



**Health  
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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:	Abbeyleix Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ballinakill Road, Abbeyleix, Laois
Type of inspection:	Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0000527
Fieldwork ID:	MON-0032290

## About the designated centre

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

The Community Nursing Unit, Abbeyleix, is a 10 bed facility set in mature grounds on the outskirts of the town of Abbeyleix. The Community Nursing Unit is located on the ground floor of a two-storey building. The centre provides care for two residents on a continuing care basis and care for 8 residents with respite, convalescence and short-term care needs. The centre consists of four twin rooms and two single bedrooms. One single room has an ensuite with an accessible shower, WC and WHB. Wheelchair accessible toilets and shower rooms are conveniently located for residents' use. Other accommodation included a large sitting, dining room, visitors room, quiet sitting room, an oratory, and a kitchen along with staff offices, two sluice rooms, a treatment room and a laundry. There is a secure internal garden with a water feature and seating areas. In addition, there are extensive well maintained garden areas around the front and side of the building. Parking is available at the front and rear of the building. The centre currently employs nursing staff, care staff, catering, household, laundry, administration and maintenance staff. Residents with health and social care needs with low, medium, high and maximum dependency needs are considered for admission.

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

Number of residents on the date of inspection:

4

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 12 May 2021	11:30hrs to 16:30hrs	Mary O'Donnell	Lead

## What residents told us and what inspectors observed

The centre was registered for ten beds but five beds were unoccupied due to refurbishment works. Two beds were occupied by two residents who had lived in the centre for years and three beds were used as step down beds for the local acute hospital. At the time of inspection there were four residents, two of whom spoke at length with the inspector. Two residents gave positive comments to any questions posed and all the residents were relaxed and comfortable.

On the day of inspection there were 11 staff on duty and residents received a good quality of care and were supported by experienced and competent staff. Effective governance and management supported residents to have a good quality of life and provided safe services for residents.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed and friendly atmosphere. The centre was bright and clean throughout and there was appropriate assistive equipment and furniture for residents' comfort. The inspector observed that the centre was well maintained. Alcohol hand gels were readily available throughout the centre and piped oxygen was provided throughout the centre. There was adequate storage space for equipment. Residents' rooms were spacious with adequate wardrobe space for clothes and shelves were available to display their flowers, photos and personal items. Residents had a locked unit for secure storage and each resident had a secure storage unit for their medications in their bedroom.

Residents were observed mobilizing independently around the centre and could access any of the centres communal spaces which consisted of a library, a sitting-dining room with a sun lounge, an oratory and a visitor's room. All the residents and 95% of staff were fully vaccinated and indoor visiting had resumed in line with HPSC guidelines. Various staff had been assigned specific duties to facilitate safe visiting.

The inspector observed that all staff engaged with residents and there were many examples of kind and respectful interactions throughout the inspection. Lunch was served in the main dining room and two residents had a choice to eat their meal in their bedroom. The dining table and trays were attractively set and the plated meals were appetising. Residents were offered gravy separately and extra portions were offered. One resident declared it was like a 'five star restaurant'. Staff were on hand to provide any necessary assistance and to support residents to interact socially while dining. There were menu options for each meal and residents were also provided with foods they desired which were not on the menu.

Residents described person-centred care which was never rushed. They told the inspector they were listened to and respected by the staff. Residents call bells were answered promptly and were confident about discussing any concerns or feedback they had with the person in charge or any member of staff. Residents could choose

where and how they spent their day and there was sufficient staff available to ensure they could attend activities and scheduled visits. Residents said they enjoyed the 'relaxed pace of life' in the centre. One lady said she enjoyed a lie in, had breakfast and then was helped to shower and had her hair done. There was a varied and flexible activities schedule over seven days per week and some activities were very popular, for example, bingo, pet therapy, music and group sensory activities. Residents were observed participating in a group activity in the afternoon of the inspection. One-to-one activities were based on individuals' needs which were regularly re-assessed and updated. While the level of community involvement in activities had been greatly reduced due to the restrictions from COVID-19, the centre was finding other ways to keep the community involved. For example, residents participated in the Music Generation Network project and they learned some songs and joined with other residential units in the area for a Zoom event where they performed the songs together. Students from local schools who visited before COVID restrictions organised to have parcels and presents delivered for the residents during the lock down.

An inspection of the existing designated centre 'Area A' was carried out and also the second wing in the building 'Area B', which the provider had proposed to register in order to provide safe accommodation for residents while the refurbishment works to Area A were being carried out.

The two wings were almost identical but Area B was not in use. Area A had a large sitting-dining room which opened onto a patio area that overlooked the town. There was a small oratory and a visitors' room. Bedroom accommodation comprised four twin rooms and two single rooms. Five beds and the visitors' room were out of commission due to building works. The refurbishment plan for Area A was to provide residents with 10 single rooms with full accessible en suites.

The inspector found that Area B provided facilities which met the individual and collective needs of the residents. Area B had accommodation for 10 residents in four single and three twin rooms. Screening in twin rooms provided privacy. One single room had a fully accessible en suite. All the bedrooms were spacious, with adequate storage for residents' clothes and possessions. There were three shower rooms and three toilets all of which were wheelchair accessible.

In Area B, residents have access to two spacious lounge/dining rooms and there was free access to a well maintained secure outdoor area with seating. Area B also had a treatment room, a nurses station and three sluice rooms. The PIC planned to convert the third sluice room to a cleaning room. There was adequate storage space for linen, PPE and equipment, including residents' assistive equipment. The kitchen and laundry will continue to operate during the period of refurbishment. The laundry was laid out to support the unidirectional flow of laundry to prevent contamination of clean laundry.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in place to monitor the quality and safety of care resulting in a good quality of life for residents. The centre was adequately resourced and mostly compliant with the regulations. The management team had an effective system in place to identify and manage risks. Risks were regularly reviewed and evaluated to ensure that measures in place to mitigate or eliminate identified risks were effective.

The Health Service Executive was the registered provider and the designated centre was one of a number of designated centres in the area. The service is supported by centralised departments, for example, human resources, fire and estates and learning and development. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time and was responsible for the daily operation of the centre. She reported to the Older Persons Service Manager who was part of a group of senior managers who supported the centre. The Person in Charge was supported by two clinical nurse managers and a team of nurses, care assistants, multi-task attendants, activity staff, administration, maintenance and catering staff.

This was a short-term announced inspection organised in response to an application to register additional rooms so that residents could relocate within the building to facilitate refurbishment works in the centre. The inspector also monitored ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. The centre had managed to remain free from COVID-19. A nurse was the nominated COVID lead in the centre. The centre had accessed expert advice in relation to infection prevention and control and contingency plans were in place should the centre experience an outbreak. Suitable isolation facilities were available and both staff and residents were monitored for symptoms of infection. The final round of serial testing was scheduled for the week following this inspection.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty during the day and there were sufficient staff available to provide a second nurse on night duty if necessary. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection prevention and control (IPC) procedures and hand hygiene. Vouchers were offered as prizes to the winners of the staff IPC quiz. Appropriate training was provided for all staff and an ongoing schedule of training had continued throughout the periods of restriction due to COVID-19. This was facilitated by on-line and remote learning where appropriate. Arrangements were in place to provide support and supervision of staff in the centre. The PIC told the inspector she had difficulty accessing staff training for staff on dementia and behaviours that challenge.

There were effective systems in place to monitor the quality and safety of care

which resulted in appropriate and consistent management of risks and quality. For example, areas of the corridor that would potentially expose residents to risk while building works were in progress. The application to register rooms in another section of the building was made so that residents could relocate to a suitable and safer environment with minimal disruption. There were very good practices observed around documentation in the centre which assisted staff and management to effectively monitor and improve the safety and quality of the care provided to residents.

Complaints were rare and feedback from residents was welcomed. However, the system for documenting formal and informal feedback from residents required review to ensure that it informed ongoing improvements in the centre.

#### Regulation 14: Persons in charge

The Assistant Director of Nursing was the person in charge since July 2019. She had the required management experience and a QQ1 Level 6 management qualification. She worked full time in the centre and was supported by two clinical nurse managers (CNMs). The CNM2 deputised in the absence of the PIC.

Judgment: Compliant

#### Regulation 15: Staffing

There were 46 staff employed in the centre There were nurses on duty at all times during the day and one nurse and two health care staff on duty at night. Residents and staff agreed that the staffing levels ensured that residents needs were met at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had attended mandatory training. However, training records showed that training in behaviours that challenge had not been organised since 2016.



Staff were appropriately supervised and supported to perform their respective roles.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
There was a directory of residents in the centre which held the information set out in Schedule 3.
Judgment: Compliant
<b>Regulation 21: Records</b>
Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had a current insurance policy in place .
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were well developed and there was effective monitoring of the quality and safety of the service.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>

Each resident had a signed contract of care which set out the terms on which the resident shall reside in the centre. Accommodation and fees were stipulated in the contracts viewed by the inspector.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was revised in 2021. It accurately described the service and held all the required information as set out in Schedule 1 of the regulations. A revised statement of purpose was submitted which reflected the facilities in Area B in the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge submitted notifications in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were rare but the systems to record feedback and suggestions from residents and relatives required review.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies as set out in Schedule 5 were available for inspection. There was a system in place to regularly review policies and to update staff on any policy changes.

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was good and visiting was ongoing with indoor visits facilitated in line with the national guidance. There was an ethos where the residents were at the center of the service and both staff and management promoted and respected the rights and choices of each resident.

Oversight of residents' health care needs was good. Data on key quality indicators such as falls, incidents and pressure sores were gathered and analysed in reports to management. This information was effectively informing good practices observed, for example, staff actively promoted a restraint free environment in the centre. Residents' health care needs were promoted by ongoing, on-site access to the medical officer and allied health professionals. The focus on rehabilitation and discharge planning was supported by daily access to the physiotherapist and the active involvement of the occupational therapist in residents' care. Some services which were provided remotely due to restrictions from COVID-19, for example, the dietician and speech and language therapist were now provided on-site. The podiatrist visited monthly. Health and social care needs were assessed using validated tools which informed appropriate care planning. Care plans for four residents were reviewed and found to be person-centred and had been updated to include residents' changing and potential needs during COVID-19. Residents were given opportunities to discuss their wishes for future health care events and their end of life care. Two care plans documented that the residents did not wish to engage in the discussion. The resuscitation status for each resident was recorded in their medical notes but not easily accessed in nursing records. There was room to improve end of life care plans with information to ensure that residents wishes were known and respected.

The centre had remained free from COVID-19. The centre had engaged with Public Health experts and local networks. Correct procedures were in place for isolating and cohorting residents within the centre. The layout of the premises allowed for sections of the centre to be safely divided to prevent cross-contamination. Protocols remained in place for surveillance and testing for COVID-19 infection. Residents were admitted from the regional hospital and arrangements were in place to ensure new residents were vaccinated and tested prior to admission. Residents were retested after admission on day five. Staff continued to participate in regular screening and were observed to have good hand hygiene practices and correct use of PPE. Sufficient staff resources had been put in place for housekeeping and staff were competent with the correct cleaning procedures to maintain a safe environment for residents and staff. Cleaning schedules were in place to ensure that all rooms were cleaned daily and regular deep cleaning was carried out. Some improvements were required to ensure that cleaning staff had access to a cleaning room which was plumbed and suitably equipped.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to

prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put many controls in place to keep all of the residents and staff safe. Good practices were in place around preparedness and managing suspected cases of COVID-19 infection.

The service prioritised the rights of individuals by promoting residents' choices whenever possible. Quarterly residents' meetings were not effective with such small numbers and the PIC met with residents on a daily basis to elicit their feedback and to support them to rehabilitate and return to the community. Each resident was invited and supported to complete a satisfaction survey and residents were encouraged to make suggestions about the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents could undertake activities in private and there were appropriate facilities for occupation and opportunities for all residents to participate in meaningful activities in accordance with their abilities. Activity provision was available for seven days and the choices available were flexible to respond to residents' preferences and to allow for social distancing. Residents had access to daily newspapers and IT equipment. Mass was celebrated in the centre and residents from other religious denominations were supported to engage in religious practices.

There was access to telephone, tablets and a computer to promote ongoing contact between residents and their families and friends. One resident was using the computer to learn Irish. The centre were prepared for increased frequency of indoor visits which commenced on 04 May 2021.

### Regulation 11: Visits

Visiting indoors had resumed in line with the most up-to-date guidance for residential settings. Although the visitors' room was out of commission, there were a number of other rooms where residents could meet with visitors. Staff were aware of the need to facilitate safe visiting but to respect each resident's right to privacy.

Judgment: Compliant

### Regulation 13: End of life

Although the majority of residents were admitted for short stay there was opportunity to improve end-of-life care planning to ensure that residents wishes were clearly stated and accessible to staff.

Judgment: Substantially compliant

## Regulation 17: Premises

The registered provider ensured the premises layout and facilities was appropriate for the number and needs of residents. Section one of this report has a detailed description of the facilities. The centre was well maintained and clean. Grab rails were provided in bathroom and circulating areas. The numbers of bathrooms and showers were appropriate and suitably located to meet the needs of residents. Residents were provided with any specialist equipment they required to meet their needs. The open plan day room was thoughtfully decorated to provide a warm homely environment for residents. Furniture was arranged to support social engagement and general conversations.

Signage was used to support way finding. The person in charge proposed to put up a sign to ensure that residents could easily access the garden off Area B.

Judgment: Compliant

## Regulation 20: Information for residents

The residents' Information Booklet contained the required information to guide them on the service provided and was available to residents in hard copy.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy was up to date and there was good oversight of risk in the centre. Systems in place supported the identification of risk, and the inspector found that both clinical and environmental risk assessments were completed. These assessments informed the centre's risk register and controls were in place to mitigate the risks identified.

Judgment: Compliant

## Regulation 27: Infection control

Household staff did not have access to an appropriate plumbed cleaner's room. They used the taps and the sinks in the sluice room to fill and empty containers.

This posed a risk of cross contamination. The person in charge proposed to convert the third sluice room in 'Area B' into a cleaner's room.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire equipment, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated to reflect any changes. They included information on the different evacuation methods applicable to individual residents for day and night emergency evacuations. Annual fire training was completed by staff and regular fire drills were undertaken, including the simulation of a full compartment evacuation with minimal staffing levels which provided assurances that evacuation would be timely in an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Safe and effective systems were seen to be in place for medicine management in the centre. Medicines were stored in each resident's bedroom in a secure locked unit and medicines administration was in line with professional and best practice guidelines.

Out-of-date medicines and medicines which were no longer in use were returned to the pharmacy. Controlled drugs under misuse of drugs legislation were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed using validated assessment tools. Care plans were developed to meet residents' assessed needs in line with regulatory requirements. Care plans were implemented and reviewed every four months or more frequently, as required. The standard of care planning was good and described person-centered care interventions with sufficient details to guide a consistent approach to care provision.

Judgment: Compliant

### Regulation 6: Health care

Residents benefited from a good standard of evidence based health care provided in this centre. The medical officer visited the centre four days each week. An out-of-hours general practitioner (GP) service provided out of hours medical cover. Allied health professionals attended residents on site and there was evidence of ongoing referral and review by allied health professionals as appropriate. There was a strong focus on rehabilitation and discharge planning to ensure that necessary supports were in place for residents to return home to the community.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had individual televisions in their bedrooms. However in shared rooms, discrete listening devices were not provided and this could impact on residents listening enjoyment and choice of viewing.

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
<b>Capacity and capability</b>	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Abbeyleix Community Nursing Unit OSV-0000527

Inspection ID: MON-0032290

Date of inspection: 12/05/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>Staff are being facilitated to access online Dementia training- e learning modules in association with Dementia Services Information and Development Centre. The modules include:</p> <ul style="list-style-type: none"> <li>How people with Dementia can be supported to better understand their environment</li> <li>How Dementia affects people and how to communicate with someone who has Dementia</li> <li>How to enable positive relationships with those with Dementia</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A Complaints Log has been introduced to document and record both formal and informal issues of concern raised and the residents' forum has recommenced. The resident satisfaction surveys are completed on an annual basis and with newly admitted residents to obtain their views on the service provided. Any matters raised at our residents meetings will be recorded on the complaints log.</p>	
Regulation 13: End of life	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 13: End of life: Planning for End of Life Care Form/Orders have been developed for the centre to ensure each resident's resuscitation status can be easily accessed in the nursing records in addition to their medical file.</p> <p>Advanced care planning will be multi-disciplinary in approach to ensure enhanced end of life care plans. This will be completed by the GP and resident/family on admission following a discussion around the resident's wishes regarding resuscitation and levels of medical intervention.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The third sluice room is now re-purposed as the cleaner's room. This will ensure separate sluice and cleaning room facilities to mitigate any potential risk of cross infection.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Discrete listening devices are purchased to allow the resident to exercise choice when watching TV in a shared room</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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	21/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant		01/06/2021

	infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	21/06/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/06/2021