



**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: | Baltinglass Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Newtownsaunders, Baltinglass, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 11 March 2021 |
| Centre ID: | OSV-0000485 |
| Fieldwork ID: | MON-0031593 |

About the designated centre

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

The centre caters for a maximum of 60 residents and provides care to both male and female residents over 65 years of age. The centre provides 54 residential beds; 12 of these beds (including one respite bed) are specifically dedicated to dementia care and will accept residents under 65 years of age with a diagnosis of dementia. There are six respite beds in total in the centre. Managers and staff aim to provide high quality individualised care to residents and to support their families and friends. The centre's philosophy is to meet the social, psychological, physical and spiritual needs of residents in a manner that reflects their right to respect, dignity, privacy and independence. Accommodation is divided into three units. Ceidin unit accommodates 28 residents in twin and single bedrooms providing a mix of en suite and communal wheelchair accessible toilet, shower and bathing facilities. There is a large communal lounge and dining room and two smaller seating areas. Primrose unit is a specialist 12 bed unit which provides accommodation for residents with a diagnosis of dementia. The unit comprises seven bedrooms providing single and twin bedroom accommodation, one with en suite and communal toilet and bathroom facilities. There is a communal lounge/dining room which leads out to the enclosed dementia friendly garden area and an additional smaller communal room. Willow unit accommodates 20 residents in single and twin bedrooms with a mix of en suite and communal wheelchair accessible bathrooms and toilets. There is a large communal lounge/dining room a small chapel and smaller seating areas leading out to the garden and gazebo. The centre has recently extended the entrance area to provide a pleasant cafe and meeting area which welcomes residents and their visitors.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 40 |
|--|----|

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 |
|------------------------|----------------------|----------------|------|
| Thursday 11 March 2021 | 09:45hrs to 16:30hrs | Helena Grigova | Lead |

What residents told us and what inspectors observed

The inspector was welcomed into the centre by the receptionist and she guided the inspector through the infection prevention and control measures necessary on entering the designated centre. All essential visitors or service providers had to go through a sign-in process that included, completing a questionnaire (which included history relating to overseas travel, close contact and symptom history), a temperature check, and to complete hand hygiene. Following an open meeting, the person in charge accompanied the inspector on a tour of the premises.

The overall feedback from residents was that staff generally promoted a person-centred approach to care and were found to be very considerate and kind hearted. All the residents who spoke with the inspector expressed very high levels of satisfaction with their lives in the centre. Residents thanked staff for keeping them informed and for enabling them to access family by video calls and mobile phones throughout the pandemic and the COVID-19 outbreak. Residents praised management and the staff team in particular and described them as 'Beautiful human beings and if it was not for them we wouldn't be able to survive and thrive now'.

The inspector observed that the centre was bright and homely and many of the corridors and communal areas had been recently painted. All areas were easily accessible to residents and advisory signage was placed throughout to direct residents to bedrooms and communal areas. The centre is divided in four units (Ceidin East and Ceidin West, Primrose and Willow) and a day centre facility which was closed at the time of the inspection. The area was used by staff for changing facilities and socially distanced breaks. Primrose unit was the dementia specific unit which could accommodate up to 12 residents. The unit was clean and appropriately decorated to support residents living with dementia to enjoy a purposeful life. Residents had easy access to an enclosed garden courtyard area. The activities coordinator showed photographs of residents enjoying a variety of activities outdoors during the warm weather.

Residents' bedroom accommodation was mainly provided in a small number of three bedded rooms, twins rooms and single occupancy en-suite bedrooms. Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items.

The inspector saw that communal space on each unit for residents use was plentiful and was nicely decorated. The inspector observed that residents were well dressed and appeared comfortable and relaxed. Care staff supervised residents and assisted them as required. On the day of the inspection, residents participated in a variety of activities throughout the day, including singing, arts and crafts. For example residents were preparing decorations for St. Patrick's day. A sensory therapy was delivered to residents in the dementia specific unit. The activity coordinators showed the inspector the activity programme which showed that a variety of interesting

activities took place daily. Residents commented that they enjoyed the activities and they were delighted that life went back to 'normal' since the COVID-19 outbreak in the centre. They spoke of hopes that 'this pandemic will end up soon with the vaccination programme and they would be able to meet their family and engage in the community as they did before the pandemic.'

The inspector met some residents who enjoyed their own company and preferred to stay in their bedrooms. They were observed reading newspapers, watching television and praying. There was a small oratory in the centre that was available for residents and relatives should they wish to have a quiet area for reflection or prayer. As a result of COVID-19 restrictions, pastoral care was made available to residents on the phone and religious serves were available on the television.

Staff were observed to knock on bedroom doors prior to entering, and call residents by their preferred name as they passed by or stopped for a chat on the corridors. The inspector observed that staff knew the residents really well and they had long established trusting relationships.

There was a smoking room for residents who like to smoke and the inspector observed residents using it frequently. The inspector saw that all safety measures were in place, such as a fire extinguisher and blankets, and a call bell system was also available.

Dining room tables were pleasantly set with condiments and the menu choice was displayed on a large white board in the dining room. There were good systems in place to facilitate social distancing at meal times. The inspector observed a relaxed and positive dining experience where residents were seen enjoying their meals and being assisted and supervised discreetly by staff. Generally residents were complimentary of the quality and choice of food offered in the centre. Modified diets were well presented and appetising. Residents reported they were offered a choice of drinks and snacks outside of meal-times. There was fresh drinking water provided in the bedrooms and drinks were also available in the centre's communal areas.

Despite the challenging times, the staff morale was good and the staff who spoke with the inspector reported that they felt well supported during COVID-19 outbreak and were provided with regular updates and infection control trainings. Staff described a cohesive team spirit stating that once they were in a routine they felt they worked together as a family and there was a strong sense of camaraderie to work towards the same goal, to keep all residents and staff safe. The staff describe the challenges and their own anxiety during COVID-19 outbreak as 'they had to fight something powerful and invisible'. Staff told the inspector how they all overcome the first shock of being in outbreak and how they made themselves available and stayed at work even if they didn't know whether they would become ill themselves or will ever go home again. They've described how they made sure that all residents who were ill were always accompanied by a staff member and that they took care of them like they would care for their own parents. The staff prepared two hand made crochet hearts for family members who lost their loved ones due to the COVID-19 infection. The sign stated: 'Your loved was not alone. We cared for them. We stayed with them. Life has to end, love doesn't. A pair of identical hearts, one is with them

and this heart is for you'.

Although the inspector did not speak with any family members, complimentary emails and cards from a family member were seen which described that their loved ones as being 'superbly cared for and that the staff were wonderful and managed the COVID-19 outbreak fantastic'.

Records viewed showed communications that provided updates and information with resident families during the COVID-19 outbreak. Residents meetings took place on a regular basis, the minutes of which showed residents views were taken on board and any issues they had with services provided were addressed.

The inspector observed that staff treated the residents with warmth and gentleness and interacted with residents in a companionable way. Residents identified the person in charge as the person they would take their concerns or complaints to, and and were confident that any problem they raised would be addressed immediately.

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

Capacity and capability

Baltinglass Community Hospital has a very good regulatory and compliance history. All issues raised on previous inspections were proactively addressed by the provider and management team with timely and comprehensive actions; this proactive approach to quality improvement of the service was evident during this inspection also.

This was an unannounced risk inspection to monitor ongoing compliance in Baltinglass Community Hospital following an outbreak of COVID-19 which commenced on the 30 December 2020 and was declared officially over by public health officials on the 17 February 2021. During the outbreak a total of 28 residents and 38 staff members tested positive for COVID-19. Sadly the centre lost seven residents to COVID-19 during the outbreak. The inspector also reviewed the information submitted by the provider as part of the provider's application to renew the centre's registration. During the inspection the inspector requested a number of documents and records in order to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Baltinglass Community Hospital is a residential care setting operated by the Health Services Executive (HSE). It was part of the HSE campus located in a quiet setting on the outskirts of Baltinglass town. The governance structure comprised a general manager and a person in charge. The general manager, who had responsibility for a number of other centres, was available to the management team and provided

ongoing support during the COVID-19 pandemic. The assistant director of nursing deputised for the person in charge when necessary. The person in charge was also supported by clinical nurse managers, staff nurses, carers, activity personnel, physiotherapist, administration, maintenance, catering and household staff. Staff in the centre also had support and advice from infection prevention and control nurses to ensure that evidence based clinical care was provided..

The management structure and lines of accountability were clear and allowed for effective provider oversight of the operation of the centre. The systems and measures in place would ensure a strong continuity of operation and leadership in the event of a future outbreak. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision. Each member of staff were aware of their roles and responsibilities regarding the provision of person-centred care and timely assistance to the residents.

The centre had an up to date policy to support staff in relation to infection prevention and control with signposts to the latest HPSC guidance in relation to COVID-19 (*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*). An outbreak preparedness plan was developed and proved to be effective during the COVID-19 outbreak. Throughout the centres outbreak the centre had to also rely on dedicated agency staff to cover staff absences during the outbreak. The person in charge provided direct care to residents and there was strict allocation of dedicated staff to the isolation unit, including specific and dedicated household staff. The inspector saw cleaning checklists for residents' rooms and twice daily enhanced cleaning for isolation rooms, which included frequently touched surfaces were in place during the outbreak. There were infection prevention and control signs on display on bedroom doors, to ensure that in the event of a resident being isolated because of COVID-19, staff were aware of the infection prevention and control precautions needed when caring for residents.

Regular communication was seen in documentation between the centre and public health. 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. During the outbreak, an outbreak control team was established which comprised of representatives from all areas of the designated centre. This team met daily in order to plan and respond to issues arising.

There was ongoing monitoring of residents and staff members twice daily to monitor for temperatures and symptoms of COVID-19 as outlined in 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*.

Following the COVID-19 outbreak, the provider was in the process of completing an outbreak review as part of a post critical incident review process, to inform learning

and the future management and ongoing preparedness of services for any potential further COVID-19 outbreaks. Residents', families and staff feedback was also sought following the outbreak to inform further learning.

A sample of personnel files were reviewed for different categories of staff members. They were seen to be stored safely and were accessible in the centre. They contained all documentation required under Schedule 2 of the regulations, including references and staff induction records. There were suitable recruitment practices in place and the provider ensured that all staff had a An Garda Siochana (police) vetting in place prior to commencing employment.

Multi-disciplinary reviews of each resident's healthcare needs were carried out to ensure that residents' changing needs were met. Systems in place to monitor the quality of the service included a schedule of audits which informed continuous improvements and monitoring key performance indicators such as falls, restrictive practice, antibiotics use monitoring, medication, and wound management.

The complaints log was reviewed and it demonstrated that formal complaints were recorded in line with the regulations. An independent advocacy service was available to support residents with making a complaint about the service if they wished.

A comprehensive annual review for 2020 had been completed and was made available to the inspector, this contained reviews and trending of clinical incidents, key clinical indicators and feedback from residents.

Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was submitted to the Chief Inspector of Social Services and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The provider has complied with the requirement to pay annual fees of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been appointed in the centre in February 2020. The person in charge was a registered nurse who worked full-time in the centre. The person in charge had the required experience and qualifications in order to manage the service and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She was observed to have a strong presence within the centre and was committed to providing a good service.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were sufficient to meet the assessed needs of the residents at the time of the inspection. There was clear allocation of staff to the different areas in the centre. Staff were supervised to complete duties to the standards that was expected of them by clinical nurse managers on each unit. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been facilitated to attend mandatory training in areas such as safeguarding vulnerable adults from abuse, people manual handling and fire safety as well as to undergo training relevant to infection control best practice. Some nursing staff had completed training on taking swabs for COVID-19 testing and pronouncement of death. Staff education was ongoing and included practical demonstrations on donning and doffing PPE, hand hygiene and infection prevention and control precautions. Some staff completed training as hand hygiene champions, swab technician champions, and one staff member was completing postgraduate study for Infection Control Nurse Specialists.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of authority and accountability and specific roles, and responsibilities for all areas of care provision. The centre had robust monitoring systems in place to ensure the

service was safe and effective. Clinical audits were carried out on infections, hand hygiene, care plans, medications, falls, restrictive practice and others. The leadership and management team ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a Statement of Purpose containing the information required in Schedule 1. The document accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy met the legislative requirements. The complaints procedure was displayed in the centre and provided instruction on how to make a complaint and the response thereafter. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place and made available if any complainants were not satisfied with the outcome of their complaint investigation. Oversight of complaints was signed off by the person in charge and included lessons learnt and any improvements to practices. Complaints were audited and the discussed at the governance meetings.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and had been reviewed within the last three years. The inspector found that all relevant Schedule 5 policies had been updated to include the guidance from the Health Protection Surveillance Centre (HSPC) (*Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*).

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a quality of life that was respectful of their individual wishes and choices. A sample of residents' care plans and assessments reviewed showed that they had person-centred information to inform individualised care and support. There were additional assessments, care plans and operational pathways of care relating to COVID-19, for example, people with dementia, severe breathlessness; oxygen and subcutaneous fluids administration. Care plans identified those residents who had nutritional risks and these residents were monitored carefully. The majority of resident care plans seen were well written and respectful of residents values and aspirations. The views and contributions of relatives was also reflected in care records.

Residents were found to have access to a broad range of primary, specialist and allied healthcare support to meet their individual healthcare requirements. It was noted that healthcare support during the lock down period was mainly carried out remotely with meetings held over zoom platforms and referrals made via email systems. These services included tissue viability nurse, occupational therapy, speech and language therapy and dietitian.

The centre's management team ensured that clinical, environmental and operational risks were identified assessed and managed appropriately.

Regarding the fire safety arrangements in place in the designated centre the inspector saw evidence of regular servicing, testing and maintenance checks, which were completed in line with regulatory requirements. There were regular fire safety drills conducted in the centre which showed good staff participation. Floor plans had been revised to outline all areas in the centre, residents evacuation needs were clearly described in evacuation plans and exit routes were clearly identified.

Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection and arrangements for residents to receive their visitors in private were in progress, in line with Health Protection Surveillance Centre guidance. Staff were also committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp and other video and telephone calls. Compassionate visits were accommodated following the risk assessment if the resident became ill, or to ensure a resident's psychological needs were met.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were satisfied with arrangements in place for laundering and storage of their clothing and personal possessions. The person in charge of the laundry told the inspector that relatives marked clothing but the laundry service also labelled any clothes that were not marked.

The provider acted as a pension agent for 25 residents living in the centre and a separate residents' account had been set up to safeguard their finances. Residents' property was safeguarded and they had access to a lockable cupboard in their room for their valuables.

Judgment: Compliant

Regulation 13: End of life

All residents' care plans were up-to-date regarding end of life care decisions relating to COVID-19 infection, including whether the resident was for transfer to the acute care setting and resuscitation interventions. A review of a sample of six residents' end-of-life COVID-19 care plans described person centred care procedures that respected the values and preferences of each resident and their families. There were established links made with palliative care services which supported residents who were on an end of life pathway. Anticipatory prescribing was in place during the COVID-19 outbreak to ensure residents were provided with timely effective pain relief and symptom management.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for its stated purpose and met residents' individual and collective needs. The design and layout of the centre was modern and bright. There was sufficient communal spaces available in the centre for residents to enjoy their environment, which included dining rooms, lounges and a smoking room. The bedrooms were adequate in size to accommodate residents, with a comfortable chair at the bedside and adequate space to manoeuvre assistive equipment. In the multi-occupancy rooms residents' privacy and dignity was maintained with mobile screen panels around each bed space. In general, residents had personalised their bedrooms in accordance with their preferences, with their own decorations, flowers, ornaments, and photographs. Residents had access to television sets in all the communal areas and in all bedrooms.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy. A risk register was maintained, and a process of risk assessment was used by management and staff to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. The centre's risk register has been also updated with controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. Control measures put in place to manage identified risks were subject to ongoing monitoring to ensure their effectiveness.

Judgment: Compliant

Regulation 27: Infection control

The previous COVID-19 outbreak records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There were good systems in place to ensure appropriate PPE was available in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. There were safe laundry and waste arrangements in place. Clean and dirty laundry were separated and staff were knowledgeable about infection prevention and control measures required. There were cleaning processes in place which were documented in cleaning sign off sheets for rooms and communal areas and frequently touched surfaces. The terminal cleaning guidance and checklist was being used to guide staff to effectively complete all environmental cleaning tasks. Each sluice facility inspected was clean, easily accessible and equipped with a bedpan washer and washing facilities, which were regularly serviced.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety equipment, including the fire alarm and emergency lighting had preventive maintenance completed at appropriate intervals. There was an L1 fire safety alert system in place and floor plans reflected the layout of the building including the location of fire doors and fire exits. Fire drills and fire training had been completed on several occasions in the centre and additional trainings were scheduled. Personal evacuation plans were available for each resident. Simulation

fire evacuation drills had taken place regularly and they demonstrate that the compartment with the highest number of dependent residents could be evacuated safely with the night time staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments completed to guide care needs. All residents had a person-centred care plan that clearly described their preferences and wishes regarding the care and supports they needed from staff to meet their individual needs. Systems were in place to record evidence of consultation with residents and their families with regard to review of their care plans. An additional generic care plan that outlined the increased clinical monitoring and care needs of residents who contracted COVID-19 infection had been added to care records. The medical practitioners had documented informative notes in the medical file following each visit to a resident.

Judgment: Compliant

Regulation 6: Health care

Residents had access to choice of general practitioner (GP) and there was evidence of regular review. There was also access to out-of-hours GP services. In addition, residents had access to an out of hours GP service, which was available 24 hours a day. Residents were referred for external medical reviews when needed, for example, gerontology and Psychiatry of Old Age as required. There was evidence that residents were supported to access national screening programme, and had access to regular optical and dental appointments. Residents received a physiotherapy service from in-house physiotherapists employed by the centre. During COVID-19 outbreak they assisted residents to maintain their mobility and every resident was reviewed following the COVID-19 outbreak.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents occasionally displayed episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff

who were interviewed by the inspector, demonstrated a good knowledge and displayed skills appropriate to their role to respond to and manage behaviours that were responsive. Positive behavioural support care plans were developed for these residents.

The use of restrictive practices was closely monitored and the centre had made significant progress in promoting a restraint-free environment by reducing the use of bed rails to ensure the safety of the residents. The decision was based on a risk assessment and informed consent and it was reviewed on a regular basis in line with best practice.

Judgment: Compliant

Regulation 9: Residents' rights

As the centre had a major outbreak of COVID-19 the person in charge explained that all staff had to assist with clinical and personal care for residents. Communication with families of residents during the outbreak comprised of daily phone calls with updates on the resident's condition, regular emails regarding the outbreak and information regarding visiting arrangements. Three activity coordinators worked seven days a week to ensure residents enjoyed a varied and interesting programme of recreational activities in small groups or on a one-to-one basis. Activity staff and residents were observed having fun together and there was a good atmosphere within communal areas. Resident's social distanced or were in pods during these activities.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |