Health Information and Quality 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: | Simpson's Hospital |
| Name of provider: | Board of Trustees, Simpson's Hospital |
| Address of centre: | Ballinteer Road, Dundrum, Dublin 16 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 18 November 2020 |
| Centre ID: | OSV-0000096 |
| Fieldwork ID: | MON-0031157 |

## About the designated centre

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

Simpson's hospital is a 48 bedded Nursing Home, located in Dundrum and provides long term residential care for men and women over 65 years of age. Since its foundation in 1779, Simpson’s Hospital has cared for older persons from all walks of life and religious denominations. Simpson’s Hospital is governed by a voluntary Board of Trustees. It has 30 single and nine double rooms located over two floors which are service by an assisted lift. The newer part of the building has a bright sunny seating area which links the original and new buildings. All bedrooms have under floor heating, full length windows and electric profiling beds. All en-suite bedrooms have assisted showers. The centres day space and dining room are located in main building, which has many original features.The ethos of Simpson’s Hospital is centred around the provision of person centred care within a culture of continuous quality improvement. Simpson's Hospital strives to create a homely, relaxed and friendly atmosphere in a modern state of the art facility.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 46 |

## How we inspect

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 18 November 2020 | 09:00hrs to 17:45hrs | Deirdre O'Hara | Lead |

## What residents told us and what inspectors observed

The inspector noted good humoured positive interaction and chit-chat between the residents and staff which added to the happy and calm atmosphere in the centre. Staff were seen to interact in a kind and patient way with residents and redirected residents in a gentle manner when needed and residents responded well to this. It was clear that staff knew residents well, including their backgrounds and personal history.

Throughout the inspection residents spoke about the kindness of staff and their willingness to meet their needs. They said that staff would get them whatever they needed or help them if asked. Staff had detailed knowledge of residents and residents said that staff spoke to them regularly and were always available in the centre. They said they were aware of the reason for restricted visiting but were delighted with the intercom system that had been put in place at the front of the centre so they could speak with visitors. They expressed that it was not the same as being in the same room as visitors but was the next best thing and that staff were doing the best they could to keep residents safe.

Residents also said their medical needs were well met and they found they were able to see the doctor quickly if required. All residents spoken with said they felt safe in the centre, and knew who they would speak to should they have any complaints. Meals were observed to be well presented and residents said they enjoyed the food and had plenty of choice.

Residents talked about missing going out of the centre and were seen to enjoy online exercise classes and movies and the calm background music that was played in communal areas. The outdoor spaces had seating areas and were well maintained which provided enjoyment for residents and they particularly liked sitting in the link area observing the front garden.

## Capacity and capability

This was a short notice announced inspection with the provider informed the day prior to the inspection visit. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to give the provider an opportunity to have documents and records ready and available for the inspector to review.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, which included setting up an Outbreak Control Team, where the person in charge was identified as the lead person should an outbreak occur.

The registered provider had a clear pathway in place for testing and receiving results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively. Due to the public health restrictions visiting happened in a controlled manner using an intercom arrangement at the entrance of the centre.

At the time of inspection, the designated centre had not experienced and outbreak of COVID-19. In information submitted to the regulator, records showed that four staff members had experienced the infection and had or would return to work following isolation protocols. The provider acted promptly when a positive COVID-19 swab was detected among staff, to align with public health advice and the centres own policy, and this information was notified to the relevant authorities. All staff and residents were continuing to be tested as part of the national testing programme that was in place at the time

There was at least two nursing staff available at all times, with the nurse manager who worked opposite the person in charge to provide supervision of care.

The inspector found there to be a sufficient number and skill mix of staff available to support residents with their assessed needs and they were observed assisting or chatting with residents in a patient and respectful manner.

Records showed regular staff meetings were carried out and all relevant information was appropriately disseminated to staff to ensure consistent safe practice. Improvements were required with regard to the provision and monitoring of staff training. This is discussed further in regulation 16: training and staff development. There were daily infection control refresher training sessions at handovers to staff on the latest guidance from Health Protection Surveillance Centre (HPSC). In addition staff were provided with information on self-care and information to support them during the pandemic.

Throughout the inspection, while physical distance was not always in place for residents, the inspector observed staff consistently adhering to infection prevention and control measures per public health guidelines,such as social distancing arrangements during break times by staff.

Throughout the COVID-19 pandemic, an enhanced pattern of communication with resident families and loved ones was evident, with records showing regular updates in respect of the situation in the centre. Few complaints had been received by the provider in the year up to the date of the inspection. These were dealt with according to the centres own policy.

## Regulation 15: Staffing

There was sufficient staff on the roster to meet the needs of residents and to reflect the current layout of the centre. There was an additional staff member allocated six days a week to support visits through an intercom system at the entrance of the

building. There was at least two registered nurses in the centre at all times.

The centre had a staff rest area, and staff breaks were scheduled so that arrangements were in place to facilitate safe physical distance.

A sample of staff records were reviewed. Records were well maintained in the centre and available for the inspector to view. They contained the required prescribed information set out in Schedule 2 of the regulations. For example references, Garda vetting disclosures and staff qualifications.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff training records were available in the centre, however they were not up-to-date in the centres system to monitor training. It was not clear when staff had attended or were due to attend training. Following the inspection, the person in charge submitted information to the office of the Chief Inspector details of the training available and details regarding training that was overdue for staff. Information showed that 10% percent of staff were overdue training in fire safety, 12% in infection control and safeguarding vulnerable adults and 40% percent in moving and handling. Scheduled moving and handling training was due on 27 November 2020. The person in charge assured the inspector that all training would be completed by the end of the year.

Staff had access to a range of other training such as dementia care, care planning, basic life support, safe food handling. Regular infection control refresher training took place at handover each day with staff. Staff were supervised in their work by the nurse manager and the registered nurses.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Simpson's Hospital is owned and managed by the Board of Trustees, Simpson's Hospital. Prior to the COVID-19 pandemic, the centre had a generally good level of compliance identified during inspection in 2018. Following this inspection the provider submitted plans to the Chief Inspector setting out how they would address the issues identified in those areas, and showed a willingness to make improvements. However some areas such as care plans, risk management and infection control required improvement.

There were systems in place to monitor the service, however environmental and equipment audits that were carried out in July 2020 showed no evidence that the

actions identified had been completed. For example in records of a hand hygiene facility audit found that some bins were damaged but were not recorded as being replaced. A resident weighing scales was damaged however new scales was seen to be in use on the inspection day but this was not recorded. Another finding in an audit identified that a management of sharps injury poster was required and this was not in place. These were also findings on this inspection. There were no records showing that environmental hygiene audits were discussed a board level to give the provider assurances that best practice was in place and was effective.

The infection control committee met on a weekly basis. The person in charge discussed with the inspector her intention to include audit findings and updates for review at this forum. In addition she intended to include this information in reports presented to the Board to ensure oversight arrangements were in place for clear accountability, decision-making, risk management and performance assurance.

A clinical government meeting occurred monthly where clinical and non-clinical data was discussed. There was a suite of scheduled audits for example medication, documentation, use of bed rails and incidents and accidents. The person in charge confirmed that these audits would continue regularly throughout the year.

The provider had provided staff with information on 'the general principles of staying well'. Staff said that management was available to speak with them should they have a concern and felt that they were well supported to care for residents.

A resident satisfaction survey had been completed and information from this showed that residents were generally very happy with the service provided. The person in charge told the inspector that they intend to include this information in the annual review to inform the provision of service in the coming year.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There was a complaints procedure in place with information displayed in the centre on how to make a complaint. Complaints were managed in line with the centres own policy. Residents who spoke with the inspector knew who to speak to if they had a compliant or concern. They said that if they had a complaint it was dealt with quickly but had very little cause for compliant or concern.

Judgment: Compliant

## Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support for residents. Some improvements required were identified within care plans, infection control and risk management.

An up-to-date risk management policy and procedure was available to guide and assist staff maintain a safe service. While there were a range of both clinical and operation risk assessments in place, the measures and actions in place to include all of the risks outlined in regulation 26: Risk Management, required review.

There was a COVID-19 swabbing programme in place in the centre. This was overseen by the person in charge. Infection prevention and control processes and procedures in place and the centre was generally clean. However, there were gaps identified which required review. These are discussed in detail under regulation 27: Infection Control.

Quality and safety meetings were held regularly where clinical and non-clinical data was reviewed by the person in charge and a representation of various grades of staff. The inspector reviewed a sample of care and support plans for residents on each unit and required review to align with regulation 5. Overall, care plans were well written, concise and person-centred to give individualised information on how to most effectively support residents with their assessed health, social and personal care needs.

Residents were observed relaxing with television, listening to music, papers and magazines, with staff stopping to chat with resident to enquire how they were doing, or to assist residents with meals and personal care in line with their support needs. Residents were seen to enjoy exercise classes that took place in the centre most days.

The premises provided residents with a comfortable, accessible and secure environment. The premises were well decorated. With hand hygiene stations strategically placed throughout the building. While there was restricted visiting, there were facilities available for residents maintain contact with family and loved ones using social media and an intercom system near the entrance of the centre.

Residents had good access to GP services and other health and social care specialists with the national screening program available to those residents who qualified for it.

## Regulation 26: Risk management

There was a risk management policy in place, while there were risk assessments in place to guide staff with regard to abuse, unexplained absence of any resident and aggression and violence, there were no risk assessments in place for accidental injury to residents, visitors or staff and self-harm. The risk register required further development to include the assessment, measures and actions for maintaining resident safety as a result of not caring for residents in 'pods' as guided by national

guidelines.

Individual risk assessments were available in resident care plans and were updated regularly.

There was a detailed plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19. The risk assessment for a COVID-19 outbreak required information with regard to a reference to the COVID-19 emergency plan.

When inspectors spoke with staff, they were familiar with the plan and were aware of the location of the emergency plan. Copies of the plan were also given to key staff in the centre and was available at nurses' station.

Judgment: Substantially compliant

## Regulation 27: Infection control

Records showed that there had been no outbreak in the centre. Three times since the start of the pandemic, staff swab results showed detected staff as positive for COVID-19 and no residents had been detected as contracting a COVID-19 infection. Records showed that there were formalised arrangements in place to manage a potential COVID-19 outbreak in the centre. 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.

While there were systems in place for on-going monitoring of residents to identify signs or symptoms of COVID-19, there were gaps seen in monitoring records for staff. 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 should 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 were infection prevention and control signs on display in the centre however there was no sign on the door of a resident who was isolating to alert staff that it was an isolation area and indicate the need to apply standard and transmission based precautions. This was addressed immediately on the inspection day. PPE and alcohol based hand rub were available outside the isolation room. There were boxes prepared with signage, PPE and hand sanitizers to ensure that in the event of a resident needing to be isolated, staff had infection prevention and control equipment ready to care for residents.

At the time of this inspection the country was at level 5 restriction measures, and provider had not put in place a system of resident pods for social activity such as dining and group activity programs. This required review to align with national guidance. Social distancing measures were observed by staff when they were on break and some residents chose to dine in their rooms.

Four staff nurses were trained to take swabs for the detection of COVID-19 in the centre and tests were taking place in the centre to align with public health advice. 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 good systems in place to ensure adequate supplies of PPE and access to alcohol-based hand rub, hand washing facilities and appropriate cleaning products available in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Hand hygiene practice and correct use of PPE was good on the day of inspection.

Linen and laundry was managed in line with national guidelines. Clean and dirty laundry were separated and staff were knowledgeable about infection prevention and control measures required. Records showed that the bedpan washers were regularly serviced.

There were cleaning processes in place which were documented in cleaning sign off sheets for patient equipment, rooms and frequently touched surfaces. However, there were no terminal cleaning checklists or guidance available to guide staff and give assurances to the provider that rooms had been terminally cleaned when a resident had left the room and would not return.

The provider carried out cleaning audits on a monthly basis with the cleaning contractor and actions and responsible persons were identified and these records showed that actions plans were completed.

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 both residents and staff.

Other findings on the day of inspection identified the following areas for improvement:

- A number of bins were not in good working order and were not hands free which could lead to cross contamination.
- Inappropriate storage of commodes in an assisted bathroom.
- Refresher training with regard to single use items such as wound dressings was required.
- Resident medication, creams and eye drops were stored together which could lead to cross infection.
- Inappropriate storage of items on storeroom floors was found, such as boxes of hand towels and disposable cups. This did not allow for effective cleaning.
- Inappropriate storage on toilet cisterns and damage to a shower seat on the ground floor.

- Two sharps boxes showed that the temporary closure mechanism was not engaged when they were not in use. This was also picked up on the centres own audit findings.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Records reviewed indicated that residents support needs were assessed prior to admission by the person in charge or the nurse manager where resident's health and social needs were identified in a comprehensive assessment. There was evidence to show that care plans were developed within 48 hours of admission. Care plans were person centred and were developed in consultation with the resident or where appropriate the resident's family.

The inspector reviewed a number of care plans focusing on residents who were recently admitted to the centre, residents at risk of falls, residents receiving wound care and those who had been reviewed by a dietitian. While they were well written with clear instruction with regard to the care needs of residents, two records showed that where a recommendation by a dietitian was made to weigh residents at specified time frames. This had not occurred. All residents were weighed monthly and appropriate referrals were sent should there be a concern.

Examples of advanced care directives viewed outlined the residents' wishes regarding transfer or resuscitation, as well as personal preferences such as religious and family arrangements.

Activity care plans were developed using the resident's life story, where their preferences and hobbies were recorded. This informed interventions, activities and care planning. While the participation levels were documented the enjoyment levels were not captured. Activity care plans were updated regularly when resident's preferences or abilities altered. Care plans were reviewed at four monthly intervals or more often should a resident condition change.

Judgment: Substantially compliant

## Regulation 6: Health care

There was evidence available at the time of the inspection to show that resident's health and well-being were maintained to a good standard.

Residents had access to the centre's GP who visited the centre on a weekly basis and more frequently if required or by phone outside of this time.

Residents had appropriate access to optical, dental and chiropody services and upon referral could access palliative care specialists, dietitians, occupational therapy, and speech and language professionals. The national screening program was offered to residents that were eligible.

Judgment: Compliant

## Regulation 9: Residents' rights

There were opportunities for all residents to participate in activities. There was a wide variety of activities available to residents such as bowling, bingo, art and exercise classes. Should a resident not wish to partake in group activities they were facilitated in activities through individual sessions with staff. Activity staff were rostered every day in the centre. There was a resident newsletter available which showed photographs of residents and staff partaking in special events such as Halloween.

Residents' meetings were held regularly and they were encouraged to participate and influence the running of the centre. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether residents wished to stay in their room or spend time with others in the communal rooms.

Residents' privacy and dignity were respected. Staff were observed to knock on residents' bedroom doors and await a reply before entering. Staff ensured doors were closed during residents' personal care procedures. Multi-occupancy rooms had arrangements in place to ensure privacy and dignity of each resident was maintained. Should a resident be at the end of life, visits would be facilitated in the resident’s room which would be supported by staff in the centre.

Maintaining connections with loved ones was facilitated through windows using an intercom system near the front entrance. There was a staff member solely dedicated to supporting these visits at flexible times to suit families’ every day except Sundays. Residents could also communicate with loved ones using social media platforms and telephone.

Residents had access to independent advocacy services which was advertised in the centre. Residents’ right to vote was upheld where residents were registered to vote if they wished.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Simpson's Hospital OSV-0000096

## Inspection ID: MON-0031157

## Date of inspection: 18/11/2020

**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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>• Staff training scheduled to be completed by the end of November | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>• Audit findings will be followed up and completed.<br>• Audit findings are communicated to the Board of Trustees in the monthly Clinical Governance.<br>• Risk assessments and audit findings will be discussed in the infection control meeting and staff meeting.<br>• Replaced the damaged bins.<br>• Management of sharps injury poster in place. | |
| Regulation 26: Risk management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk | |

management:
• The feasibility of caring the residents in pods were considered.
• Risk assessment completed
• Risk assessments in place for accidental injury and self-harm/ suicide

| | |
|---|---|
| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
• New hands free bins ordered and in place
• Single use items ordered for wound dressing
• Residents eye drops and creams stored individually
• Storage of items off the floor
• Staff training on storage of items on toilet cisterns
• Shower seat repaired
• Sharps bins are maintained according to the policy
• Terminal cleaning checklist developed
• Staff and residents surveillance records maintained without gaps- surveillance twice daily
• Signage on the door for alerting staff that resident is on isolation placed
• The residents are cared for in pods during mealtimes and social activities

| | |
|---|---|
| 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:
• Follow up on recommendations by dietician and other MDT

## 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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 30/11/2020 |
| 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 | | 30/11/2020 |
| Regulation 26(1)(a) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre. | Substantially Compliant | Yellow | 30/11/2020 |
| Regulation 26(1)(c)(iii) | The registered provider shall | Substantially Compliant | Yellow | 30/11/2020 |

| | | | | |
|---|---|---|---|---|
| | ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 30/11/2020 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Substantially Compliant | Yellow | 30/11/2020 |