



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

## Issued by the Chief Inspector

Name of designated centre:	Ballymote Community Nursing Unit
Name of provider:	Nazareth House Management
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0027310

## About the designated centre

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

Ballymote Community Nursing Unit is registered to accommodate 24 male or female residents who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. The centre is located in a residential area a short walk from the town of Ballymote. The building is single storey and is decorated in a home like way.

A large extension has been added to address the premises deficits that include a shortage of communal space and multiple-occupancy bedrooms. The structural work was complete and furniture was scheduled for delivery. Residents' bedroom areas were personalised and there was appropriate screening in shared bedrooms. Signage was in place to guide residents around the centre.

The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

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

Number of residents on the date of inspection:	22
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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
09 October 2019	09:00hrs to 17:30hrs	Geraldine Jolley	Lead

## What residents told us and what inspectors observed

The inspector spoke with five residents and two visitors. Residents said they were very happy living in the centre and said that they enjoyed the atmosphere and the company of other residents. They said that they liked being near the town as they were able to go out with family and friends to shops and cafes. Many residents were from the local area and said they continued to enjoy being part of the local community. Residents said the food was very good and said staff ensured their choices were known and adhered to at mealtimes. Residents said they liked the activities provided and mentioned the exercise groups, music entertainment and films that kept them entertained. Residents also said they liked the garden and the local park as they are visible from several areas in the centre.

The care provided by staff was mentioned as a very positive feature of the service. Residents described staff as kind, approachable and always there when they needed assistance. Staff were praised for their dedication and for ensuring that residents were content and comfortable in the centre. Residents were supported to remain independent and to make decisions. The inspector was told that they felt free to come and go and that staff ensured they had medicines and any equipment they needed when they went out with family or visitors.

The inspector observed that staff were readily accessible to residents throughout the day and that residents had regular meaningful interactions and were not left alone for long periods. Communal areas were supervised well and there was good communication between staff on work that needed to be completed during the day.

## Capacity and capability

There was a clear and well established management structure in the centre and the lines of authority and accountability were understood by all staff. There was evidence that effective leadership, governance and management systems were in place. The person in charge had been appointed to this position in 2012. She was a registered nurse with experience in the area of nursing older people and in health promotion. The person in charge demonstrated a high level of clinical knowledge and had an appropriate staff skill mix in place to ensure safe quality care was provided. She reported to the organisation's Chief Nursing Officer who in turn reported to the provider representative.

There was evidence that there was a system for oversight of the service as the Chief

Nursing Officer visited the centre regularly and met with the person in charge. There was very low staff turnover and residents said they valued the continuity of the staff team. The person in charge was well known to residents, who described her as very attentive and kind. Staff also described the person in charge as a very approachable manager, who put the residents at the centre of everything that happens in the centre.

Recruitment practices met legislative requirements and Garda Síochána (police) vetting was completed before any staff commenced work in the centre. There was a varied training programme provided to ensure staff maintained and updated their skills. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2019 for nursing staff was up to date.

The centre was in a transition phase when this inspection was completed. The building work on the extension was complete and furniture was due to be delivered over the following weeks. The person in charge had plans in place for the occupation of the new rooms and how the transition would be managed. The improved privacy standards, communal and outdoor spaces would enhance how staff delivered resident-focused person-centred care. Staff were completing fire training to ensure they were familiar with the new building prior to the move. Residents had been involved with the development and had contributed their views on colour schemes for paintwork and furnishings.

The centre has two conditions applied to the registration. Condition 8 outlines that physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 14th December 2017. This reconfiguration must be complete by September 2019. An application to vary this and extend the time line for completion to October 2019 was submitted due to an unforeseen delay.

The other condition limits the use of the communal bedrooms to residents who require short term, respite and convalescent care. The provider was in compliance with this condition.

The inspector was assured that the provider representative was providing suitable staffing and an appropriate skill mix to meet the assessed needs of the residents taking into account the size, design and layout of the centre. All staff were supervised on an appropriate basis, as appropriate to their role and responsibilities.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider representative had applied to vary a condition of the registration. The building work on the new extension is complete and furniture is scheduled for delivery during October but delays with some external services has meant that the completion date in September could not be met. The application requests an extension of the time line until 31 October 2019. An application to register the new

extension is being completed by the provider representative.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge has been in the role since 2012. It was evident from the way staff resources, care delivery and documentation were organised and maintained that she provided a high standard of leadership to the staff team. She supervised care practice and was familiar with residents' care needs, respite care arrangements and complex care problems. Residents and visitors said that they could always approach her if they had a concern or difficulty.

Training records conveyed that her mandatory training was up to date and she had also completed post graduate training in leadership and management and health promotion.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels at the time of the inspection were sufficient to meet the health and social care needs of residents. Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and conveyed good knowledge of residents' abilities, needs and daily routines.

There was a minimum of two nurses on duty during the day and one nurse at night. They are supported by a team of carers and ancillary staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff had access to mandatory training and to other training relevant to care practice and the effective operation of the service. The training records confirmed that all staff including volunteers had completed training in mandatory topics relevant to their roles. All staff had also completed training in resuscitation, hand hygiene and in dementia care awareness.

A comprehensive recruitment policy was available that reflected best practice standards. Staff records were audited regularly by the person in charge and

administrative staff to ensure they contained the required schedule 2 records and training certificates.

Judgment: Compliant

### Regulation 21: Records

Records were maintained in both hard and soft copy formats. Records in respect of residents and Schedule 3 and 4 records were available and were stored securely. Residents' files held relevant information such as transfer and discharge letters from hospital and correspondence from multi-disciplinary professionals that had reviewed or treated residents.

Information on display in the centre included emergency fire procedures, the complaints procedure and the registration certificate.

Judgment: Compliant

### Regulation 22: Insurance

The insurance certificate was on display and was valid until May 2020.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure that ensured the service operated effectively and was appropriately resourced. The inspector saw that there was regular oversight of the service from senior managers who had visited the centre regularly during the construction of the new extension. A weekly visit from the Chief Nursing Officer ensured that the person in charge had regular support and supervision and there was also a regular report made by the person in charge to the provider representative.

Adequate resources were provided to ensure the effective delivery of care in accordance with the statement of purpose and to implement the centre's policies. The new extension had been expertly planned in cooperation with the Health Service Executive that owns the building. The recruitment of the additional staff required to meet the needs of the increasing number of residents was well underway.



Internal reporting systems were understood by staff. Members of the team were aware of their roles, responsibilities and reporting procedures to the person in charge. There were systems in place to audit and review aspects of the service and this included consultation with residents. Improvements were made as the result of audits or complaints. The inspector saw for example that where an issue about food was raised this was dealt with and measures taken to prevent a recurrence.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was being revised to include the new extension and the revised staff allocations. The information provided in the current version was in accordance with Schedule 1 Regulation 3.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers were involved in the centre. Training was provided and vetting disclosures sought as required by regulation 30.

Judgment: Compliant

### Regulation 31: Notification of incidents

The required notifications were supplied as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed and residents the inspector talked with confirmed that they knew how to raise a concern or make a complaint. There was a record of complaints and the inspector found that matters raised were dealt with promptly and effectively to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

The care and support provided to residents was observed to be of a high standard. Residents described the friendly and caring atmosphere that had been fostered in the centre. They told the inspector that they were encouraged to live as independent a life as possible and to maintain their contacts with the local area. Residents said their choices and wishes were actively sought and respected, and that they received very good care and support from all staff. The inspector noted that the overall ethos in the centre was to provide a relaxed, homely and supportive environment for residents. The centre was located in a residential setting a short walk from the town and was well connected to the local community. Residents described how they were consulted with and encouraged to express their views on meal time choices for example and said changes were made to suit them. Residents' care plan assessments included personal information to guide staff practice. A "A Key to Me" document described residents' backgrounds, lifestyles, interests and family and community connections. These assessments gave staff a good insight into residents' likes and dislikes, preferences and hobbies and were used by staff to inform their care practice. The inspector observed staff interacting with residents in a way that confirmed they were familiar with the preferences and daily routines. Residents told the inspector that there was a good range of activities provided and said they particularly liked the exercise groups facilitated by the physiotherapist.

There was evidence that care and support was provided to a good standard and the centre had a computerised care planning system in place. There were adequate information to support staff in effectively managing residents' health and social care needs. The assessments, care plans, delivery of care and review of residents' health and social care needs conveyed that care was delivered appropriately and reflected each resident's assessed needs. There was good access to primary care services and the inspector saw several examples of good multidisciplinary working arrangements that had beneficial outcomes for residents. This included the management of end stage dementia, weight loss and complex care. Nursing care was provided by a minimum of two registered nurses during the day and one at night. These arrangements meant that, overall, residents' care and support needs were appropriately met on an ongoing basis. While the information in care plans was informative there was scope for improvement in descriptions of some dementia care plans. In particular information on how orientated residents were to their environment and their capacity to recognise people around them would be helpful for staff.

Residents were protected from abuse and harm and there were policies and procedures as well as regular training to ensure staff kept their knowledge up to date on this topic. Residents the inspector spoke with confirmed that they felt safe in the centre. Training records confirmed that all staff had received

suitable training and staff who spoke with the inspector were knowledgeable about the steps to take in the event of an incident, suspicion or allegation of abuse.

The person in charge outlined how they were endeavouring to provide a restraint-free environment while also respecting residents' expressed preferences. There was low use of bedrails and arrangements were in place to ensure that restraint was only used as a last resort, monitored and reviewed regularly to ensure residents' safety. Documentation described the alternatives to bedrails that were trialled prior to their selection.

The shortfalls in the premises include a lack of communal space, inadequate privacy standards, a lack of suitable storage and inadequate shower/bath facilities. These areas have been described for action in previous reports and the provider has taken action to address these however, the older part of the building which will remain in use requires decoration as it shows signs of wear and tear. A new extension has been added and at the time of the inspection furniture for all areas was due for delivery. When registered the facility will comply with established standards. The centre was observed to be bright, adequately furnished and appeared clean throughout. Residents told the inspector that they were comfortable and some residents said they looked forward to the new area opening as it was so bright and spacious.

There was adequate means of escape and fire exits were unobstructed. Clear procedures for the safe evacuation of residents and staff in the event of fire was displayed in a number of areas. The fire exit routes had been revised as the work on the building progressed. Overall, fire records were comprehensive and information was easy to retrieve. Areas for improvement identified during fire drills and training sessions were described and included in subsequent fire drills.

### Regulation 10: Communication difficulties

Communication problems were identified in assessments and there was information in care records to inform and guide staff in their interactions with residents. There was signage to guide residents around the centre and information and documents provided to inform residents were in large font.

Judgment: Compliant

### Regulation 11: Visits

Visitors were seen going in and out of the centre at different times during the inspection. Staff were observed to take time to talk with family members and visitors when they visited and when they rang to enquire about their relative. Residents said that their visitors were always made welcome and that there were

<p>areas in the centre to visit in private, if they wished to.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 12: Personal possessions</b></p>
<p>An action plan in the last report described that some storage areas were not accessible to residents. The inspector saw that efforts had been made to address this and improved storage space accessible to residents was now available.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 13: End of life</b></p>
<p>There was information to guide staff on how residents' end of life care was to be delivered. Care plans included an outline of the discussions staff had with residents and family members. The staff team had developed good relationships with the local palliative care and hospice team and assessments and follow up were provided to ensure residents comfort at end of life or when palliative care was necessary.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 17: Premises</b></p>
<p>An action plan in the last report outlined a deficit in privacy standards as toilets and shower areas did not have locks. The inspector saw that this had been addressed and these facilities could now be appropriately locked.</p> <p>The major premises shortfalls that include bedrooms that accommodate four residents, a lack of communal space and inadequate provision of showers persist however these problems are due to be resolved when the new building is fully complete which is scheduled for the end of October.</p>
<p>Judgment: Not compliant</p>
<p><b>Regulation 18: Food and nutrition</b></p>
<p>Residents who spoke with the inspector said they were provided with good food and</p>

drinks regularly. All residents said that meals were varied and enjoyable.

Residents' nutritional needs were known by staff supporting residents to eat and drink and to those serving food. Procedures were in place to guide practice in relation to monitoring nutrition. Weights were recorded monthly and more frequently when fluctuations were evident. Access to dietetic and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in residents conditions. The inspector reviewed residents' records and found that some residents had been referred to these services and the specialist recommendations were being followed. The recent guidance on food and liquid textures published by speech and language therapists was known to staff and literature had been provided for reference. Training was scheduled to ensure staff had adequate knowledge on the changes.

The inspector observed the lunchtime experience in the dining room which was a social and interactive occasion. Some residents dined in their bedroom by choice and the inspector noted that meals were served to them promptly.

Judgment: Compliant

### Regulation 20: Information for residents

A Residents' Guide was available and this included a summary of the services and facilities provided, terms and conditions relating to residence, the procedure for making complaints and the arrangements for visits. This guide was found to meet the requirements of legislation. This information was supplemented with information on notice boards through the centre and by the statement of purpose. Residents said they were well informed about their care and the services available.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector saw that there was information exchanges between the centre and acute or community services to ensure that discharges and admissions were undertaken safely. During the inspection the inspector observed that information was relayed to doctors when residents needs changed and that decisions about care were planned thoroughly.

Judgment: Compliant

## Regulation 26: Risk management

There was a low level of accidents recorded in the centre and there was a falls prevention strategy in place. The risk management system supported the provider representative and the person in charge to identify risk areas and to plan control measures where risks were identified.

Judgment: Compliant

## Regulation 27: Infection control

Staff had ensured that good standards of cleanliness were maintained. Infection control standards were compromised by the standard of decoration in parts of the building where paintwork was chipped. Decoration was planned according to the person in charge once the move to the new building was complete.

There is a "Boil Water" notice in place which staff were aware of and that was being observed.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety precautions and training for staff was a high priority the inspector was told. All staff were up to date with training and recent sessions had included the new building. A final session was planned to ensure all staff were familiar with the new layout and fire exits. There were service records that confirmed that fire fighting equipment, the fire alarm and emergency lighting were regularly serviced. Equipment was also checked regularly by staff and these checks were recorded in the fire register.

Regular fire drills had taken place during the previous 12 months and a description of the fire drill, details of the participants and any issues identified for learning were recorded. For example the inspector saw that staff had identified a need to have wheelchairs readily accessible and when evacuating residents to ensure that people were moved as far away as possible to avoid obstructions when other people were being evacuated.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The assessment, care planning and provision of health care has been assessed as compliant in previous inspections and the inspector found that high standards had been maintained. The inspector was informed that the care plan record system is in transition from hard copy to a computer format.

Overall, there was evidence of effective assessments being undertaken and the information generated was used to plan care in a person centred and meaningful way. There was scope for improvement in some dementia care plans. In particular information on how orientated residents were to their environment and their capacity to recognise people around them was not consistently described and would be helpful for staff. There was evidence that a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and cognition. There was ongoing monitoring of falls, pain management, weight, mobility and where appropriate, fluid and nutrition intake. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at every four months. Information on the national screening programmes and if residents had attended screening was recorded. Residents had their oral health and vision reviewed regularly.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to nursing, medical and allied health care.

Residents' health care needs were appropriately referred to their GP and to community health care professionals in order to promote residents' health and well-being. The management of health care was enhanced by the well established multidisciplinary working relationships that had been fostered by the centres staff and primary care and other professionals.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours for a time. These were observed, monitored and trended in behaviour records. Care plans were available to guide practice. GP and community psychiatry services were involved and available

to assess and review residents and support staff to ensure good outcomes for residents.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated an adequate understanding of safeguarding and preventing elder abuse. All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Training had been provided for all staff and volunteers in safeguarding and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' right to choice and control over their daily life was facilitated in all aspects of their daily lives. For example, residents' choices in respect of the times they got up or returned to bed and whether they wished to stay in their room or spend time with others in the communal rooms were known and observed by staff. The person in charge stated that there were no restrictions on visiting and this was confirmed by both residents and visitors to whom the inspector spoke.

There was evidence that residents were consulted on a daily basis by staff supporting and assisting them and they had choices in how to spend their day. Residents were consulted about changes in the centre and most recently had been consulted about arrangements and the decoration of the new extension.

Residents had access to an independent advocate who visited the centre regularly. The inspector was informed by staff that each resident had the option to exercise their right to vote and usually did so at election times. Religious services were provided and a link to the local church was to be installed in the new sitting area so that residents could listen to the parish Mass when they wished.

Facilities for occupation and recreation were available. The inspector was informed that residents were offered group and individual activities that were meaningful to them. Residents said they enjoyed the exercise groups and the local entertainers that came to the centre regularly in addition to discussions and other recreational activities that included films and singing.



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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0027310

Date of inspection: 09/10/2019

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The new extension, having regard to the needs of the residents of the centre, provide premises which conform to the matters set out in Schedule 6. An application to register the extension was submitted to the Chief Inspector indicating that it was ready for occupation from 15th November 2019.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The old part of the building will be decorated to meet infection control standards after residents are moved into new extension. The rooms will be decorated and bed numbers reduced as per statement of purpose.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All residents with a diagnosis of dementia have had their care plans reviewed since the inspection. The care plans now provide information on how orientated the residents with</p>	

dementia are to their environment and their capacity to recognise people around them.

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2020
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs	Substantially Compliant	Yellow	14/11/2019

	of each resident when these have been assessed in accordance with paragraph (2).			
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