Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	25 April 2018
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0023893

About the designated centre

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

St Anne's Private Nursing Home is a two-storey premises located in a rural area close to Charlestown in County Mayo. Accommodation is provided on the ground floor in 10 single bedrooms and nine twin bedrooms, each with an en-suite toilet and wash-hand basin. The centre provides residential, respite and convalescent nursing care to 28 residents from the surrounding catchment area. St Anne's Nursing Home's objective is to provide a high standard of care in accordance with evidence-based best practice; to provide a living environment that as far as possible replicates residents' previous lifestyle; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Current registration end date:	21/10/2019
Number of residents on the date of inspection:	22

How we inspect

To prepare for this inspection the inspector or 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
25 April 2018	08:00hrs to 17:00hrs	Una Fitzgerald	Lead
25 April 2018	08:00hrs to 17:00hrs	Mary O'Donnell	Support

Views of people who use the service

Inspectors met with several residents on the day of this inspection. All the residents commented in positive terms about the service they received. They expressed their satisfaction with the food they received, the laundry service and the comfort of the centre. Residents were happy with how their care needs were met and that call-bells were responded to in a timely manner by staff on day and night duty.

They felt that staff offered them choice where possible and respected their wishes. Residents said they felt safe in the centre. They know the provider well and would not hesitate to discuss any worry or concern with her.

Capacity and capability

The previous inspection on 9 February 2018 found the governance and management arrangements in place did not ensure the safe delivery of care to residents. Following that inspection, the provider appointed a new management team and submitted a comprehensive plan to achieve compliance. The provider confirmed that she would cease taking admissions until safe delivery of care could be assured.

Foundations had been put in place to strengthen the governance and management structures and a management system was introduced to monitor the quality and safety of care. Nurse-led teams were formed with responsibility for the care and welfare of named residents. As detailed in the quality and safety section, improvements were required in oversight of the delivery and documentation of care to provide assurances that residents' medical and nursing needs were met. Non-compliance relating to nursing assessments and care plans were repeated findings on this inspection. The management team agreed that additional time was required to embed new practices and address the non-compliances. The provider agreed to extend the moratorium on admissions until substantial compliance was

achieved.

While acknowledging progress, HIQA will continue to monitor the centre to ensure that the provider continues to focus on improvements to ensure compliance with the regulations and the standards.

The registered provider had put in place a new, clearly defined governance structure which staff and residents were familiar with. Inspectors met the quality manager and the two nurses who shared the role of person in charge. The management team was formed in early March 2018 and the lines of authority and accountability and specific roles and responsibilities were clearly defined. A quality management system was introduced to monitor the safety and quality of care. Data on clinical indicators and accidents and incidents was gathered weekly and collated to monitor trends. A plan for monthly audits was in place. Audits conducted in March and April included health and safety, intimate care, nutrition and health and wellbeing. Audit reports identified areas for improvements and plans to address issues identified. Monthly management meetings with the provider were held and standing agenda items included audit reports, accidents and incident, complaints and progress with the compliance plan.

Residents were protected by good recruitment practices and vetting disclosure procedures. The provider had filled all the staff vacancies and staff had access to relevant training to ensure that they had the necessary skills and knowledge to care for residents. For example all staff had attended health and safety training, manual handling and fire safety training. The training scheduled for May and June 2018 included infection control, safeguarding, dementia, behaviours that challenge and cardio-pulmonary resuscitation (CPR).

Healthcare assistants were satisfied that the induction and orientation programme met their needs. The induction programme for nurses was not appropriate and posed a risk to the residents. For example a nurse who was new to the Irish healthcare service was rostered as the nurse on night duty following an induction of one day and one night on duty. New staff had not yet attended safeguarding training, which was scheduled for June 2018. The training date was brought forward to May following discussion with the person in charge.

Opportunities for residents to give feedback or to raise concerns were facilitated. The provider spent a number of days with residents and visitors in the lounge each week. Residents, relatives and staff said they could raise concerns and be confident they would be listened to and the matter addressed. The complaints procedure was prominently posted and complaints were appropriately documented and managed. Quarterly residents' meetings were resumed and residents had access to independent advocacy services.

Regulation 14: Persons in charge

The role of person in charge was shared by two nurses, both of whom had the required management experience. One nurse did not have a post registration management qualification. She planned to complete a management programme within the next 12 months.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider had recruited nurses and health care attendants but the numbers of staff employed was not consistent with the staffing whole time equivalent referenced in Condition 5 of the centre's registration. Although there were seven vacant places, there was evidence that the care and welfare of residents was impacted and inadequate mentoring and induction of new nurses posed a potential risk to the safety and welfare of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. Annual staff appraisals were conducted to monitor performance and identify training and development needs. Arrangements for the supervision of staff required improvement.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained all the information specified

in paragraph (3) of schedule 3.

Judgment: Compliant

Regulation 21: Records

Records set out in schedules 2,3 and 4 were kept in the centre and available for inspectors to review. Arrangements were in place to archive staff and residents records securely in line with the centre's policy. Overall the nursing records and records of care delivered were not maintained in accordance with relevant professional guidelines.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management arrangements in place were appropriate as evidenced by the improvements made within a relative short period to progress the compliance plan. Resources was made available to upgrade the safety systems at all entrances and replace worn furniture. New management systems were introduced to support the ongoing work required to ensure that safe and suitable care and support was provided. Inspectors acknowledge the progress made to date. However, the level of non-compliance found in the quality and safety of care delivered to residents indicates a judgment of substantial compliance.

The annual review of the safety and quality of care for 2017 had not been progressed due to the dearth of data and information to inform the review. The provider was confident that the management system will provide the information to develop an annual review in 2018.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was revised to reflect the the new management team. The relevant information was included but the document required review to ensure

that the information was current and accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was displayed in the centre and also accessible to residents and relatives in the 'Residents guide'. The centre's complaints log contained details of investigations undertaken and the outcome. Residents were satisfied with the manner in which complaints were managed. Complaints were used to inform quality improvements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written policies and procedures on the matters set out in Schedule 5. The policies were developed by an external consultant and the management team were in the process of reviewing them to ensure that they were centre specific. The policies were available to staff but the system to monitor that staff had read and implemented the policies needed to be strengthened.

Judgment: Substantially compliant

Quality and safety

Inspectors judged the quality of care and lived experience of residents within the centre to be not compliant. Inspectors tracked resident files from admission into the

centre. The documentation in place to support that residents have received appropriate assessments and ongoing person-centred care did not meet with regulatory compliance. The evidence to support this judgment is based on the following significant gaps:

Care plan reviews were not carried out every four months.
Changes in a resident's condition was not documented and so care plans did not always reflect a resident's assessed needs.
Significant events were not appropriately recorded. For example seizure activity.
Poor follow up on advice received from allied healthcare professionals.
Unsafe medication management practices.

Inspectors attended the morning handover meeting. The information given to day staff was not accurate. In addition, the level of detail did not provide sufficient information to ensure that individualised person-centred care was being delivered as per the care plan.

Lack of access to a general practitioner (GP) was identified as a concern on the last inspection. Further progress is required to ensure that when a resident requires a medical review that this review occurs in a timely manner. Inspectors also found clear evidence that advice from allied healthcare professionals was not appropriately followed up. This had real potential to impact on residents' recovery following clinical deterioration and on their overall quality of life.

Inspectors found evidence that staff did not adhere to appropriate medication management practices. There was no system in place for reviewing and monitoring safe medication management practices. The centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nursing team were operating outside of the centre's own policies. There was no audit of medication management taking place.

The centre cares for residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors observed staff engaging with residents throughout the day and found that staff were patient and displayed good knowledge of individual residents and their needs. Inspectors reviewed the documentation to guide staff. Care plans were of a poor standard. The triggers and de-escalation techniques for behaviours were not documented. The detail of episodes of responsive behaviours was not recorded.

There was little evidence that opportunities for social activities had improved since the previous inspection. Residents' views and wishes were discussed at the residents' meetings and plans were progressed for one resident to do painting. Staff employed to facilitate social activities were seen to be occupied providing care. Residents were supervised appropriately in the lounge area. The management team described the future plans in place to meet regulatory requirement that each resident is given the opportunity to participate in activities in accordance with their interests and capacities. To date little progress has been made due to staffing levels. The physical environment within the centre was comfortable and homely. Overall,

the premises was clean and residents confirmed that their bedrooms were cleaned daily. Management committed to carrying out a review of residents' rights to undertake personal activities in private. In addition, further work was required to ensure that residents who wished to go outside could access external grounds that are suitable and safe.

Regulation 17: Premises

The design and layout of the premises meet with the current resident needs. The building was kept in a good state of repair externally and internally. Measures had been taken to reduce the noise levels caused by door alarms ringing. The front door had been fitted with a key code lock.

The patient call-bell system requires further review. The alarm panel is at the nurses station and operationally placed a walking distance from multiple resident rooms.

The external grounds are not secure and all external doors are alarmed for safety purposes. While improvements were made to an outdoor decking area, staff supervision was required when residents at risk of absconding used the decking area.

Judgment: Not compliant

Regulation 20: Information for residents

The residents guide was available in residents bedrooms and communal areas. It contained all the required information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector tracked the files of four residents who had been admitted to an acute setting from the centre. The systems in place did not ensure that all relevant information about residents who were transferred was provided to the hospital.

Judgment: Not compliant

Regulation 26: Risk management

The centre maintained a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, responsive behaviours and residents going missing from the premises. All staff had attended health and safety training and missing person drills were organised which 10 staff participated in. Improvement was required to ensure that all staff attended drills and were familiar with the procedure, given that five residents were at risk of absconding. A missing persons profile for each resident was available at the nurses station.

The incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. While individual risks were comprehensively assessed and managed, not all environmental risks were identified. For example the the risk of a resident becoming entangled in the call-bell string, was not identified.

Judgment: Not compliant

Regulation 27: Infection control

Measures had been taken to address the non compliance found on the previous inspection. Rusted shelving had been replaced. An audit of furniture was carried out and unsuitable furniture was replaced or reupholstered. Staff training in infection control was scheduled for 30 April and May 2018. Infection control measures evidenced on this inspection were in line with the local policy and with HIQA standards for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken measures to protect the residents, staff and the premises against the risk of fire. Inspectors observed that suitable means of escape and emergency lighting was provided. Suitable fire fighting equipment was provided which was regularly tested, serviced and maintained. All staff had attended fire safety training. Simulated fire evacuations were carried out to reflect day and night time staffing levels. Records of fire drills were comprehensive and new learning to improve fire safety was documented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The systems in place for the management and administration of medication were not in line with national and professional guidelines.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

When reviewing documentation and residents' files inspectors found significant gaps in the information required to guide staff. Assessments that were signed off as having been reviewed did not have updates that reflected changing needs.

Care plans were not consistently reviewed every four months, or more frequently when required.

Judgment: Not compliant

Regulation 6: Health care

There was clear evidence that residents did not have access to a medical practitioner in a timely manner.

There was evidence that advice received from allied healthcare professionals was not followed. For example specialist orthopaedic advice and recommendations from a wound care specialist were not followed up.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and observed residents who exhibited responsive behaviours. The documentation in place requires further development. Behavioural charts where not completed. Care plans did not identify the triggers and de escalation techniques best adopted for residents.

The centre's management described and promoted a restraint-free environment. Inspectors reviewed residents' care plans and found some gaps in the assessment process and the documentation in place.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. Training records indicated that staff had completed initial or up-to-date training in the prevention, detection and response to abuse. However a number of new staff employed since March including a nurse in charge, on night duty had not had safeguarding training. They were scheduled to attend the training in June and the training date was brought forward to early May following discussion with the person in charge.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were assured that residents wishes were respected in relation to many aspects of their daily lives including the time they got up and retired at night.

Residents' views were sought through a number of different methods, including residents' meetings and informal discussions. For example, feedback from residents had led to a number of changes and improvements in relation to the menu choices and some changes in the portion size offered at meals.

Contact details for independent advocacy services were displayed and some residents had accessed this service. Plans were in place for the independent advocates to facilitate the residents council meetings. The next meeting was scheduled for May 2018.

Residents were satisfied with arrangements to meet their religious and spiritual needs and with the arrangements in place for them to vote in the upcoming referendum.

There were no locks on bathroom, bedroom or en suite doors. This did not respect resident's right to undertake personal activities in private.

Residents did not have a lockable storage space of the safekeeping of their personal money and valuables.

Residents access to the outdoor area was restricted, as all external doors were

alarmed and not easily opened. The door at the main entrance had a key code lock.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Anne's Private Nursing Home OSV-0000387

Inspection ID: MON-0023893

Date of inspection: 25/04/2018

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The PIC has commenced a management programme, with the first module completed.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • An induction process is in place to monitor and assess new staff. • Additional support and mentoring is included in the induction process for new nurses. • Additional staff have been recruited and additional staff will be recruited in line with the admission of new residents.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All new staff are supported by the induction process. • Staff appraisals are conducted annually and are due from July.	

- Additional staff supervision is given as required and can be requested by staff or management.
- Staff are aware that they can approach management at any time.
- Safeguarding training has taken place with all staff attending.
- The PIC has applied to complete the Safeguarding facilitators course.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

- Care plans have been developed using a different format.
- All care plans have been reviewed and up dated to reflect individualised person centred care.
- Communication Profiles have been included in the care planning process to assist in the care delivery.
- All recommendations from allied health professionals are followed up in a timely manner and documented accordingly. G/P reviews are scheduled and contacted to arrange reviews.
- A medication audit took place in April. The medication policy has been reviewed and updated to reflect internal procedures.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- All care plans have been reviewed.
- All staff now attend handovers at each shift changeover.
- Handover sheets are updated as required to ensure accurate information.
- All recommendations from allied health professionals are followed up in a timely manner and documented accordingly.
- G/P reviews are scheduled and contacted to arrange reviews.
- A medication audit took place in April.
- The medication policy has been reviewed and updated to reflect internal procedures.
- An annual review and report will be produced for 2018
- A complete programme of mandatory training will be completed by August 2018

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose has been updated.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- Staff have been guided to read Policies and sign when read, especially in line with the training they have completed.
- The auditing of Policies is included in the Quality Management system, this includes spot checks on staff to determine their knowledge and understanding of the policies.
- The medication policy has been reviewed and updated to reflect internal procedures.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- There has been a review of the outside space and the development of this will be part of the financial plan 2019/20.
- The nurse call system will be updated and is part of the financial plan 2019/20.
- The decking area has been assessed further for safety and a plan is in place to develop this futher.

Regulation 25: Temporary absence or discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

- Nurses now have 24 hour access to the photocopier, which allows the copy of all transfer forms which will be held in the care plan folder.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- All staff have now attended missing persons drills
- Call bell cords have been risk assessed and where identified as a potential risk have been replaced with anti ligature cords.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- All drug charts have been updated
- The medication policy has been re - written to reflect local practice.
- A medication audit was completed in on April 26th 2018 as part of the Quality Management system auditing tool.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care plans have been developed using a different format.
- All care plans have been reviewed and up dated to reflect individualised person centred care.
- All assessments have been reviewed and updated.
- Communication Profiles have been included in the care planning process to assist in the care delivery.
- All staff now attend handovers at each shift changeover. Handover sheets are updated as required to ensure accurate information.
- All recommendations from allied health professionals are followed up in a timely manner and documented accordingly.
- G/P reviews are scheduled and contacted to arrange reviews.
- Care plans and ABC charts have been developed or updated to determine how residents with responsive behaviours are responded to. There are also communication profiles and care plans for residents with compromised communication.
- Social activities are in the process of being developed. Residents have been asked their preferences and care plans will be devised accordingly. Activity sheets are being completed when activities have occurred and more recent activities include a play group visiting and music groups. The staffing levels will increase with the admission of new residents and it is planned that there will be daily activities tailored to group and individual choice

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- All recommendations from allied health professionals are followed up in a timely

manner and documented accordingly. G/P reviews are scheduled and G/P's contacted to arrange reviews.
- Referrals are made to allied health professionals and documented in individual care planning folders.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
- Where there is evidence of responsive behaviour all care plans have been updated to reflect the care and management of such responses.
- Where identified, referrals are made to appropriate health professionals.
- Training in Responsive behaviour is scheduled.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
- All staff will have attended Safe guarding training by end of May

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- All bathrooms and ensuites have locks
- Every resident has a lockable storage space.
- Locks will be put onto bedroom doors if assessed as required and requested by a resident and documentation to support their decision if they chose not to, will be held on file.
- The door to the outdoor area is left open in fine weather.
- The outside space is part of a review and is in the financial plan for 2019/20

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	31/05/2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/08/2018
Regulation 16(1)(b)	The person in charge shall	Not Compliant	Yellow	Ongoing and annually for

	ensure that staff are appropriately supervised.			supervision. Safeguarding training for all new staff completed and existing staff by 30/06/2018
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/05/2018
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	Yellow	Current outdoor space - 31/05/2019 Nurse call system and development of outdoor space are part of financial plan 2019/20
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/06/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	15/06/2018

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	31/05/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	15/06/2018
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Not Compliant	Yellow	15/06/2018

	control the unexplained absence of any resident.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/05/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Yellow	31/05/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/05//2018 and ongoing
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Not Compliant	Orange	15/06/2018

	that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	15/06/2018
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	15/06/2018 and ongoing
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	15/06/2018 and ongoing
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and	Not Compliant	Orange	Ongoing and training scheduled June/July 2018

	skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	Ongoing
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	30/06/2018 And as and when required thereafter
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Not Compliant	Orange	30/06/2018

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	15/06/2018