



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Knock
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyhaunis Road, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	21 February 2020
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0027160

About the designated centre

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

Sonas Nursing Home Knock is a modern two storey purpose built designated centre that opened in 2019. It is a short drive from the village of Knock and local shops, cafes, the churches and basilica are readily accessible. Accommodation is available for 57 residents and is provided in 51 single and three double bedrooms. All rooms have full en-suite facilities. There is communal sitting and dining space on both floors. The centre has good levels of natural light and is supplied with fixtures and fittings to enhance the independence of residents. It is furnished appropriately to meet the needs of residents. The first floor is accessible by lift and stairs. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued in a way that promotes their health and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Friday 21 February 2020	08:30hrs to 17:30hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

Residents who the inspector talked with described their care and treatment in positive terms. In all ten residents described their experiences of living in the centre. They said that the care, support and treatment provided by staff was very good. Residents said all staff treated them with respect and dignity at all times, listened to what they had to say and respected their day to day choices about how they wished to spend their time.

Residents said that they had opportunity to take part in social activities daily and said they were kept up to date with local news and events. They said they discussed the news of the day with staff and the activity coordinator. They said that staff also kept them informed about changes to their care and support needs.

Residents said that they would have no hesitation in speaking to any staff member if they had a concern or an issue they wanted to discuss. They said that they knew the staff team well and had good relationships with everybody. Residents said that staff were kind, committed and devoted to ensuring they had a comfortable life in the centre. Some residents were particularly pleased with how staff had helped them during the admission procedure and with the transition to residential care.

Residents said that they had choice about how their daily routines were undertaken. They said they were free to choose when they got up and went to bed, what they had for meals and what activities they participated in. Some residents said they preferred not to take part in the group activities and that their wishes were always respected.

Residents described the comfort of their rooms and the variety of food as particular areas of satisfaction. They said that they enjoyed a variety of good food which was varied and appetising. They said suggestions they made for dishes to be included in the menu had been addressed and they felt this had been empowering. Visitors were welcomed throughout the day and there were no restrictions. Several residents said this was very helpful and they also said they had a comfortable room to see visitors if they did not wish to see them in communal rooms or their bedrooms.

The inspector observed that staff were attentive to residents, that communal areas were supervised well and that staff and residents had relaxed and friendly relationships.

Capacity and capability

This was the first inspection of this centre since it was registered in May 2019. The

management systems were found to be well organised and there were clear lines of accountability with the person in charge and provider representative both recognised by staff and residents as responsible for the centre. The inspector found that overall the governance, management and oversight of the delivery of the service was good and there were systems in place to review the quality of the service provided to residents. Residents and staff said they could raise concerns and discuss matters regarding the quality and safety of care with the person in charge without difficulty. They said their views were listened to and considered to enhance the service. An example of this was the views expressed by residents in relation to organising trips out and additions to the menu. Extra choices were added to the daily menu as a "daily special" in response to residents comments and a trip out was being organised.

The inspector found that the service delivered to residents was in keeping with the centre's objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of the service in terms of equipment, catering arrangements and staff deployment. Feedback from residents is sought regularly and there are formal and informal discussions about how the centre operates. The centre has accommodated residents on a very gradual basis since it opened to ensure that staff and residents had the opportunity to become familiar with the layout of the building.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and care was observed to be delivered in a person centred way. Staff had appropriate qualifications and regular training was provided on topics relevant to care practice. All staff employed were up to date with their statutory training on moving and handling, fire safety and adult protection. The inspector saw that residents' specialist needs were met and individual support was provided to help residents increase and maintain their mobility, support their communication and alleviate distress associated with dementia and other critical conditions.

The person in charge has the required qualifications and experience for this role. Together with the provider she was gradually increasing the staff numbers across all disciplines in line with the accommodation of an increasing number of residents.

The centre had a complaints policy in place and the complaints record was reviewed. All complaints were investigated according to the centres policy in a timely and robust manner however the information recorded for some complaints addressed during 2019 did not indicate if the matter had been resolved or if the complainant was satisfied with the outcome. A concern relayed to the office of the chief inspector was not substantiated. The inspector found that there were appropriate admission and discharge arrangements in place and that specialist advice including advice from the psychiatry of old age services was sought in a timely way when needed and that recommendations made were followed by the staff team .

Regulation 14: Persons in charge

The person in charge had been appointed to this role in December 2019. She is appropriately experienced and qualified for this role. During the inspection she demonstrated good knowledge of the regulations and standards relevant to designated centres for older people. She has had varied management roles in health care settings throughout her career and has a qualification in management.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there was an adequate complement of nursing and care staff on duty with the required skill mix to meet the needs of the residents. Planned and worked rosters were reviewed and found to be consistent with the staffing levels described in the statement of purpose.

Administration, catering and ancillary staff were available in sufficient numbers to ensure the general business of the centre operated effectively.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training matrix available which indicated that staff had attended a range of mandatory and supplementary training which included training in fire management, dementia, manual handling, Infection control and adult protection. Staff members told the inspector that they found the training programme helpful and said it provided them with the skills and knowledge to be able to provide high quality care to the residents. During the inspection it was observed that staff were supervised and supported by the management team and there was open communication and discussion about aspects of care and management.

There was a policy for recruitment and selection of staff and this reflected good practice for the recruitment of staff who work with vulnerable people. All documents required by schedule 2 were available and nurses were appropriately registered.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained the required information.

Judgment: Compliant

Regulation 21: Records

The required records were maintained. The inspector noted there was a good standard of record keeping and administration with overall record management contributing positively to effective analysis of information.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place to ensure that a safe good quality service was delivered to residents. There were systems in place to oversee and monitor the quality of the service on a regular basis. An audit programme for the year had been outlined. The management team used a range of methods to audit both clinical and operational matters that included the premises, medicines management and care plans to inform and improve practice. The inspector saw that where actions for improvement were outlined they were risk rated and addressed according to priority.

There was evidence of good communication within the centre and regular meetings of all disciplines took place with a focus on problem solving, improving practice and making the centre a good place for residents to live. Residents' views were also captured through the regular residents' meetings.

The centre had sufficient resources in place to maintain the effective delivery of care and support services to the residents. Staff rosters were reviewed and showed that the centre maintained staffing levels as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with contracts and the inspector found that they included

the fee to be charged, the room to be occupied and where extra charges applied.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that documented the aims, objectives and ethos of the centre and described the facilities and services which were provided for residents. The inspector found that the statement of purpose accurately reflected the centre's arrangements and the services provided. The centre's statement of purpose was reviewed on a regular basis and reflected changes that included the change in person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were supplied to the office of the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that there was a complaints policy in place which met the requirements of the regulation. The complaints policy was known to residents who said that they would have no hesitation in raising an issue with staff or managers.

The complaints record was reviewed and this showed that complaints were recorded appropriately. All complaints were investigated in accordance with the centre's policy. The record of complaints showed that feedback was given to complainants at the conclusion of investigations however some complaints recorded in 2019 did not indicate if complaints were resolved, if a conclusion had been reached or if the complainant was satisfied with the outcome. A concern relayed to the office of the chief inspector outlined problems with communication. the management of behaviour problems, discharge arrangements and the supervision of residents. These matters were reviewed under the outcomes to which they apply and the inspector found that the arrangements in place did not support the concerns raised.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place and were accessible to staff when they needed them for reference or guidance.

Judgment: Compliant

Quality and safety

The inspector found that this was a well-managed centre that ensured residents had a good quality of life and benefited from good social and health outcomes. There were however improvements required to the way aspects of fire safety were managed particularly in how fire drills were undertaken as routine evacuation of compartments had not been undertaken.

Residents who were admitted to the centre had a comprehensive assessment that identified their health and social care needs completed. Care plans were created and these were noted to be appropriately linked to the assessment information. The way residents liked to spend their time and their wishes and preferences were included in care records and adhered to by staff when delivering personal and social care. The inspector reviewed a number of care plans during the inspection and found that they described clearly residents' identified needs and the interventions that were required to meet those needs. Care plans were reviewed at least four monthly or as and when required. The inspector found that the computer programme used to record residents' documentation was easy to use and that staff used the system well.

Resident rights were maintained and promoted where residents were able to exercise choice over their daily routines. The inspector saw that where residents had dementia or other communication problems that staff prompted and supported them to exercise choice and make decisions. Residents told the inspector that they were happy with the quality and quantity of food provided and it was observed that residents could access additional food and drinks outside of main meal times if they wished. There was also equipment for making drinks available in the visitors' room so that residents and visitors could have tea and coffee together. Where residents required extra support at meal times this was provided in a helpful enabling way by the staff team. Residents told the inspector that they felt safe in the centre and felt confident that staff would support them if they raised a complaint or concern.

The centre had access to a range of health care services and had established good working relationships with the local primary care team and with allied health professionals. Access to occupational therapy, speech and language therapy and

physiotherapy support was organised and provided in a timely way when needed. The inspector saw that where residents had complex and fluctuating conditions that nursing staff monitored their health closely and ensured that they followed expert advice. The centre carried out a range of clinical audits to ensure that resident health care needs were monitored and met.

The premises were tastefully decorated and there were facilities available for residents to meet guests or relatives in private or in communal areas. Residents spoken with commented on the comfortable atmosphere in the centre and the comfort of their rooms.

The centre was well maintained with good arrangements in place to ensure effective cleaning and equipment maintenance. The inspector observed that there was signage in place to guide residents around the building. Fire exits were clear and there were systems and contracts in place to monitor fire safety in the building. Staff had received fire training and attended regular fire drills. The inspector observed fire exit route maps located throughout the centre. However fire safety training required improvement to include the evacuation of a compartment and the records of fire drill exercises required improvement to convey what scenario was enacted and any lessons learned from the exercise.

The centre ensured that clinical and operational risks were identified and monitored on a regular basis. Guidance and recommendations to control risk were in place and with the exception of improvements to fire drill exercises the inspector did not identify hazards during the inspection.

Regulation 10: Communication difficulties

The inspector found that where residents had communication problems these were described in assessments and care plans. The actions staff should take to ensure residents could communicate to the maximum capacity were outlined. Health conditions such as dementia that impacted on capacity to communicate was identified and care records clearly outlined if residents were orientated in time and place and who they recognised to guide staff in their care interventions.

Judgment: Compliant

Regulation 11: Visits

Residents told the inspector that they could see their visitors whenever they wished. They usually met visitors in their rooms or in the visitors' room and many said that they layout of the centre with varied places to sit located around meant that they always had privacy when they needed it. They also said the coffee dock area in the visitors room means they can offer visitors a drink which is something they often like

to do.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store personal clothing and belongings. Many residents had personalised their rooms with items from home and the inspector noted that rooms were arranged according to residents' choices.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that plans for end of life care were of a high standard, reflected residents' expressed wishes and reflected an up to date overview of their current health situation.

Judgment: Compliant

Regulation 17: Premises

The building is modern, well designed, has good levels of natural light and met the needs of residents in its layout and design. Accommodation was provided for residents in single and double bedrooms. Those residents spoken with informed the inspector that they were content with their bedrooms and in particular that they could personalise them as they wished. Residents rooms viewed by the inspector contained a wardrobe, seating and storage facilities for personal items. Additional features included a call bell, supplementary lighting for residents to use when in bed and a television. Ensuite areas were spacious and accessibility was improved by hand rails in showers and around toilets.

There are sitting and dining areas on both floors. The ground floor areas are in use at present until resident numbers increase. Residents said they liked the dining room layout. There is plenty of space between tables so that residents can move around freely. All communal rooms contained a range of suitable seating for residents use. Hallways were wide and handrails were clearly visible against the background colour. Photographs and paintings were displayed in communal rooms and hallways to add interest for residents.

There was adequate toilet and bathing facilities available for residents including

those who required additional support using a hoist to transfer. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents and these items were stored safely when not in use.

The centre has a centrally located garden area that is accessible from several points on the ground floor. It is laid out well with safe paths for residents to walk along.

Judgment: Compliant

Regulation 18: Food and nutrition

There was good emphasis on providing residents with a varied and wholesome diet that met their needs. Menus and food choices were discussed at residents' meetings. the inspector saw that changes to the menu were made as a result of residents' comments. in addition to the two choices provided at main meal times there was now a "Special of the day" that featured a particular choice of residents such as pasta. Menus were displayed each day and were located just outside the dining room entrance at a level residents in wheelchairs could see them easily on their way in. The chef was actively involved with the managers and nurses in compiling the menu cycle and menu options.

The inspector saw that resident had appropriate assistance at meal times. Residents who had particular problems or swallowing difficulties were assessed by speech and language therapists and recommendations outlined were observed to be followed by staff.

Residents who displayed weight fluctuations were reviewed and had care plans to maintain, stabilise and improve their weight if weight loss was a problem or to help them reduce weight if they unintentionally gained weight.

Judgment: Compliant

Regulation 20: Information for residents

Residents were provided with a range of information that included a brochure, residents' guide and a contract on admission. Information was provided in clear formats and efforts were made to ensure residents could read information easily.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that when residents were discharged there was information provided on their care needs and required medicines.

Judgment: Compliant

Regulation 26: Risk management

There was a health and safety policy and a risk assessment and risk management system in place. The centre actively promoted risk assessment identifying measures and actions to reduce and control risk. This approach was further supported by a range of policies and procedures which the centre had developed and implemented. There was a robust system in place to investigate and review accidents and incidents to improve future practice and prevent further incidents.

There were service contracts arranged to ensure that equipment was monitored and serviced at regular intervals. In addition the centre has a contingency plan in place which provided guidance to staff on who to contact should an emergency occur.

The passenger lift was serviced on a contract basis.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there were effective infection control measures in place to reduce the spread of infection in the centre. Staff were observed to be wearing personal protective equipment (PPE) and there was signage available throughout the centre advising staff to adhere to infection control procedures such as regular hand washing. There was evidence of hand sanitising gel located at appropriate locations throughout the centre.

A review of the management of infection control procedures within the centre found that there were systems in place to monitor standards of cleanliness and hygiene practice. There were cleaning schedules available to show that the centre was being cleaned regularly.

Records available also indicated that staff had received training in infection control procedures and staff spoken to in the course of the inspection indicated an awareness of effective infection control interventions and the importance of their particular role in reducing the spread of infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure that fire safety measures were appropriate and were known to staff and residents. There was evidence that staff had received training in the management of fire safety. Staff spoken to in the course of the inspection confirmed that they had received fire training and were aware of their roles and responsibilities in maintaining fire safety within the centre.

A review of evacuation procedures revealed that all residents had a personal emergency evacuation plan (PEEP) in place, which was graded according to their needs. The majority of residents were mobile and there were no residents who presented an evacuation risk. Fire drills were completed regularly and at varied times of the day however fire drill records did not convey the type of scenario that was role played or any learning from the exercise. An evacuation of a compartment with the least number of staff available had not been completed but was due to be scheduled the inspector was told.

Records viewed confirmed that the fire safety system was regularly checked and maintained. There were weekly checks of the alarm, fire doors and extinguishers. The fire alarm was serviced quarterly and the fire extinguishers annually as required. There were fire notices and fire maps located throughout the centre and all fire exits seen were clear of any hazard. Emergency lighting was in place should a power failure occur. There was sufficient fire equipment located throughout the building and there was clear signage indicating route to the nearest fire exits.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored safely and securely. The pharmacist visits the centre regularly and plans are in place for the pharmacist to see all residents individually in the coming months. Prescriptions and administration records were up to date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were arrangements in place to ensure that all residents admitted to the centre has a comprehensive assessment carried out prior to admission. Care plans were

developed in conjunction with residents and their families based on the assessed needs identified. There was evidence available to indicate that the centre used a range of validated assessment tools to develop effective care interventions. Care was delivered in a person centred manner and individual preferences were recorded and followed in day to day practice. The inspector saw that residents with dementia for example were encouraged to walk around with staff to help maintain their mobility. Residents who had complex medical problems had their care explained fully and participated in decisions made to ensure their well-being. Where risks such as malnutrition, vulnerability to falls or pressure ulcer risks were evident there were care plans in place to prevent deterioration or complications developing.

A number of care plans were reviewed and the inspector saw that they were compiled to a good standard, easy to follow and monitor for effectiveness. Care plans were updated and reviewed at regular intervals.

Judgment: Compliant

Regulation 6: Health care

There was information available at the time of the inspection to show that resident's health and well-being were maintained by a good standard of evidence based care and appropriate medical care interventions. There was evidence that referrals to specialist services were made in a timely manner and recommendations were followed. Care plans seen recorded and implemented specialist advice and guidance when received by the centre.

Input from allied health care services was available and timely interventions ensured good outcomes for residents. Local doctors provided medical support and out of hours access was provided by an on call arrangement. Residents were supported to avail of health screening programmes provided by the Health Service Executive where they were eligible for such services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training relating to the management of dementia care and responsive behaviours. Staff spoken with were familiar with the type of behaviours displayed by residents and were observed to adopt a person centred approach when dealing with specific behaviours. There was evidence recorded in residents' care plans where specialist advice and support was required that this was sought at the appropriate time. Recommendations and treatment plans made by specialists were

incorporated into resident care plans.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training on safeguarding and the prevention of abuse. There was a policy and procedure to guide staff on protection and refresher training was provided regularly for staff. Staff were clear about their responsibility to relay any concerns or suspicions they had about residents' well-being and said they would not hesitate to discuss a concern with nurses, the person in charge or a member of the management team.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection staff were observed to be courteous and respectful of residents in all their contacts with them. Residents had access to national and local papers. Residents were observed to have made good connections in the centre and many chatted together during the morning and afternoon. There was an organised activity schedule and other ad hoc activities arranged according to what residents wished to do on a particular day. Residents were also supported to maintain community links and the centre had access to transport to enable residents to go out on trips and to events.

The centre had a dedicated activities coordinator and feedback received from residents indicated that they were content with the range of activities and trips to places of interest currently on offer in the centre. A trip to a nearby town had been arranged for the week following the inspection and several residents said they were looking forward to going out. At Christmas residents had attended a local carol service and they regularly went to prayer services in the nearby church in Knock.

Residents' views on the quality of service provision were sought at the regular meetings and through satisfaction surveys. Suggestions for change were followed up and used to improve the service. All residents' rooms had televisions and the inspector was told by residents that if they needed anything to make life more comfortable this was supplied.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	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	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0027160

Date of inspection: 21/02/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaint which was unresolved in 2019 was found to be unsubstantiated. We will endeavor to ensure that all complaints going forward will be fully resolved at the home level and to the complainants satisfaction.</p> <p>21/02/2020</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: An evacuation drill was scheduled for 04/03/2020 and this has now taken place. A schedule is in place to ensure that all existing and new staff will undertake evacuation scenarios on a regular basis.</p> <p>04/03/2020</p>	

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 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	04/03/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	04/03/2020

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	21/02/2020
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their	Substantially Compliant	Yellow	21/02/2020

	complaint and details of the appeals process.			
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