their own staffing complement with the support of agency staff. Due to higher than normal staffing levels needed to care for the residents, it was a challenge for management to ensure there were adequate staff on duty each day but as the centre was now emerging from the outbreak it was anticipated that staffing demands would be reduced.

Staff were knowledgeable of residents needs and provided care in a dignified and respectful manner. Residents were complimentary of staff and confirmed to inspectors that they were responsive to their needs. There was a comprehensive programme of training with a particular focus on infection prevention and control. Observations of the inspectors were that training was effective and that staff were compliant with recommended infection prevention and control practice.

Additional actions were required to strengthen the centre's approach to infection control and reduce risks of cross contamination, however, overall the centre had followed the advice provided by the HSE during the outbreak. There was good record keeping practices which supported the centre with contact tracing when required and records of symptom monitoring for COVID-19 were available for both residents and staff.

Notifications had been submitted within the required time lines to the Chief Inspector.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of the residents and the design and layout of the centre.

There was a minimum of three registered nurses on duty 24hrs per day. The number of healthcare assistants varied throughout the day from a maximum of nine in the morning to three at night. These staff were supported by catering staff, housekeeping staff, activity staff and maintenance staff. The laundry was outsourced so that laundry staff could be freed up for other duties within the centre.

During peak of the COVID-19 outbreak the centre was heavily reliant on staff from the HSE and from agencies. A total of sixteen staff had tested positive and these included nursing, care, housekeeping and activity staff. Most had returned to work but a small number remained off due to ongoing symptoms. Staffing levels were maintained with the support of agency staff. It was anticipated that as the centre emerged from the outbreak the centre could be operated using two distinct staffing teams as opposed to the current three teams, which would result in a decrease in the number of staff required to meet the needs of residents.

Staff members spoken with by inspectors were knowledgeable of residents and their needs. Staff were observed to be adhering to infection prevention and control guidelines. It was evident that staff knew residents well, were responsive to their needs and all interactions were conducted in a kind and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

According to the training matrix provided to inspectors, mandatory training completed by staff included fire safety, manual handling, responsive behaviour and safeguarding vulnerable persons. Records indicated that most staff were up to date with this training.

All staff had received training in infection control specific to COVID-19 which included hand hygiene and donning and doffing of PPE. Six staff were trained to take COVID-19 swabs in the centre. The community infection prevention and control nurse had provided three training sessions to temporary staff when they commenced working in the centre. A train the trainer program for hand hygiene was scheduled to take place on 9 November 2020, but had to be postponed due to the COVID-19 outbreak in the centre. Staff were observed to have good practices and had good knowledge of the procedures and requirements for preventing the spread of infection. Regular audits were conducted to confirm that training was effective.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found effective governance and management systems were in place for oversight of the centre on a day to day basis. The Registered Provider Representative (RPR) was present in the centre on a daily basis and was involved in the day to day operation of the centre. There is a general manager responsible for non-clinical aspects of management. The person in charge is responsible for clinical management and supervision and is supported by two clinical nurse managers.

There were adequate systems in place for oversight of practice through ongoing audits and supervision of staff to ensure that staff were following the most up-to-date guidance. On the day of inspection, inspectors observed that staff were adhering to infection control guidelines including the appropriate use of PPE and adherence to good hand hygiene practices.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in place to manage complaints. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements.

Inspectors reviewed a sample complaints and found that complaints were recorded and each complaint was investigated. Improvements were implemented when it was identified that improvements were required

Judgment: Compliant

Quality and safety

Inspectors were informed that the initial stage of the COVID-19 outbreak had posed a significant challenge to management and staff due to the numbers of staff who could not work because of confirmed or suspected COVID-19 and the increased needs of residents. However, the centre engaged with the HSE and staffing agencies that supported the centre by providing staff. The needs of residents had been to the fore and this continued to be the ethos of care. It was evident that staff were dedicated to their roles and worked tirelessly with the assistance of staff from the HSE and agencies to maintain safe levels of care to residents at the height of the outbreak.

Residents' nursing and health care needs were assessed and met to a good standard and they were assured of timely access to medical, health and social care professionals as needed. Local GP's attended the centre throughout the outbreak and provided good support to residents and to staff. Staff knew residents well and were knowledgeable regarding the levels of support and interventions that individual residents in their care needed. There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans.

The centre was maintained to a good standard and was visibly clean throughout. Efforts were made to create a homely and personalised environment for residents living in the centre. Residents' bedrooms were spacious and comfortable and facilitated privacy and dignity.

The centre continued to be subject to a COVID-19 infection outbreak on the day of the inspection and most residents were self-isolating in their bedrooms. While there were infection prevention and control processes and procedures in place and the

centre was generally clean, there were areas identified which required review. There are discussed in detail under regulation 27:Infection Control.

Staff demonstrated respect and empathy in their interactions with residents and made efforts to maintain residents' contact with their families through telephone, video calls and window visits, as visiting was prohibited due to the outbreak. Although, group activities for residents were currently suspended and most residents were self-isolating in their bedrooms, activity staff focused on facilitating meaningful one-to-one activities for residents in their bedrooms. Staff kept residents well informed regarding the COVID-19 pandemic and answered any questions they had. Families were communicated with regularly to keep them informed regarding residents' health and well-being.

Inspectors observed positive interactions between residents and staff. Residents stated they felt safe in the centre and were complimentary in their feedback about the staff team and centre's management. A safeguarding policy was in place and all staff were appropriately trained in safeguarding residents from abuse.

Regulation 11: Visits

Due to the outbreak visiting was prohibited to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visiting was permitted on compassionate grounds and this was not limited to residents at end of life but was based on individual assessments of need. Staff were committed to ensuring residents and their families remained in contact by means of regular window visits, telephone and video calls.

Judgment: Compliant

Regulation 13: End of life

Each resident was consulted with and given opportunity to express their wishes and preferences regarding their end of life care. Where residents were unable to discuss this, staff spoke with their relatives to obtain information on residents' preferences and wishes. This was documented in residents' care plans and included their preferences and wishes about their physical, psychological and spiritual care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team.

A review of the records of a recently deceased resident indicated that care was provided to a high standard. It was evident that the resident's comfort was paramount and this was achieved through a high standard of nursing care and the appropriate use of medications. There were records of ongoing communication with

relatives and compassionate visiting was facilitated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' dietary needs were reviewed on admission to the centre, and where a specific diet was required the information was passed to the kitchen and staff. Staff who spoke with inspectors were familiar with resident's specific dietary needs and this information was included in their handover sheets to ensure residents' safety.

Each resident was monitored for the risk of malnutrition during their stay and, where issues were identified, food intake was closely monitored and appropriate referrals were made, for example to a dietitian or speech and language therapist.

Residents' food and fluid intake was monitored. Every effort was made to ensure that each resident's intake, particularly those residents that tested positive for the virus, was sufficient to meet their needs and to support their recovery.

Judgment: Compliant

Regulation 26: Risk management

A detailed COVID-19 contingency plan was informed by a comprehensive risk assessment. The risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. They were subject to ongoing monitoring to ensure their effectiveness. Staff who spoke with inspectors demonstrated that they were familiar with the emergency plan.

Individual risk assessments were in place for residents which were updated regularly. A safety pause occurred every day in the centre to alert staff of any potential risks with regard to care or the centre.

Judgment: Compliant

Regulation 27: Infection control

During the COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The

provider and person in charge liaised closely with Public Health and local infection prevention and control (IPC) nursing specialists. Records were available of frequent outbreak control meetings and also evidence of regular communication between these agencies. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

There was systems in place for on-going monitoring of residents identify signs or symptoms of COVID-19, however, there were gaps seen in staff monitoring records. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift. There were separate staff changing areas for each of the units.

There was appropriate infection prevention and control signs on display around the centre. Isolation areas were well signposted for staff entering this area. Social distancing measures were observed by staff when they were on break. Residents were dining in their own rooms due to the outbreak.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence.

Alcohol based hand rub was available throughout the building and easily accessible at the point of care. Hand hygiene practice was good on the day of inspection, however, updated training was required with regard to the correct use of PPE when dealing with laundry. There were safe laundry and waste management arrangements in place.

There were a range of systems in place to monitor infection control in the centre such as environmental cleaning audits, monitoring of antibiotic usage and infection rates, which were discussed at management meetings.

Cleaning was overseen by the cleaning supervisor. There were good cleaning processes in place which was documented in cleaning sign-off sheets for terminal cleaning of rooms and frequently touched surfaces. Staff who spoke with inspectors were knowledgeable of their roles and responsibilities regarding cleaning and decontamination of environmental and patient equipment. Records showed that the bedpan washer was regularly serviced.

Following advice from the public health team and community infection control nurse specialists, the provider had implemented the recommendations made such as cohorting of residents and staff, cleaning practices and training. Records showed

that longer term improvements, such as the provision of a more functional cleaner's room and re-location of the clinical room to an area where a clinical hand hygiene sink would be available to staff, were discussed at management meetings. A date for these improvements were to be confirmed.

A seasonal influenza flu vaccination programme was in place and available in the centre. Records showed that there was a high uptake of the vaccine by residents and upon public health advice, staff vaccination was postponed due to the outbreak.

Occupational health support was made available to staff through the HSE and a private company that was retained by the provider.

Other findings on the day of inspection identified the following areas that required review and strengthening, these include the following:

- the provision of splash backs behind sinks where walls were seen to be damaged and could not be effectively cleaned
- refresher training with regard to safe use of intravenous trays as they were not clean
- gaps were seen in the temperature monitoring documents for one of the medication fridges. Records showed that the fridge was maintained outside of the acceptable range on four occasions and this had not been reported by staff. One fridge was not clean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents needs were assessed and care plans reflected their changing needs caused by COVID-19 infection. Staff used a variety of accredited assessment tools to support the identification of each resident's needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, pressure related skin damage, depression and the supports they needed regarding their mobility needs. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection.

Care plans were developed to inform the care supports and assistance each resident needed. The information in the sample of residents' care plans reviewed by inspectors was person-centred and was informed by each resident's individual preferences and wishes regarding their care. However, some improvements were required. For example, inspectors were informed that one resident exhibited wandering behaviour that involved entering other residents' bedrooms but this was not adequately detailed in the care plan nor was it clear from the care plan what, if any, distraction techniques were effective.

Judgment: Substantially compliant

Regulation 6: Health care

Residents in the centre were facilitated with excellent access to medical care. Local GP's visited the centre throughout the outbreak. The medical needs of all residents was under constant review at the peak of the outbreak with daily assessments for residents by their GP when they presented with symptoms. This ensured residents' healthcare needs were met, particularly for those residents who became unwell and passed away.

Judgment: Compliant

Regulation 8: Protection

Policy documentation was in place and available to inform staff of measures to safeguard and protect residents from abuse. All staff interactions observed by the inspectors with residents were respectful, courteous and kind.

All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Residents confirmed to the inspectors that they felt very safe in the centre and that staff were kind and caring towards them.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge, general manager and other members of staff, including the activity coordinator, kept residents informed in relation to COVID-19 infection prevention and control arrangements and the cessation of visiting.

Most residents were self-isolating in their bedrooms at the time of this inspection but some had started to re-emerge. The centre had a designated staff member with responsibility for facilitating residents' activities. As group activities were currently suspended, the activity coordinator ensured each resident was supported to participate in activities in their bedrooms that were meaningful and reflected their interests and capabilities. Information about each resident's previous life, significant events and their individual interests were collated and used to support and inform an activity programme for them. The activity coordinator had prepared individual activity packs for residents and delivered them to their bedrooms. The packs were based on each resident's interests and contained items such as

crosswords, word search, and colouring books.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met by knocking on their bedroom before entering. Staff were respectful and discreet when attending to the personal needs of residents ensuring their bedroom and toilet doors were closed when assisting residents with their personal care.

Local and national newspapers were made available for residents.

Judgment: 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bishopscourt Residential Care OSV-0000200

Inspection ID: MON-0031215

Date of inspection: 02/12/2020

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Implementing audit of records of staff monitoring of symptoms of COVID-19. To be completed by 28/02/2021.</p> <p>Donning & Doffing training will include the correct use of PPE when dealing with laundry. All staff have been informed of correct laundry procedures. To be completed by 28/02/2021.</p> <p>New Clinical room completed awaiting on hand hygiene sink to be installed to be completed by 28/02/2021</p> <p>All Nursing staff to receive Refresher Training in relation to the cleaning Intravenous trays and will be included in Cleaning Audits. To be completed by 28/02/2021</p> <p>New fridge installed in Clinical room. All previous fridges disposed of. Procedure for temperature monitoring and cleaning of medications fridge completed and will be audited more regularly. To be completed by 28/02/2021</p> <p>Areas containing sinks will have splash backs installed or if required the whole area will be changed to ensure compliance with best infection control practices. To be completed by 28/02/2021</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All Care Plans will be reviewed and brought up to date and in line with best practices ensuring any behaviour is documented properly with effective distraction techniques. To be completed by 07/03/2021

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/03/2021