



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

Issued by the Chief Inspector

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	10 June 2021
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0031297

About the designated centre

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

Fáinleog Teoranta is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit.

There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 June 2021	10:00hrs to 16:00hrs	Nuala Rafferty	Lead
Thursday 10 June 2021	10:15hrs to 16:00hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day. Inspectors spent time in the communal areas in the centre to see what life was like for residents here. The inspectors found that residents were well looked after, that they were content and enjoying a meaningful life.

Residents were assisted, supported and encouraged to actively participate in, and make decisions on their day to day life in the centre.

The provider had made a number of changes in response to the previous inspection to improve the delivery and management of care and services. Where improvements were identified on this inspection, these are discussed under the relevant regulations further in this report.

Both inspectors spent periods of time chatting with residents and observing the interactions between the residents and the staff. Residents and their families were very positive about the way they were looked after and the efforts that staff made, to ensure that they had everything they needed. Those residents who were more dependent and who could not talk with the inspectors, appeared comfortable and did not show any signs of anxiety or distress.

Residents welcomed the inspectors into their home and one resident walked the inspectors around their garden, in which they took great pride. Vegetables, fruit and salads sown by the residents were on display in the raised beds. The outdoor pots were filled with summer bedding. The residents explained how they took charge of watering and feeding their plants.

From interactions with residents and observations made on the day, it was evident that residents were content living in St Colmcille's Nursing Home. It was a homely and comfortable place live. Many of the residents spoken with told the inspectors they were from the town of Kells or the surrounding townland and how they were happy to remain living in the locality. Residents told inspectors how staff supported them to maintain their interests and enjoy life in the centre. This ranged from going for a walk in the grounds or going into the local town and helping to take care of a much loved pet.

Residents shared their experience of living in the centre when restrictions were in place during the COVID-19 pandemic. One resident told the inspectors, how much they had missed being out in the community and how any opportunity to go out was now welcomed. The resident explained how a family member was taking them out for a few hours that evening and they were looking forward to just going for a drive. Another spoke of how much they had missed their friends and family.

Residents confirmed that they were having visitors again, and this time it was a few times each week, up to one hour, and they were happy with this. Residents told the

inspectors that 'there's a bit more life in the place' which they welcomed. The inspectors saw the residents' activities schedule on display outside the sitting room. The residents said they liked playing bingo, which they did two or three times a week and loved it, 'when they won the few bob'. Some residents were seen reading the daily newspapers and one resident told the inspector that one of the staff brought the papers into them every morning and they were shared around. Inspectors observed a group of local musicians come into the garden and play music for the residents which they enjoyed.

Residents spoken with said they had no complaints but if they did they would tell the receptionist or the nurse in charge. The residents spoke positively about the staff and confirmed that staff always maintained their privacy and dignity and they felt respected by them. The residents said they felt safe living in the centre.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm, empathetic and respectful in their interactions with residents and were observed to respond to residents needs and call bells promptly, while maintaining their privacy and dignity.

Overall, the design and layout of the premises supported a good quality of life for residents.

The centre was decorated and furnished, to provide a comfortable and relaxed living environment and there was an inviting, welcoming atmosphere. It was visually clean, warm and tidy. A number of improvements identified on the last inspection were in the process of, or, had been addressed. Although inspectors noted that there were a few areas where some improvements were still required

Residents bedrooms were mainly bright, comfortable spaces, with many filled with residents' photographs, pictures and personal possessions. Single rooms were of an adequate size to allow ease of movement and were suitably furnished for storage, with wardrobes or chest of drawers, shelving and lockers.

Twin rooms had less space for movement and both sides of the beds could not be freely accessed in some, but privacy for residents was maintained, in so far as practicable, in twin rooms with curtains around each bed. En-suites and assisted shower rooms were seen to be clean and spacious, with adaptive and assistive devices such as grab-rails, shower chairs and anti-ligature call bells.

Residents were observed to be supported to live as independently as possible in the centre, and the inspectors observed hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social distancing was maintained.

Most communal areas were bright and spacious and were well used by residents. A large sitting room overlooked the enclosed garden and could be divided into two smaller areas if needed. The activities room located just across the hallway was small but was laid out and equipped, to provide a relaxing, engaging, safe space.

There was a spacious dining room which was nicely laid out with tables and dining chairs. Tables were nicely set with place settings and condiments. An Abel Table was also available. This table allows easy access for wheelchair users, and can be raised and lowered in accordance with the requirements of the resident. Residents were complimentary of the choice, quantity and quality of meals available in the centre. Staff were observed to assist residents discreetly and respectfully, and a pleasant relaxing experience was created over lunch time.

All meals were freshly prepared and cooked in the centre's own kitchen. Fresh vegetables or salad were served at each meal. The chef baked each day and served cakes with the hot drinks in the afternoon and with suppers. Residents said the food was good, all freshly cooked and lots of home baking. One resident explained how they had to be careful not to eat too much as they were not as active as they once had been. The inspectors saw residents were offered a choice of drinks including soup and pastries at 11.00 hours and saw residents had a choice of three meals at lunch time, one of which was vegetarian.

In conclusion, this was a good centre where residents were supported to live a good quality of life.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

This was an unannounced risk inspection to assess compliance with the Health Act 2007 and the centre's preparedness for a COVID-19 outbreak. The inspection took place over one day. Inspector's also followed up on non-compliance's found on the previous inspection and the provider's responsiveness to address those findings.

Inspectors found that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The daily running of the centre was overseen by a highly visible person in charge, who was observed to give clear and effective leadership to staff. The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities and was aware of, and responding to, previous inspection findings. The services were delivered by a well-organised team of trained competent staff.

Fainleog Teoranta is the registered provider for St Colmcille's nursing home. A clear governance structure was in place with clear roles and responsibilities. Staff were familiar with the roles of each member of the management team and aware of who they should report too. The broader management team included a provider representative, a director of health care services and health care manager. Within

the centre the person in charge was supported by a clinical nurse manager and senior staff nurse. There was evidence of good communication within and between the teams.

Resources were allocated to promote a culture of safety and quality in the centre and residents' rights were promoted and upheld by staff in a culture of equality and inclusion.

Through conversation with residents and relatives, and from checking the staff rota, inspectors found that the number and skill-mix of staff were suitable to meet residents' needs. Plans were in place to meet planned and unplanned staff absences and records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

The centre had experienced a COVID-19 outbreak in January 2021, where two residents who were confirmed to have COVID-19 sadly passed away. On this visit, inspectors observed that the centre was in compliance with up-to-date national guidance on infection prevention and control practices, for managing an outbreak of infection. Inspectors observed good hand hygiene practice and appropriate use of personal and protective equipment (ppe) by staff. Contingency plans were also in place in the event of any further outbreaks with identified roles for leading out on the management of the outbreak and deputising arrangements. Additional staff were recruited to ensure sufficient back-up for unplanned absences. Communications developed with statutory agencies in January had been maintained.

The centre had an accessible complaints policy and procedure in place and a small number of complaints were recorded. Inspectors found that complaints were recorded investigated and responded too, in a timely open and transparent manner, by the person in charge who was the designated complaints officer. An internal and external review process was also in place for complainants in the event they were not satisfied with the outcome of their complaint. However, aspects of the process required to be reviewed.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge the centre on a full-time basis. Inspectors found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent and effective services to them.

Resident and relatives were seen chatting comfortably and with familiarity to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Sufficient numbers of staff with the required skills and knowledge to meet the needs of the current resident profile were available on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training and development programme was in place for all grades of staff.

Inspectors looked at records which showed staff participation at the training. The programme included mandatory annual or bi annual training courses such as fire safety, infection prevention and control and hand hygiene. It also included training to enable staff deliver person centred care, such as, human rights based approach, safeguarding, care planning and assessment of needs.

In conversation with them and on observation, inspectors found that staff demonstrated competence in these areas within their respective roles.

Judgment: Compliant

Regulation 21: Records

A review of all aspects of this regulation was not covered on this visit.

However, where records were reviewed they were stored in a safe and easily accessible manner, were well maintained and met the requirements of the regulations.

Records viewed by inspectors included; employment records, complaints, medical and nursing records, records related to management of resident's finances.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place an effective leadership and management system that ensured the centre was well governed. Inspectors found that the responsiveness of the provider to the findings of the last inspection showed a willingness to comply with regulations and standards.

Management arrangements were implemented, and sufficient resources were directed to achieving planned objectives. Resources were allocated to the maintenance and upgrade of the premises such as additional shower rooms, the provision of large stocks of single use equipment to support safe service delivery in the event of another infection outbreak and an increase in staffing numbers for emergency cover.

A continuous and complete monitoring system was in place. It included processes to audit, assess, address and review the delivery of services to facilitate high quality, safe supports and care provision to residents. Inspectors saw that weekly reviews of clinical care and risk indicators such as accidents, incidents or complaints, use of restrictive practices, skin integrity, nutritional status, or rates of infection, were used to assess the standard of care residents received.

An annual review to report the manner and standard of services delivered throughout 2020 was completed and included feedback from residents and relatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The formal complaints procedure in place in the centre was in line with the regulations and a summary was displayed in the reception area.

However, some improvements to the process was required where it was found that the satisfaction of complainants and any learning identified was not recorded.

It was also noted that the external appeals process was not fully independent of the provider

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available, and regularly reviewed in the centre. Implementation dates identified when the policies came into effect. Evidence that staff had read the policies and procedures was viewed.

Judgment: Compliant

Quality and safety

The quality of service and quality of care delivered to residents was of a high standard. The ethos of care was one where the resident's independence was promoted and their rights were upheld. Overall, the inspectors found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspectors spoke to several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

Residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents needs were met, in line with their wishes. There was good access to health care services including occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services. Residents also had access to allied health and social care professionals such as, physiotherapy, occupational therapy, dietetics, optical, dental and podiatrist services. The residents were seen by their general practitioner on a regular basis, although it was not clear how frequently this included a full medical review.

Infection control practices were in keeping with best practice such as, continuous hand washing, environmental and infection control audits.

A COVID-19 risk assessment and a contingency plan was in place and both had been implemented in practice during the COVID-19 outbreak

There was a good emphasis on infection prevention and control in the centre, and the inspector observed evidence that staff had received up to date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training.

Improvements in the standard of cleaning were noted since the last inspection. A system to ensure all equipment was cleaned after every use was in place. This involved a self-adhesive label attached to equipment such as hoists commodes shower chairs medication trolleys and wheelchairs. Each staff person to use the item was responsible for cleaning it. They then completed the label with date time and signature and attached it. A cleaning schedule for frequently touched items was

viewed. This listed all areas that required to be cleaned regularly, up to four times daily, such as; light switches, door handles, flush handles, monitor screens, keypads, phones etc.

Alcohol hand rub were available at the point of use and although clinical wash hand basins were not yet available near resident's bedrooms, a preparatory survey of water pipes to determine the best location for them was recently completed.

Findings from the last inspection identified that the sluice room in the centre was not of sufficient size to facilitate the appropriate cleaning and storage of all equipment such as commodes.

Inspectors found that adequate alternative measures to address this were put in place by the provider. These included: the use of disposable equipment, use of solidifying gel sachets and appropriate storage space for clean commodes.

There was a weekly schedule of activities developed by the activities co-ordinator following consultation with the residents. The activities kept them busy throughout the day. The wide variety of activities included in the schedule, ensured that all residents had some form of activity they enjoyed, available to them.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were extremely happy to have their families and friends visiting them once again.

Regulation 11: Visits

Visiting had recommenced and the provider had put arrangements in place in line with national health surveillance and protection guidance on visits to Long Team Residential Care Facilities (LTRCs). A procedure had been developed and implemented which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was mostly meeting the needs of residents, and the provider was taking action to rectify issues identified on inspection.

The centre was in a good state of repair and the following improvements from the last inspection had been completed;

- replacement of floors in some bedrooms and corridors.

- replacement of partitions in some twin rooms with stud walls and curtain screens that completely enclosed the bed to ensure privacy and dignity of residents.
- provision of additional shower rooms and toilets.
- improved storage of commodes.

There were a variety of spaces available to residents to spend time outside of their bedrooms. These included sitting rooms, large dining room, activity room and reception area. There was also a large enclosed sheltered courtyard with seating, shading and shrubbery. In the courtyard there was a nicely crafted shelter complete with dart and ring boards, christened the 'men's shed', it had been built by a member of the maintenance team. These areas were pleasant relaxing spaces and residents were observed enjoying all of them, in particular the courtyard, on a lovely summer day.

Judgment: Compliant

Regulation 26: Risk management

There were no risks identified on this inspection. There was a risk management policy and risk register available for review. The risk register included risks associated with a COVID-19 outbreak together with other actual and potential risks identified in the centre. The risk register was reviewed and updated at the monthly quality and safety meeting.

Judgment: Compliant

Regulation 27: Infection control

Although procedures consistent with the standards for the prevention and control of health care-associated infections, published by HIQA, were implemented by staff, clinical wash hand basins were not yet readily available to staff in areas where these might be required to manage outbreaks of infection such as on corridors where resident's bedrooms were located.

In addition, all wash hands basins, designated as 'clinical' wash hand basins, need to be reviewed to ensure they conform to infection prevention and control standard HBN 0010 such as those in the medication room, laundry and the cleaners room.

It was also noted that some of the furniture and fittings in residents' bedrooms required repair or replacement where the surface of wardrobes and other furnishings was chipped or broken. Also indent scratches and cracks were noted on beds, doors and door surrounds. A programme of replacement of furniture and

fittings was required in order to ensure effective cleaning of all items and assurance of prevention of infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessment and care plan reviews took place within a four month period or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Residents were monitored for signs and symptoms of COVID-19 and their temperature was recorded twice per day.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais was provided to residents. Residents' had access to their General Practitioner (GP), the three GP's came into the centre to review residents each week. Residents had access to members of the allied health care team as required. The inspector saw evidence that the podiatrist and physiotherapist had resumed their routine treatments in the centre. Referrals to all services were made promptly.

Judgment: Compliant

Regulation 8: Protection

There was a safe-guarding policy in place and residents were protected from abuse. The recruitment procedure in place ensured staff had garda (police) vetting in place prior to working in the centre. There were no reports of alleged abuse in this centre.

The centre was a pension agent for a number of residents' pensions. The processes in place were reviewed and were in line with the requirements published by the Department of Social Protection (DSP). There was a safe process in place for managing petty cash on behalf of a small number of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by the activities co-ordinator, those residents with dementia were included.

Residents had access to an environment which enabled them to undertake activities in private. They were offered choices in all aspects of their day-to-day life and their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

The local priest was resuming the weekly Mass service in the centre the week of this inspection and the hairdresser had resumed their in house service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0031297

Date of inspection: 16/02/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The nursing home welcomes suggestions and complaints from residents, relatives/representatives and visitors. We will ensure that complainants are aware that their complaints are taken seriously and assure them of our commitment to investigate fully and respond to their concerns. • All complaints will be acknowledged, investigated and addressed in line with the Complaints Procedure in the nursing home. • We will monitor the satisfaction of complainants following the investigation and response to their complaint and we will inform them of corrective actions and quality improvements implemented as a result so that they are reassured that their complaints have been taken seriously and that decisive action has been taken to prevent recurrence. • We will ensure that complainants have access to an appeals process if they remain dissatisfied with the outcome of their complaint. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Clinical wash hand basins have been installed and are readily available for staff to use in areas where these might be required to manage outbreaks of infection. Completed by 16/07/2021. • A programme of works is in place to replace wash hand basins in the Medication Room, Laundry and Cleaners' Room, ensuring they conform with infection prevention and control standard HBN 0010. These works will be completed by 30/09/2021. <p>A programme for furniture/joinery upgrade (Repair/Replacement) is planned and will be</p>	

undertaken. This will ensure effective cleaning of all items can take place while providing assurance around prevention of infection. Planned works will be completed by 31/12/2021

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2021
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,	Substantially Compliant	Yellow	07/07/2021

	the outcome of the complaint and whether or not the resident was satisfied.			
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