



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue, Buncrana, Donegal
Type of inspection:	Unannounced
Date of inspection:	15 July 2019
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0025262

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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:

Date	Times of Inspection	Inspector	Role
15 July 2019	16:30hrs to 20:30hrs	Siobhan Kennedy	Lead
16 July 2019	09:00hrs to 16:30hrs	Siobhan Kennedy	Lead

What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their evening and daily routines, activity plans and interactions with the community. Residents expressed satisfaction regarding these matters and were happy with food and mealtimes and the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Some residents invited the inspector to see their private bedroom accommodation and they confirmed that the layout of their bedroom space provided them with sufficient personal space for their clothing and personal items. They acknowledged that the staff members kept the bedrooms neat, tidy and clean.

The inspector saw that residents enjoyed low-key activities during the evening of the inspection and group and one-to-one activities during the daytime. Residents were particularly happy about having a variety of smaller sitting rooms where they could chat in small groups or watch their favourite television programme without interruption.

The inspector saw that there were close links between the designated centre and the local community. Numerous relatives were visiting their family members during the evening of day one of the inspection and they were complimentary of the provision and delivery of services, care to their relatives and support to themselves. They told the inspector that staff always had time to listen to them and provide information and or advice.

Capacity and capability

Leadership and management was effective in ensuring that a good quality and safe service was being provided. There was a good atmosphere in the centre as relatives

were welcomed and the inspector observed good interactions between staff, residents and visitors.

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. The numbers and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

The registration of the centre was renewed during 2018. The inspection of 21 February 2018 highlighted that the designated centre had insufficient resources in respect of the premises, particularly in relation to the multi-occupancy bedrooms (six four-bedded bedrooms). It was judged that the premises did not meet the needs of the residents and that residents were not afforded appropriate dignity and privacy through the provision of adequate personal private space.

The registered provider, the Health Service Executive (HSE) was proactive and had drawn up architectural plans to reconfigure the centre. The renewal of registration was granted with a restrictive condition stating that the design and layout of the centre must be reconfigured as per the plan submitted to and accepted by the Chief Inspector in July 2018. The planned reconfiguration was to be completed by July 2020. During this inspection the registered provider representative informed the inspector that that the completion date of July 2020 would not be achieved. However, a revised schedule of works was submitted to the inspector following the inspection.

Since the previous inspection the governance arrangements for the centre had changed. There was a recently appointed person in charge and although this person was not on duty during the inspection there was evidence that good governance prevailed. The inspector was informed that the person in charge had the support of senior management; the registered provider representative, the head of social care, the general manager for the area and a clinical nurse manager (CNM). The CNM was nominated as a person participating in management (PPIM) and takes responsibility for the designated centre in the absence of the person in charge. This staff member and a person in charge from a neighbouring designated centre facilitated the inspection process. They were both knowledgeable regarding their roles and responsibilities under the Health Act. They were knowledgeable about the management of the centre and the care and condition of residents. The registered provider representative attended the feedback meeting on the second day of the inspection.

Information governance arrangements were in place and ensured secure record keeping and file management systems. The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. Appropriate notifications were received by the Chief Inspector and these were reviewed on inspection and found to be addressed adequately.

Regulation 14: Persons in charge

At the time of the inspection the person in charge was not on duty, however, this person meets the requirements of the legislation. The person in charge is a registered nurse, employed to work full-time in the centre and has experience in older person's services.

A clinical nurse manager nominated as a person participating in management (PPIM) was in charge on the day of inspection. The inspector saw that the staff member was knowledgeable of the legislation and standards pertaining to residential care and organised documentation for the inspector. At the commencement of the inspection, the inspector saw that the staff member was providing support to relatives.

During the second day of the inspection a person in charge from a neighbouring designated centre facilitated the inspection process. They had been involved in mentoring the person in charge of this designated centre and were keen to ensure that the philosophy of person-centred care was implemented. This staff member and the clinical nurse manager were familiar with the plans to reconfigure the premises to better meet the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the numbers and skill-mix of staff at the time of the inspection were sufficient to meet the needs of residents.

During the evening of day one of the inspection there were three registered nurses and two care staff to provide direct care to residents. In addition, a household staff member and two kitchen staff members were working in the designated centre. The night time staffing levels consisted of one registered staff nurse and one care assistant with a care staff member on duty up to 11pm.

During the morning of day two of the inspection there were two registered nurses and eight carers, in addition to support staff including; an activity coordinator, maintenance, administrative, household and catering staff members. The person participating in management was attending training.

Residents said that staff were always available when they needed assistance and that staff regularly checked on their well being throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training; for example: fire safety, moving and handling, infection control and food hygiene. All staff had participated in elder abuse training and in addition two staff members had successfully completed the Train the Trainer course in safeguarding and would be delivering this training to all staff in the designated centre.

During discussions with the inspector staff demonstrated their knowledge in a variety of areas. For example; they described the fire safety evacuation procedures, systems in place for infection prevention and control, hand hygiene and safeguarding residents. The inspector observed staff using safe and appropriate moving and handling practices when using equipment to deliver care for residents.

Appropriate supervisory systems were in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Although the premises of the designated centre did not comply with the regulations, records showed that the registered provider had taken action to ensure that the premises would be reconfigured to bring the designated centre into compliance. The registered provider representative had been in communication with the Chief Inspector to provide updates in relation to the development plan to reconfigure the designated centre in accordance with the condition on the centre's current

registration.

A generic audit system was in place. This involved the collection of statistical information on areas such as medication management, admission and discharge planning, nursing assessments and documentation and restraint monitoring. Consultation with residents formed part of the audit programme. Systems ensured that the clinical service delivery was safe and effective through the monitoring of performance.

An annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan. The annual review was made available to the residents' meeting in April 2018.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents in receipt of long term-care had been issued with contracts that described the services and facilities. No additional fees were payable for allied health professional input or social care activities.

Since the last inspection a formal contract had been devised and issued to residents in receipt of short term care. A review of this by the inspector showed that it did not accurately detail the fees charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose which outlined the facilities and services in the centre corresponded with the findings on inspection. It was revised on the 28 June 2018 for the renewal of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector had completed a review of the notifications that had been submitted

since the previous inspection. Records showed that the person in charge and the person participating in management were familiar with the notification of incidents occurring in the centre and the appropriate time frame for submission. Notifications received related to a variety of issues, for example, serious injury, any occasion when restraint was used and any allegation, suspected or confirmed of abuse of any resident. These were followed up by the inspector and found to be satisfactorily managed.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner.

There were no formal complaints being investigated at the time of the inspection.

Residents communicated that they would raise issues directly with staff and said that staff regularly checked if they were satisfied with their care.

The complaints record showed that complainants were satisfied with the outcome of investigations.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and that there were systems in place to ensure that they were safe. However, the design and layout of the premises was not suitable for its stated purpose as six multi-occupancy bedrooms accommodated four residents in each. The registered provider had submitted plans to the Chief Inspector following the previous inspection but this work had not commenced at the time of this inspection. The planned works would make the required changes to ensure that residents' lived experiences in the designated centre would reflect their lifestyles and would ensure that they were afforded privacy and dignity in their private accommodation.

The residents told the inspector that the centre was homely, warm, comfortable and accessible. They confirmed that they were encouraged to bring in personal mementos, souvenirs and photographs to make their private bedroom accommodation home like. However, the inspector found that In some of the multi-

occupancy bedrooms there was limited space available to display these items so that the resident could see and access them.

There was only one television set available in the multi-occupancy bedrooms which made it difficult for some residents to view the television from their bed space. The inspector was informed that this matter would be addressed on completion of the planned reconfiguration of the centre. However, no interim measures had been put into place to address the issue for the current residents.

There was evidence of the provision of person-centred care which addressed residents' health, social, psychological and spiritual care needs.

A multidisciplinary care team consulted with residents regarding the development of their individual care plans. This included assessment of needs and treatment plans. Residents received the care which they needed. Staff liaised with the community services regarding appropriate admission and discharge arrangements and residents had good access to nursing, medical and allied healthcare professionals.

Residents received palliative care based on their assessed needs and this aimed to maintain and enhance their quality of life and respected their dignity.

The administration of medicines was satisfactory.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Opportunities were made available for residents to participate in meetings so that they could share their views of the organisation of the centre and there was evidence in the care planning process of residents and or their families being consulted. Residents confirmed that they could exercise their choice in a range of matters, for example, the daily routines and day-to-day running of the centre. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives.

There were good opportunities for residents to participate in activities, appropriate to their interests and capacities. The group social and recreational programme was relevant and meaningful to the residents. For residents who did not wish to participate in group activities staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their health and wellbeing.

Policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspector was informed that all staff had An Garda Síochána (police) vetting. The inspector reviewed a sample of staff files which confirmed that Garda vetting was in place. Staff members who spoke with the inspector were knowledgeable about their responsibility to report any concerns for the safety of residents living in the centre.

There were arrangements in place to manage risk and fire safety arrangements were satisfactory

A restraint-free environment was promoted with any restraint measure being used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records were maintained in accordance with the regulations regarding restraint.

Regulation 11: Visits

There were adequate arrangements for residents to receive visitors. The inspector saw that residents could receive visitors in their own private bedroom accommodation or in a variety of communal facilities including a visitors' room.

Judgment: Compliant

Regulation 12: Personal possessions

Since the last inspection staff had assessed each resident's individual requirements in relation to the provision of space for their personal items and ensured that residents were assisted to store and maintain their clothes and other personal possessions in their private bedroom area. However, the inspector found that in some of the multi-occupancy bedrooms there was limited space available to display personal items such as photographs and mementos so that the resident could see and access them.

Judgment: Substantially compliant

Regulation 13: End of life

End-of-life care was provided to meet the residents' needs. There was evidence of family involvement with the resident's consent. A person-centred approach to end-of-life care was found. Where the resident had made a decision in relation to advance care directives, these decisions were recorded and staff were knowledgeable about the residents' resuscitation status and preferences for end-of-life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the residential service was not suitable for its stated purpose and did not conform to Schedule 6 of the regulations. This was particularly relevant to the layout of the multi-occupancy bedrooms which did not provide adequate private accommodation for the residents occupying these rooms. This was a repeated non-compliance from previous inspections.

The designated centre is a ground floor building adjacent to the primary care centre and consists of two single rooms, two two-bedded rooms and six four-bedded rooms.

There were several areas where residents could sit during the day. All areas were attractively furnished and decorated in a home-like style.

Judgment: Not compliant
Regulation 18: Food and nutrition
Residents were offered choices of wholesome and nutritious meals which they enjoyed. These were served to residents in a place of their choosing and at times convenient to them.
Judgment: Compliant
Regulation 26: Risk management
The matter arising from the previous inspection related to the risk register not fully detailing the measures and actions in place to control identified risks. The inspector found that this matter was satisfactorily resolved and an up-to-date risk register was in place.
Judgment: Compliant
Regulation 27: Infection control
Infection control practices were safe. There was a policy in place and staff were knowledgeable about the standards for the prevention and control of health care associated infections. The inspector observed that staff washed their hands frequently and that they used hand sanitisers when moving from one area to another and when changing activities.
Judgment: Compliant
Regulation 28: Fire precautions
The inspector found that adequate precautions had been taken against the risk of fire. The improvement actions from the previous inspection in relation to keeping fire exits clear and having adequate signage to indicate escape routes had been

addressed by the provider.

Records showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident about what to do in the event of an emergency situation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that staff had safe procedures in place to guide their practice in relation to medicines management. The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards. However, the inspector found that crushed medicines were not individually prescribed.

The medicine administration records were clear and the required information including a photograph of the resident was available. Safe storage arrangements were in place for medicines and medication trolleys.

Medicines that required special control measures were appropriately managed and kept securely as per the professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There were regular audits of medicine management both by staff and the pharmacists. The results indicated that good practice was consistent.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The centre is designed to accommodate 15 residents from long-term care and 15 residents for short-term care.

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed. There was clear evidence that residents and their families, where appropriate, were involved in the care planning process.

A new computer software programme was being introduced in order to record care

planning information. Staff were learning this new process which was in transition.
Judgment: Compliant
Regulation 6: Health care
Appropriate medical and health care was provided to residents in line with their assessed needs.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Staff had participated in training to update their knowledge and skills appropriate to their role to respond to and manage behaviours that are responsive. A culture of promoting a restraint free environment was in place. Restraint was used in accordance with the national policy. Only five residents were using bed rails at the time of inspection and documentation in relation to the use of restraints was found to be appropriate.
Judgment: Compliant
Regulation 8: Protection
All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. There was evidence that the person in charge had investigated any incident or allegation of abuse and informed the Chief Inspector through the notification process. Appropriate referrals were made to significant professionals, as necessary.
Judgment: Compliant
Regulation 9: Residents' rights
Overall the inspector found that care was person centred and that residents' rights

were respected and upheld in the centre. However, the layout of the multi-occupancy rooms did not ensure that residents occupying these rooms could undertake personal activities in private. This is addressed under regulation 17.

Residents were encouraged to participate in the social and recreational programme and were seen to be engaged in group or individual activities.

The facilities for occupation and recreational activities were appropriate to meet the needs of residents. There was one large sitting-dining room that was in constant use and where activities took place. This was well organised for its multipurpose use. Dining tables were positioned to provide adequate space to accommodate wheelchairs and mobility aids. Staff members led by an activity staff member provided a range of activities based on residents' capabilities and interests. Residents talked at length about the afternoon garden tea party which they thoroughly enjoyed. Some residents liked to sit in different communal sitting rooms to watch their favourite television programme or have a chat with their friends or visitors. Other residents preferred to read the newspapers. Various local community groups visited the centre to entertain residents.

The inspector found that residents had opportunities to exercise their civil and religious rights.

Some residents, particularly in the multi-occupancy bedrooms, were unable to watch the television as there was only one television and they were not able to see the screen. This was a finding on previous inspections and had not been addressed by the provider. Although it is anticipated that the planned refurbishment of the designated centre will address this issue, there was no interim plan in place to provide comfortable viewing for those residents currently living in the centre and who wished or needed to stay in bed.

Residents were observed exercising choice in a variety of matters for example choosing bedtimes, where they had their meals, what they wished to eat and their day and night time dress attire.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0025262

Date of inspection: 16/07/2019

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract for the provisions of services for all short term clients has been reviewed to include an accurate detail of the fees charged.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A review is currently underway to enhance the personal space available to residents to display and access their personal items, photographs and mementos. This review will include potential shelves and furniture at each bed space.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plans for refurbishment of the premises have been submitted to the Chief Inspector in July 2016.</p> <p>In the interim:</p>	

There are sitting areas, visitor's room, interdenominational facility, and vacant offices/rooms that residents can access for discussions regarding their private affairs. Resident's needs and preferences are assessed and discussed on admission and are addressed on a daily basis with each resident.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Discussions have taken place with Nurses, Pharmacists and GP's, and where individual medications need to be crushed this has been updated and completed for each individual medication.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents have daily access to local newspapers, televisions and radios, both in their bedroom and communal areas.
The Refurbishment plan includes access to a television at each individual bed space.
In the interim a review will be undertaken, with the residents, for comfortable viewing of televisions for residents who wish or need to stay in bed.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2019
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	31/12/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	19/08/2019

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
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.	Substantially Compliant	Yellow	18/08/2019
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/12/2019