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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Brampton Care Home</th>
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<tr>
<td>Name of provider:</td>
<td>Brampton Care Ltd</td>
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<tr>
<td>Address of centre:</td>
<td>Main Street, Oranmore, Galway</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>22 July 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005812</td>
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<td>Fieldwork ID:</td>
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About the designated centre

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

Brampton Care Home is located in the heart of Oranmore town, Co. Galway. The designated centre cares for residents with aging related health issues inclusive of physical, psychological and social concerns. The service cares for both male and female residents that are aged 18 years and over. The care extends to those with dementia, cognitive impairment, mental illness, intellectual disabilities, physical disabilities and chronic physical illness. There is 24 hour nursing care available in the centre. The centre is laid out over two floors of a four storey development. The ground floor includes a reception and coffee shop, a formal dining area, a variety of seating areas, a beauty salon, and a quiet reflection room. There is a small kitchenette available for residents use. A sun room and two enclosed courtyards form part of the living area on the ground floor of the centre. The centre has 42 bedrooms, 38 single occupancy en-suite rooms and 4 double occupancy en-suite rooms. All bedroom accommodation is situated on the second floor which is accessed by two lifts. The second floor also contains a sitting room, dining room and kitchenette.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 44 |
How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

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<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Wednesday 22 July 2020</td>
<td>09:00hrs to 16:00hrs</td>
<td>Mary Costelloe</td>
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What residents told us and what inspectors observed

The inspector spoke with a number of residents during the day of inspection. The general feedback from residents was one of satisfaction with the care and service provided. Residents mentioned how they had been living through strange times but were thankful that the centre had remained free of the COVID-19 virus.

The inspector observed that the communal areas were occupied by residents throughout the day. Some residents were seated in small groups in the main day room with a member of staff in attendance at all times. The inspector observed residents watching a quiz game on the television. Some residents were observed sitting in another dayroom watching an old black and white movie, another selecting and reading books in the library and another reading the newspaper in the coffee shop area.

The inspector saw that the centre was a bright, modern and spacious building. The premises and grounds were maintained to a very high standard with suitable heating, lighting and ventilation. The centre was clean and suitably decorated, with high quality furnishings, fixtures and fittings to ensure a comfortable and homely residence. There was ample space for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings. Residents were very complimentary about the building and the size and the layout meant that social distancing was possible in the communal rooms and in the wide corridors.

The inspector spoke with a resident who was sitting outside in one of the two enclosed landscaped garden areas. The resident mentioned that she enjoyed being able to go outside unaccompanied when she wished.

Staff informed the inspector that staff and residents had a party in the outdoor garden area the weekend previously and a summer BBQ was planned.

Some of the residents mentioned how they had been lucky to have their hair done throughout the pandemic at the in-house hairdressing salon. They informed the inspector that some of the healthcare assistants were talented and had looked after their hair styles.

Residents said that they were delighted that family visits had resumed and that they were able to meet their loved ones again. The inspector observed a number of residents receiving visitors during the inspection. Some residents continued to receive visits using the pod while others received their visitors in the designated area of the coffee shop.

Residents were also delighted that the local parish priest was visiting again. The inspector observed a large number of residents attending a prayer service during
the inspection.

Posters were prominently displayed informing residents of upcoming events. The inspector saw posters notifying residents of the priests visit, upcoming creative art workshop and sing a long with a local musician.

**Capacity and capability**

This inspection was a short notice announced monitoring inspection conducted over one day. The inspection was carried out following an application to the Chief Inspector to vary conditions of registration, to increase the maximum number of persons that may be accommodated at the designated centre from 46 to 79.

This was a well managed service and a good service was being provided to the residents. The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. This centre has had a good history of compliance with the regulations, there was full compliance with the most recent restrictive practice thematic inspection dated 22 November 2019 and issues identified on the previous inspection dated 13 June 2019 had been largely addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Brampton care Ltd. The general manager who is a director works full-time in the centre. The person in charge is supported in her role by the general manager, the assistant director of nursing, clinical nurse manager, facilities manager and other staff members including nurses, carers, physiotherapist, activities coordinators, housekeeping and catering staff. On call staffing arrangements for key management positions were in place and contact details were available to all staff.

The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

A documented Covid-19 preparedness plan was in place and the risk register has
been updated to reflect risks associated with the pandemic. An emergency management team consisting of the person in charge, general manager, accountant, head chef and facilities manager had been set up and they had established links with the public health team and Health Service Executive (HSE) lead for their area. The management team had identified two family liaison officers to ensure that families were kept informed and updated in the event of an outbreak.

The team had identified an area for isolation and cohorting of residents if required. The area was located at the end of a corridor on the first floor. It could accommodate six residents and all bedrooms had en suite shower and toilet facilities. The area was serviced by a separate stairwell and lift. Toilet facilities and an area suitable for use by staff for donning and doffing PPE in the event of an outbreak had been identified.

Cautionary signage was seen throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE).

There were no residents or staff with a diagnosis or presenting with symptoms of COVID-19 on the day of inspection. Weekly testing of staff for COVID-19 had been taking place.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. Regular audits and analysis were carried out in areas such as restraint, falls, medication management and infection prevention and control. The inspector noted that improvements had been implemented to the systems of review, areas for improvement had been identified and communicated to staff. Feedback from residents committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Care and support for residents was delivered by the appropriate number and skill mix of staff. This is further evidenced under the quality and safety section of the report.
### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge and knew the individual needs of each resident. The assistant director of nursing deputised in her absence.

Judgment: Compliant

### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 44 residents. There were seven residents assessed as maximum dependency, nine as high, 13 as medium and 15 as low dependency. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally six care assistants and two nurses on duty during the morning, afternoon and evening, one nurse and three care assistants on duty at night time. The person in charge and assistant director of nursing or clinical nurse manager (CNM) were normally on duty during the day time Monday to Friday.

The person in charge advised that recruitment of staff was on-going and in anticipation of their application to increase the maximum number of persons that may be accommodated at the designated centre from 46 to 79. Four nurses had recently been recruited, two nurses were currently working supernumery as part of their induction process. Additional healthcare assistants and housekeeping staff had also been recruited. The person in charge submitted proposed staffing levels for the proposed increased number of residents. She advised that staffing levels would be reviewed on an ongoing basis and would be assessed following each resident admission. The proposal included that a maximum of five new residents per week would be admitted.

Judgment: Compliant

### Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. The training matrix reviewed identified that all staff including recently recruited staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and the management of responsive behaviours.
Training completed also included restrictive practice, infection prevention and control, wound care and food safety management.

The facilities manager had completed train the trainer 'Fire safety and fire warden instructor' course in October 2019 and provided fire safety training to all staff and included it as part of the induction training for all new staff.

The assistant director of nursing and CNM were both currently undertaking a management and leadership training course.

Three nursing management staff had completed training on the pronouncement of death.

The management team advised that they had recently subscribed to an online training company which will facilitate staff to complete a wide range of appropriate training courses online.

Judgment: Compliant

**Regulation 21: Records**

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner.

All staff had received up-to-date training in safeguarding vulnerable adults and had an An Garda Síochána (police) Vetting certificate on file.

Gaps identified in the staffing roster during the inspection dated 13 June 2019 had been addressed. The rosters had been updated to include the surname, position held, the actual hours worked in 24 hour clock format by each staff member.

Judgment: Compliant

**Regulation 23: Governance and management**

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. Improvements required in relation to the systems of auditing and review identified during the June 2019 inspection had been addressed.

An assistant director of nursing had recently been appointed to support the person in charge and to ensure additional clinical oversight, supervision and effective delivery of care. The assistant director of nursing deputised in the absence of the person in charge. Arrangements were also in place for the CNM or senior staff nurse
to deputise for the person in charge in the event that both the person in charge and the assistant director of nursing were unavailable to work in the centre.

Judgment: Compliant

**Regulation 3: Statement of purpose**

Minor amendments were required to the statement of purpose dated 2 July 2020 which had been submitted with the recent application to vary conditions of registration. An updated statement of purpose was submitted following the inspection in order to fully comply with schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated along with one-to-one consultations where resident’s preferences were ascertained and facilitated. There was evidence that issues raised by residents were acted upon.

Good quality health care was provided to residents and GP support was maintained throughout the pandemic.

Nursing documentation reviewed indicated that residents needs had been assessed using validated tools and that up-to-date care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and generally informative.

Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Resident observations were recorded daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were two full time activities coordinators.
employed. Activities were facilitated seven days a week.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

The provider did not manage the finances or act as a pension agent on behalf of any residents. The person in charge advised that there was no money or valuables kept for safe keeping on behalf of residents. All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. Appropriate signage was provided to assist residents in finding their way around the centre. The building was found to be well maintained, clean and odour free.

The building was found to be accessible and aided residents to be independent. The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. There is a variety of communal areas located on the ground floor. All bedroom accommodation currently in use is situated on the second floor. All floors are accessible by two passenger lifts and a service lift is also provided. The second floor contained a variety of communal spaces including sitting room, dining room and kitchenette.

Residents had access to two safe, secure outdoor landscaped garden areas which were easily accessible from the ground floor communal day spaces. The garden areas were enhanced by raised colourful flower beds, covered seating areas and garden furniture. There were plans in place to provide roof top terrace garden on the second floor.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. Fire drills were also discussed with residents. While fire drills simulating both day and night time scenarios had taken place regularly, the records maintained were of poor quality and did not provide adequate information to provide assurances that residents could be evacuated safely. This was brought to the attention of the management team who undertook to address the issue immediately. Following the inspection, further fire drills were carried out and comprehensive records submitted to the authority which provided assurances.
Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had been closed to visitors in accordance with national guidance.

Visiting restrictions had recently been eased in the centre in line with Public Health advice. Visiting was facilitated in the designated coffee shop area which was observed to be appropriate to accommodate social distancing. Visits were by appointment only and were accommodated seven days per week from 9 am to 5 pm.

Visits were also facilitated through a specifically designed and constructed Pod. Relatives and friends could sit in the externally located covered pod and communicate through a speaker phone which was then amplified to the resident sitting inside the window.

Judgment: Compliant

Regulation 17: Premises

The centre was laid out over three floors of a four storey development. The ground floor included a reception and coffee shop, a formal dining area, a variety of seating areas, a beauty salon, and a quiet reflection room. There was a small kitchenette available for residents use. A sun room and two enclosed courtyards form part of the living area on the ground floor of the centre. The centre is currently registered to accommodate 46 residents in 42 bedrooms, 38 single occupancy and 4 double occupancy bedrooms located on the second floor. All bedrooms have en suite toilet and shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms.

The registered provider had applied to register a further 33 beds located on the third floor, in 29 single rooms and 2 twin bedrooms. All bedrooms had en suite toilet and shower facilities. Thirteen of the bedrooms contained a living area with large flat screen television and small kitchenette. The bedrooms were found to be bright and spacious. The furnishings and decor were completed to a high standard. There was separate assisted bathroom, shower room, sluice room and a variety of communal spaces including sitting rooms, dining room and kitchenette provided on this floor.
Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures and resources were in place to enhance cleaning and decontamination during the COVID-19 pandemic. Recent infection control audits completed by nursing management in relation to hand hygiene and environmental hygiene indicated good compliance.

On the day of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on its use. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel dispensers were observed to be available and in use throughout the building and all staff carried personal hand sanitizing alcohol gel bottles. There was a separate staff changing area which was accessible from outside the building, staff changed into their uniforms prior to entering the centre. The inspector observed that the uniform policy was being adhered to.

The building and equipment used by residents was found to be visibly clean. Separate equipment including hoist slings were available for individual residents in order to minimise the risk of cross infection.

Cleaning procedures were updated and frequency increased for specific areas of the centre. The provider had purchased a ‘fogging’ machine to further assist in decontamination of the centre. The provider had also invested in a new i-mop for cleaning floors and a toxin-free commercial cleaner and sanitiser (infused with ozone). The household supervisor and person in charge continued to maintain oversight of cleaning process and procedures.

The laundry service was outsourced. Arrangements had been put in place for a separate storage area and trolley for infected laundry. The person in charge advised that infection prevention and control policies and procedures had been discussed with the laundry company.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Judgment: Compliant

Regulation 28: Fire precautions
Records indicated that all fire fighting equipment had been serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment.

The L1 fire alarm system had been recently commissioned for the third floor of the building, the inspector reviewed the commissioning certificate dated 22 May 2020. Each floor of the building had a separate repeater fire alarm panel which would allow staff to identify the source of the fire quickly.

Additional fire fighting equipment had been provided to the third floor of the building, fire fighting equipment had been serviced on the 1 May 2020.

The emergency lighting system for the third floor had also been commissioned on 26 May 2020 and a quarterly inspection service of the system was being carried out.

The facilities manager had completed train the trainer 'Fire safety and fire warden instructor' course and provided all staff with in-house fire safety training.

All residents had individual personal emergency evacuation plans in place, the management team outlined how they continued to review resident dependency and evacuation needs when accommodating residents to ensure that could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

The inspector noted that issues identified in relation to assessment and care planning during the June 2019 inspection had been addressed.

The inspector reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments continuously informed the residents care plans.

Judgment: Compliant

**Regulation 6: Health care**

Throughout the pandemic, GPs provided a service remotely and advised staff and
residents over the phone, they were available to visit residents on site if they were unwell. Residents care needs were further supported by the physiotherapist, occupational therapist and chiropodist. Remote access to the dietitian and speech and language therapist (SALT) was on going.

Throughout the pandemic, the physiotherapist continued to visit 5 days a week to promote the mobility of residents, the OT visited weekly and the chiropodist had visited regularly.

Judgment: Compliant

**Regulation 8: Protection**

Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting.

The provider did not manage the finances or act as a pension agent on behalf of any residents.

Residents had access to advocacy services, this information was displayed in prominent places around the centre.

Judgment: Compliant

**Regulation 9: Residents' rights**

There was a person centred ethos of care in the centre and residents’ rights were respected. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach.

Activity provision was managed by two full-time coordinators, activities were facilitated seven days of the week. The schedule of activities included bingo, karaoke, board games, weekly Irish conversation classes, weekly choir practice, art classes and live music.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed prominently on both floors in the centre. The service had been discussed at the
Residents committee meetings.

Residents had access to information and news, daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones, SKYPE and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place. Each resident had access to an easy dial personal telephone in their bedroom.

Residents continued to be consulted in the running of the centre. There were monthly residents meetings hosted by the activities coordinator. The minutes of meetings were recorded and issues raised by residents were seen to be addressed by the management team. For example, residents had recently requested a microphone so that they could hear clearly what was being said at meetings. The microphone had been provided.

Residents religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions. Residents continued to recite the daily rosary.

Residents were observed to be moving freely within the centre. Issues identified at the June 2019 inspection in relation to access to the garden areas had been addressed. The code locks on the doors leading to the gardens were now open during the day time and the inspector observed residents coming and going as they wished.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

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

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<td>Regulation 17: Premises</td>
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