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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St Brendan's Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Lake Road, Loughrea, Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 August 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000633</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030218</td>
</tr>
</tbody>
</table>
About the designated centre

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

St. Brendan’s Community Nursing Unit is a purpose built residential care facility overlooking the lake in the town of Loughrea in County Galway. It provides twenty four hour nursing care for 100 people over the age of 18 years whose care needs range from low to maximum dependency. The building comprises four care areas. Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Coorheen provides care for people with dementia. Each care area has 21 single rooms and two double rooms and all bedrooms have accessible en-suite toilet and bathroom facilities. There are two sitting/dining rooms in each care area. An additional quieter sitting room is located on the ground floor which has tea and coffee making facilities and additional visitors rooms are available in the day service area. Four beds are available for residents requiring respite care. There is also a palliative care suite supported by the hospice home care team available. Day Care Service is provided for up to 30 clients daily.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 83 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 5 August 2020</td>
<td>09:30hrs to 16:30hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 6 August 2020</td>
<td>10:00hrs to 17:00hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 5 August 2020</td>
<td>12:30hrs to 16:30hrs</td>
<td>Leanne Crowe</td>
<td>Support</td>
</tr>
<tr>
<td>Thursday 6 August 2020</td>
<td>10:00hrs to 17:00hrs</td>
<td>Leanne Crowe</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors spoke with residents and their family members over the two days of inspection. Feedback from both groups was overwhelmingly positive.

The centre had remain free from COVID-19. On arrival to the centre, arrangements had been put in place to screen all visitors to the centre. This screening included a disclosure of medical wellness, temperature and mask checks, and hand hygiene. Residents and visitors told the inspectors that they felt very reassured and safe with the safety arrangements that were in place.

Residents and relatives spoken with explained that the restrictions to visiting related to COVID-19 were very difficult and challenging, however, all stated that the restrictions were sensitively communicated to them. One family member said ‘the channels of communication were always open and this provided great reassurance at a difficult time’.

One resident told the inspector that they loved living in the centre. They explained that their room was their own space where they felt safe. The resident explained ‘my room looks over the lake where I swam as a child’.

Residents spoken with were very positive about the level of social engagement and activity in the centre. One resident explained how, although the COVID-19 restrictions were in place, there was always plenty to do. Residents explained that during the good weather entertainment was provided in the garden and family members were welcome to attend. Residents were observed mobilising around the centre independently. Dayrooms and dining rooms were used to safely facilitate visiting, mealtimes and scheduled activity.

Staff were observed to communicate with residents in a respectful and personal manner. Residents were seen to be relaxed and comfortable in the company of staff.

The residents were very complimentary of the food available. They enjoyed the quality and choice that was on offer daily. Inspectors observed that although a number of residents chose to dine in their bedrooms, changes had been made to the dining experience for residents who wished to dine together. The day care centre area was used to facilitate safe communal dining on the day of inspection.

Residents and families spoken with were very positive about the care service they received in the centre. Residents explained the nursing team consulted them about the care they wished to receive. All the residents spoken with stated that they were very well looked after and that they felt safe in the centre, particularly during the time of the COVID-19 outbreak.
Capacity and capability

This was an unannounced inspection by the Office of the Chief Inspector to follow up on poor findings of two previous inspections and unsolicited information received by the Chief inspector. The information received was reviewed on the day of inspection and could not be substantiated.

The provider of this centre is the Health Service Executive. The organisational structure of the centre had changed since the last inspection. There was a new person in charge of the centre and she was supported by an assistant director of nursing and six clinical nurse managers. The centre had sufficient staffing and resources to ensure effective delivery of care.

Significant improvements were noted by inspectors since the last inspections. The action plan submitted by the provider following the inspection on January 2020 was completed.

Overall, the systems in place for the governance and management of the centre were appropriate to ensure that the service provided was safe, consistent and effectively monitored. Clinical and environmental audits had been completed by the management team and were being used to facilitated quality improvements.

A new person in charge was recruited in January 2020 and two clinical nurse managers had been added to the roster. These changes were found to have strengthened the organisational structure within the centre which was evidence by improved supervision and monitoring of the service. The person in charge was on leave on the day of the inspection, however she attended the centre to facilitate day one of the inspection. Day two of the inspection was facilitated by the assistant director of nursing.

Inspectors noted a reduction in the use of agency staff in the centre. Where agency staff were used, they were trained and deployed appropriately. The recruitment of nursing, care and housekeeping staff had facilitated cohorting of staff to specific units for the COVID-19 contingency plan in the centre. Staff spoken with stated that they felt appropriately supervised and supported in their role. All staff were up-to-date with mandatory training.

While improvements were noted to the management of complaints in the centre, a review of the detail recorded in the complaints log was required to ensure that compliance with regulation was met.
### Regulation 14: Persons in charge

The person in charge took charge of the centre in January 2020. She was appropriately qualified and experienced nurse. She demonstrated a comprehensive knowledge of the physical, social and psychological needs of the residents. The person in charge actively promoted a person-centred culture within the centre with a focus on increasing the residents opportunities for social engagement and activities.

**Judgment:** Compliant

### Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was adequate to meet residents’ needs.

Further recruitment had occurred since the previous inspection. A person in charge had commenced their role in January 2020. Two clinical nurse managers, two staff nurses, one activity coordinator and four multi-task attendants had also been appointed in 2020. The use of agency staff had been reduced at the time of the previous inspection. A review of actual and planned rosters at this inspection demonstrated that the use of agency remained at a low level and these staff were trained and allocated appropriately to ensure the safety of residents.

Inspectors reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána (police) vetting. Current professional registration details were available for all nursing staff.

**Judgment:** Compliant

### Regulation 16: Training and staff development

There were systems in place to support the recruitment, induction and vetting of staff. There was evidence of new staff being supervised in their roles.

Staff had completed mandatory and additional training to support them to effectively care for residents. The majority of staff had up-to-date training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff had also completed training in responsive behaviours, auditing and care...
planning. Additional training in infection prevention and control measures relating to COVID-19 had also been completed by staff. Staff spoken with were able to describe in detail the training that they had completed.

Regular staff meetings took place and records of these were available for review by inspectors.

Staff spoken with stated that they felt well supported by the management team.

Judgment: Compliant

**Regulation 23: Governance and management**

Improved management systems had been put in place since the last inspection. The person in charge and the assistant director of nursing had received training in auditing. This training was seen to be effective in the quality improvement noted in the clinical and environmental audit completed in the centre.

The system of information governance in place meant that files were organised and easy to review.

Inspectors reviewed records of staff and management meetings where issues identified in risk assessments, such as the management of COVID-19, fire safety and safe staffing had been highlighted and discussed.

An annual review of 2019 was available for review on the day of inspection.

Judgment: Compliant

**Regulation 31: Notification of incidents**

Notification of incidents were submitted to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Improvement was noted in relation to compliance under regulation 34, Complaints. All complaints had been documented in the complaints register. Complaints were audited monthly and were included for review at the centre management meeting.
However, some complaint logs did not contain the detail of an investigation or a record the action taken to put in place measures required for improvement in response to a complaint.

Judgment: Substantially compliant

**Regulation 4: Written policies and procedures**

Schedule 5 policies were in place and were being used to inform and guide staff practice. The policies were centre-specific and all had been recently reviewed, in line with the regulations.

Judgment: Compliant

**Quality and safety**

Overall, inspectors were satisfied that resident care was delivered to a high standard. Improvement was required to ensure that the documentation of care was in line with the standard of the care delivered.

The centre had a robust risk policy and a risk register in place that included site specific clinical and environmental risks. Inspectors noted significant improvements in the management of risk since the last inspection. Risks in relation to fire safety and infection control had been reviewed and managed in line with a compliance plan submitted by the provider following the last inspection in January 2020. The positive management of the infection control risk brought by COVID-19 was further evidence that effective risk management systems were now in place.

Invention prevention and control was managed to a high standard in the centre. Inspectors noted significant improvements in this area. All four units in the centre were found to be very clean and clutter free. Sluice rooms and residents supportive equipment was visibly clean. There was a clear system of supervision and audit in place to ensure high standards of cleanliness could be maintained. The centre continues to manage the infection control risks associated with legionella water contamination and COVID-19. These risks have been included in the infection control policy and have a management plan in place.

Significant fire safety work and fire safety training was completed. A site specific fire safety policy was in place. Staff spoken with demonstrated a good understanding of the fire systems and procedures relating to fire safety. Staff confirmed that regular evacuation drills, simulating night time staffing levels, were completed regularly. Files reviewed found that drills were well documented, with learning from each drill.
identified and used to inform subsequent drills.

Residents were offered choice in relation to their meals and mealtimes, and were supported to dine in the dining room or in their rooms as they wished. Food provided was appetising and well presented in quantities as requested by residents. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Inspectors observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened fluids as recommended to meet their needs. There were sufficient numbers of staff available to support residents at mealtimes. Residents expressed their satisfaction with the menu choices and quality of the food provided. Fresh drinking water was available and accessible to residents.

The centre had reviewed their medication administration policy in relation to nurse-transcribing. Practice was now in line with the centre’s policy and professional guidelines.

All residents in the centre had a comprehensive admission completed on admission to the centre, and continuous assessment was completed thereafter. The quality of a number of assessment tools used in the centre required review so as to ensure that the result of the assessment accurately reflected the needs of the residents. For example, the assessment tool used to calculate the dependency levels of the resident did not incorporate an assessment of a resident’s cognitive ability. An inappropriate assessment of dependency may result in staffing levels not being adequate to meet the needs of the residents.

A care plan had been developed for all residents. Inspectors noted an improvement in the documentation of residents care plans. Some care plan were clearly based on residents needs and developed in consultation with the residents and their representative. These care plans were detailed, and person-centred. Other care plans reviewed did not always reflect the quality of care observed to be delivered by staff to the residents on the day of inspection or the care reported by residents and their families. These care plans did not contain the information required to deliver person-centred care. Information was generic and poorly written. A review of care plans detailing the management of challenging symptoms of dementia or brain injury is required.

The centre is well supported with doctors and allied health care professionals. Residents have access to a physiotherapist, occupational therapist, dietician, optician, and podiatrist.

An action from the previous inspection related to providing residents with more choice about where they took their meals. While plans to address this action were in progress, they were somewhat impacted by the pandemic. Due to COVID-19, the majority of residents were taking their meals in their bedrooms. However, efforts were being made to facilitate residents to eat in the dining rooms located in each unit, should they choose to do so. The day care area of the centre was not in use for day care due to COVID-19 restrictions. Residents of the centre were using the large day care room for dining and group activity. The feedback from residents, their
families and staff was very positive in relation to having access to this added space. The use of this area was conditional on the ongoing restrictions imposed by the COVID-19 risk. A formal review of the function of this area of the designated centre is required.

Residents had access to a schedule of well coordinated, social engagement and activity opportunities throughout each day. Visiting was facilitated in line with the HPSC national guidance.

**Regulation 11: Visits**

Visiting restrictions had been reduced and visits were once again facilitated in the centre, in line with national guidance. This was welcomed by residents and visitors, who all spoke positively about being able to meet with family members and friends again. Inspectors observed some visits that took place during the inspection, and noted that these took place in an organised and safe manner. Alternatives to in-person contact, such as video calls continued to be facilitated at this time.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents spoken with stated that they were satisfied with the quality and choice of food in the centre. Meals appeared to be wholesome and nutritious. Residents with special dietary requirements were facilitated in line with their individual care plan.

Resident nutritional requirements were assessed and monitored appropriately.

Judgment: Compliant

**Regulation 26: Risk management**

A risk register was available to inspectors that had been updated to include risks specific to the centre such as the risks associated with COVID-19 and Legionella water contamination.

However, a review of the incident and accident record in the centre was required. A file and audit summary of accidents and incidents was made available for review during this inspection. Staff and resident incidents had been filed and audited together. This made it difficult to develop appropriate quality action plans, specific
to the needs of the residents.

Judgment: Substantially compliant

**Regulation 27: Infection control**

An up-to-date cleaning and infection control policy was in place. The centre followed the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

Infection control practices were monitored and supervised through both external and internal auditing.

All staff had received up-to-date training in infection prevention and control, PPE use and hand hygiene techniques.

Judgment: Compliant

**Regulation 28: Fire precautions**

All fire safety precaution issues identified as a risk on two previous inspections had been addressed by the provider. Fire precaution systems were found to be compliance with Regulation 28.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

An appropriate system was in place to ensure medication was transcribed in line with professional guidelines and the centres medication policy. Inspectors followed up on an action from the last inspection in January 2020 and found that it had been completed.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**
Inspectors concluded, through observation and some supporting documentation that the care of residents was delivered to a high standard. Feedback from residents and their family representatives supported this conclusion. However, the quality of the assessment tools and the clinical documentation in relation to resident care requires improvement.

**Judgment:** Substantially compliant

### Regulation 6: Health care

Allied health care professionals have been facilitated to attend to residents throughout the COVID-19 restrictive period. The person in charge facilitates weekly multidisciplinary team meetings to discuss and develop residents care plans.

**Judgment:** Compliant

### Regulation 9: Residents' rights

Inspectors found that staff interactions with residents were seen to be positive, with staff taking an individualised and person-centred approach. Residents' privacy was respected by staff, who were observed administering care discreetly and knocking on doors prior to entering residents' bedrooms.

There was a varied activities programme that supported residents to engage socially and meet their recreational needs. A timetable of activities was displayed at various points throughout the centre, which featured pictures, descriptions and the time and location of each activity. Activities that took place during the inspection included painting, bowling and card games. Inspectors observed some of the activities taking place, and found that there was a good level of engagement between staff and residents.

Residents had access to daily newspapers, television and radio. Residents' religious and civil rights were supported in the centre.

Regular 'quality of life' surveys were conducted with residents, with the most recent of these occurring during the week of the inspection. Findings were documented and actions plan were developed in response to any issues raised.

Advocacy arrangements were in place and contact details of the advocacy service were displayed at reception.

A review of residents' access to the day care function room in the centre is required to ensure that it reflects the function documented in the centre's statement of
<table>
<thead>
<tr>
<th>Purpose.</th>
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<tbody>
<tr>
<td>Judgment: Substantially compliant</td>
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</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for St Brendan's Community Nursing Unit OSV-0000633

Inspection ID: MON-0030218

Date of inspection: 06/08/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</td>
<td></td>
</tr>
<tr>
<td>All current complaints are now compliant</td>
<td></td>
</tr>
<tr>
<td>Review by DON/ADON of all complaint logs will be carried out to ensure that all detail is included, details of investigation undertaken and outcome of same will be updated. Actions or recommendations from all complaints will be documented.</td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td></td>
</tr>
<tr>
<td>Staff and resident incidents are now filed separately to facilitate auditing. Previous incident forms will be reviewed and segregated appropriately. This will enable the PIC to develop appropriate quality action plans specific to the residents needs.</td>
<td></td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</td>
<td></td>
</tr>
</tbody>
</table>
A local MDT group with representation from OT, Physio, ANP, CNM and senior management has been set up to review the assessment tools used prior to admission, and on admission so that the result of the assessments accurately reflect the residents needs and best practice.

Links have been made with the CNME Galway to develop a training program for staff to enable them to document care in a way that reflects the high standard of care that they are providing to residents. The first phase of this training will be provided to the CNM’s so that they have the knowledge to review nursing documentation and advise their staff where improvements can be made. The second part of the education program will provide nursing staff with the skills to document appropriately the person centered care being provided.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of resident’s access activities and dining space has taken place and arrangements have been put in place which currently includes utilising the Day Care Centre, which has been closed since March 2020 as a Covid measure, as an interim measure while a long term solution is implemented. All residents now have access to adequate dining space and a high level of activities</td>
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</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 26(1)(d)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>25/09/2020</td>
</tr>
<tr>
<td>Regulation 34(1)(f)</td>
<td>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,</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>25/09/2020</td>
</tr>
<tr>
<td>Regulation 5(2)</td>
<td>The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to a designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27/11/2020</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>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 that resident’s admission to the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27/11/2020</td>
</tr>
<tr>
<td>Regulation 9(2)(a)</td>
<td>The registered provider shall provide for residents facilities for occupation and recreation.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>17/09/2020</td>
</tr>
</tbody>
</table>