



**Health  
Information  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	31 January 2020
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0025774

## About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 20 dependent people over the age of 18. The premises is a single-storey detached house. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and two assisted showers.

The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. Rochestown Nursing Home provides accommodation for both male and female residents. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre promotes the independence of residents and provides a variety of activities suitable to their needs.

The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

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

Number of residents on the date of inspection:	20
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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 31 January 2020	09:00hrs to 18:00hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with most of the residents during the inspection. They stated that they were happy in the centre. They enjoyed the food and spoke about the choices available at each mealtime.

Residents said that there was a great variety of activities available to them. They particularly enjoyed the music and singing sessions and the inspector was present for one of these events, in the afternoon of the inspection day. A licensed Sonas practitioner provided a sensory activity for residents with cognitive changes as well as those with a diagnosed dementia. Residents told the inspector that staff were kind to them and they were facilitated to walk around the centre freely and to go out with relatives.

Residents spoke with the inspector about the upcoming election and said that they were supported to vote both inside and outside the centre. Their religious and spiritual needs were met.

Daily newspapers were delivered and residents had access to their money for personal purchases. There was evidence that access to external advocacy was facilitated.

Residents were seen to be dressed well, shaved where necessary and well-groomed, according to their personal preferences.

Residents were aware of the complaints process and they said that concerns were listened to and addressed. Their opinions were sought daily and particularly at resident meetings which were held on a regular basis.

## Capacity and capability

This unannounced inspection of Rochestown Nursing Home took place in order to evaluate the impact and sustainability of the improved governance and management approach on the two dimensions of care inspected against: Capacity and Capability and Quality and Safety of Care. The provider had instigated a number of improvement initiatives in the centre following findings of non-compliance with the regulations on previous inspections. Findings on this inspection indicated that the registered provider representative (RPR) and the person in charge now had comprehensive systems in place to support and supervise staff and to follow robust recruitment practices. These improvements were highlighted in this report

and were acknowledged by the inspector.

The inspector found that there was a clearly defined management structure in place. The person in charge and a senior nurse had completed a training programme on supervisory management. A governance manager worked 10 hours a week to provide management supervision when the person in charge was absent. This staff member, who was unavoidably absent from the centre for a period of weeks, supported the person in charge to monitor and review the quality of the service provided. An external consultant had previously been employed to train staff in audit and robust management practices. This had led to improved practice which had been maintained by the person in charge.

The provider had applied to the Chief Inspector to remove the conditions attached to the registration of the centre. This inspection was undertaken to determine if it was appropriate to remove, or vary, the conditions as follows:

Condition 7: The maximum number of persons that can be accommodated at the designated centre is 20.

Condition 8: The designated centre shall be operated at all times in accordance with the Governance and Management plan submitted to the Office of the Chief Inspector on 23 August 2017 and seen on the inspection of 13 and 17 September 2018. In particular, (I) The registered provider shall assure the quality and safety of care and compliance within the designated centre (II) A person in charge shall be present in the centre and available to residents on a regular and consistent basis, during normal business hours as specified in the plan; (III) A governance manager shall be present in the centre 10 hours per week fulfilling the role specified in the plan.

Condition 9: Notwithstanding the requirements placed on the registered provider to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, the registered provider shall take all necessary action to comply with: Regulation 08: Protection, Regulation 14: Person in Charge, Regulation 15: Staffing, Regulation 21: Records and Regulation 23: Governance and Management to the satisfaction of the office of the Chief Inspector.

During the inspection, the inspector found that the centre had systems and processes in place to maintain a programme of quality and safety. Data was gathered on a weekly basis for issues such as pain, pressure sores, physical restraint, psychotropic medication use, falls and other significant events. The regulatory annual review of the quality and safety of care had been undertaken by the management team. This review was made available to residents. Recommendations and actions from this review were scheduled for action. Records indicated that incidents and relevant notifications had been submitted to the Chief Inspector as required under the regulations. The quality and safety of care was further discussed under the Quality and Safety dimension of this report.

The inspector saw evidence that governance meetings were taking place on a monthly basis and minutes of these were accessible to the inspector. Documentation

seen indicated that a regular programme of audits was taking place which had led to improvements in medication management and in care planning, both of which were now maintained on an electronic system.

Other areas where improvements were noted included:

- staff training
- induction, supervision, appraisals and staff competencies programme
- staff communication and staff meetings
- the employment of three full-time nursing staff
- individual bank accounts had been opened for the five residents for whom the centre were acting as a pension agent. Invoices were in place for payment of fees and receipts were maintained on residents' files for services such as hairdressing, newspapers, chiropody, clothes and so on..
- all staff had the required Garda vetting (GV) clearance in place
- probationary meeting were documented and any issues which were identified were addressed in a timely manner.

Nevertheless, the inspector found that areas of non-compliance remained as follows:

- in the sample of staff files reviewed one staff member did not have a comprehensive CV on file
- not all complaints contained evidence that the complainant was satisfied or that the complainant had been advised of the appeals process
- a small number of staff required updated mandatory training in elder abuse and fire training
- staffing levels were not optimal for the needs of residents, particularly at times of morning care provision and in the late evening
- shower provision was not adequate
- not all plans of care were in place for specific medical conditions and future wishes.

At the feedback meeting at the end of the inspection the RPR was asked to submit a comprehensive and realistic staffing plan for the proposed increase of three residents, which would restore the number of residents in the centre to 23.

An updated statement of purpose was also requested.

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

Documentation had been received. However, a comprehensive staffing plan was required prior to a decision being made by the Chief Inspector.

In addition, the shower provision required augmentation.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the Regulations. She was experienced in management. She carried out audit and facilitated staff meetings. She delegated tasks and areas of responsibility to staff.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the daily staffing levels were too low to meet the needs of 20 residents, particularly as there were a number of residents in the centre who required the help of two staff to attend to their care requirements.

For example, of the day of inspection there were two health care assistants on duty and one nurse.

The RPR was asked to review staffing levels and staff allocation and to submit a comprehensive plan for future staffing levels.

Judgment: Not compliant

### Regulation 16: Training and staff development

A staff training matrix was maintained in the centre. This indicated that the majority of staff had received mandatory training.

A small number of staff who were overdue training were seen to be scheduled for relevant training in the near future.

Staff appraisals were carried out on an annual basis. Issues were diligently addressed and support was available to staff where necessary.

New staff were seen to be subject to a probationary period and appropriate meetings were held and documented.

Judgment: Substantially compliant



## Regulation 21: Records

The regulatory records were securely maintained and were accessible to the inspector.

Complaints were documented and incidents were recorded and actioned.

Staff files were generally well maintained.

However, in the sample of files seen by the inspector one curriculum vitae (CV) did not contain dates of employment in other areas.

The roster was not correct on the day of inspection as a member of staff who was rostered to be on duty was not in the centre.

In addition, residents' personal information was not securely stored in one area of the sitting room.

This was addressed during the inspection.

Judgment: Substantially compliant

## Regulation 23: Governance and management

On this inspection, the inspector found that there was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The management staff demonstrated a commitment to continuous improvement and quality assurance. There was evidence of a system of quality improvement strategies and monitoring of the services provided.

Audits were undertaken on a monthly basis. The inspector found that corrective action reports were completed following these audits and actions were seen to have been completed. There was evidence that audit findings were communicated to staff at the staff meetings. Staff confirmed this with the inspector.

Residents and relatives' questionnaires reflected satisfaction with the care received in the centre. Staff were supervised and areas of responsibility were delegated to knowledgeable personnel.

There were issues of non-compliance in relation to staffing, records and training which were addressed throughout the report under the relevant regulations.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts were given to each resident on admission. These set out the terms of residency and explained how residents' medical care and social care needs were to be met. Fees were set out for residents and contracts were signed by residents or their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had last been updated in 2018. Additional information was required in relation to shower and toilet provision, as well as correct details as outlined in the current Certificate of Registration for the designated centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications of specific incidents were found to have been submitted as required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Not all complaints contained details of the satisfaction or not of the complainant or whether or not the complainant was advised about the appeals process.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies were maintained in compliance with regulatory requirements and they were accessible to staff.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents. Residents said they were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and minutes were maintained. If there were concerns identified, these were addressed on an individual basis. For example, an external advocacy agency had been accessed for one resident.

During the inspection, the inspector saw residents enjoying singing and music in the afternoon. A number of residents told the inspector about the quizzes, exercises, games, Sonas (activating the potential for communication through the senses) and other group activities which were organised throughout the week. Daily newspapers, radios and televisions were available on an individual basis. Religious needs were facilitated and weekly mass was celebrated in the centre. Residents who spoke with the inspector were very happy with the level of social engagement provided and said that their days were interesting and flew by. Visitors were seen throughout the inspection and they confirmed that there was open access to the centre. A small private sitting area had been set aside for residents to meet with visitors if they wanted more privacy. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents could vote in the centre or go out to their constituency to vote.

The premises, fittings and equipment were generally of a reasonable standard and clean. The centre was homely and accessible. It provided adequate physical space to meet each resident's assessed needs. There were easily accessible gardens and grounds provided, with plenty of outdoor seating available for residents' and relatives' use. Issues relating to the premises were detailed under Regulation 17: Premises, in this report.

There were measures in place to protect residents from being harmed or suffering abuse. Staff had been trained in the prevention of elder abuse and this training formed part of the staff induction programme. Staff spoken with were found to be knowledgeable of the actions to be taken if there were allegations of abuse. There was a relevant and up-to-date policy in place to support this aspect of care. Issues to be followed up by the RPR in relation to receipts were highlighted under Regulation 8: Protection. The centre promoted a restraint-free environment and all other options were explored prior to its use.

There were written operational policies for the ordering, prescribing, storing and

administration of medicines to residents. Medicine management was now managed electronically by computer tablet, which had been provided by the pharmacy. The pharmacy was very supportive to the centre and to residents, according to staff. The inspector reviewed a number of medicine prescription charts which contained the required information. Audits of medicine management were ongoing and had resulted in improvements. A medicine management competency assessment and medicine management training were undertaken with nursing staff to ensure best practice in medicine administration.

Residents' health-care needs were met through timely access to general practitioners (GPs). Chiropody and physiotherapy services were provided as required. Dietitian and speech and language (SALT) services were available from a nutritional company. There was evidence of these referrals and reviews in residents' care notes. Psychiatry of old age specialist nurses were found to have reviewed residents' behavioural and medication plans and they monitored any residents who exhibited behavioural and psychological symptoms of dementia (BPSD). There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals. Wound care plans were reviewed and these indicated that wound healing was supported by instructions from the tissue viability nurse. Wound assessments and relevant care plans had been updated in accordance with these recommendations.

The inspector viewed a sample of residents' care plans. Overall, care plans were comprehensive and person-centred and improvements had been implemented since previous inspections. Clinical risks were assessed using validated tools. For example, risk of malnutrition, falls, skin integrity and cognitive ability, among others. Most residents had a care plan developed within 48 hours of their admission based on their assessed needs. Care plans were currently undergoing transfer to an electronic system. Issues to be addressed in care planning were discussed under Regulation 5: Individual Assessment and Care Planning.

Improvements in risk management and emergency planning had been sustained. Arrangements were in place with generator suppliers to maintain essential services in the centre in the event of a power outage. The emergency plan for the centre had been updated and contained relevant information for all emergency situations. Fire training was provided to staff on an annual basis. Fire drills had taken place and the inspector saw that further drills were scheduled. Detailed records of the effectiveness of these drills were available.

## Regulation 11: Visits

Visitors were welcomed. Family members were seen to visit during the day. Visitors were asked to respect residents' privacy and dignity at meal times.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had individual wardrobe and locker space for their clothes and personal effects. Shared bedrooms had clearly defined areas. All bedrooms had call-bells, TVs, over-bed lighting as well as a comfortable bedside chair. Photographs, personal bed-covers and books were seen in residents' bedrooms.

Judgment: Compliant

## Regulation 13: End of life

Residents had access to palliative care specialist where required. Residents were facilitated to stay in the nursing home at the end of their lives, if that was their wish.

Judgment: Compliant

## Regulation 17: Premises

The premises consisted of a single storey bungalow. The driveway had been recently resurfaced and there were accessible garden areas available to residents.

There were two spacious, comfortable communal rooms and a dining room in the centre, which were seen to be used by residents throughout the inspection. The bedroom accommodation was comprised of three single bedrooms, seven double bedrooms and two three-bedded rooms. Three of the beds were vacant as there was a condition to that effect on the centre's registration. Bedroom seven had an en-suite toilet and wash hand basin, while bedroom eight had an en-suite shower and toilet. The remaining 18 residents who did not have an en-suite facility shared two showers and a bath. This number of showers did not meet the the minimum required standard for shower availability. The RPR was asked to review the shower arrangements, in particular due to the application to reinstate the extra three beds onto the registration certificate.

The inspector found that doors and wood work required painting and some floor areas required repair. The RPR stated that this was planned for the near future.

Judgment: Not compliant

## Regulation 18: Food and nutrition

The kitchen was well equipped and well stocked. Dietary advice and instructions from the dietitian were available in a file for the chef's information.

Residents were seen to be offered a choice with meals. Those who required support with meals were assisted by staff who were careful and patient.

There was adequate space in the nicely decorated dining room to accommodate all residents.

The Malnutrition Universal Screening Tool (MUST) was utilised by staff to evaluate the risk of nutritional deficits in residents.

Residents were weighed monthly and where supplementary drinks were required, these were prescribed by the pharmacy.

Judgment: Compliant

## Regulation 26: Risk management

The risk register was maintained and was updated on an annual basis or when a risk was reassessed.

Judgment: Compliant

## Regulation 27: Infection control

The centre was clean. Records indicated that staff had received appropriate training in infection control practices. Hand sanitisers were located around the centre and there were adequate supplies of personal protective equipment (PPE) available.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire drills were carried out and documented. Fire safety certification was available. Fire safety checks were carried out on a daily, weekly and monthly basis where

appropriate.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medications were managed electronically. The GPs had signed a hard copy of the medicine administration (MAR) sheet in order to ensure that staff would have a signed prescription available in the centre for each resident, as required under An Bord Altranais Guidelines to Nurses on Medication Management (July 2007).

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were currently being transferred to the electronic system. This transition period was being supported by advice and training from the governance manager and the person in charge.

These plans were generally detailed and set out the main medical and social needs of residents.

Nevertheless, the inspector found that plans of care were not available for key issues, such as supporting the mental health of one resident who received regular follow-up by a specialist team.

In addition, comprehensive details were not maintained in relation to residents' wishes in the event of a cardiac arrest (where the heart stops beating). This meant that if such an event were to occur there was no way to access information quickly, in order to assess if CPR (cardio-pulmonary resuscitation) was to be attempted for the relevant resident. The nurse on duty informed the inspector that this had been discussed at a staff meeting. Processes were already underway to make this information readily available to support safe and consistent care.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector saw evidence that residents had access to a range of allied health professionals. Residents had access to GPs, the dietitian, the speech and language therapist (SALT), the chiropodist, the optician, the dentist, public health nurses, the

palliative care team and psychiatric services.

Staff and residents spoken with confirmed these visits with the inspector.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who experienced BPSD were supported with individual plans which guided staff on familiarising themselves to the signs of any upset or likely behaviour escalation. This meant that the quality of life of residents was optimised and staff felt empowered in care giving.

Judgment: Compliant

### Regulation 8: Protection

Residents said that they felt safe in the centre. Residents were seen to engage well with staff and to attend residents' meetings. Advocacy was available. The relevant policy was up to date. The majority of staff had attended updated training. Three staff required updated training, which was addressed under Regulation 16: Staff training and development.

Receipts were maintained for any purchases made on behalf of residents. This required further review by the RPR as she highlighted a concern to the inspector in relation to a number of receipts. She stated that these issues would be followed up.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were satisfied that their opinions were listened to. Residents told the inspector that mass was said in the centre and they could walk around inside or outside the centre independently, where this was possible.

Residents were accommodated in a non-smoking environment. However, a number of residents who used nicotine inhalers were supported in this. Life story information had been recorded. Staff said that this information supported an understanding of residents and of their past experiences.

While there were two three-bedded rooms in the centre they were well laid out to



maximise privacy and dignity of residents. Privacy curtains were used to maximise visual privacy.

Shower provision was inadequate. This was previous addressed under Regulation 17: Premises.

The night staff were required to serve breakfast to 10 residents from 06.30 and to get up five residents before the day staff came on duty at 08.00. The RPR was asked to review this practice taking into account staffing levels, residents' rights and quality of life.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0025774

Date of inspection: 31/01/2020

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Registered provider shall ensure that the number and skill mix of staff is appropriate to the needs of the residents. Family emergency took place on day of inspection so a staff member unavailable as per governance &amp; management.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: We have a live training matrix to ensure mandatory training is up to date and a training needs analysis is done yearly. There is a continuous training and development programme throughout the year. Overdue training completed.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We will ensure that all Cvs of new staff will be fully completed with dates of employment in other areas. Roster will be corrected when any absence occurs.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  Statement of purpose will be reviewed and revised of intervals of not less than one year or if any updates or amendments are due.  Completed 06/03/20</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The registered provider will inform the complainant of the outcome of the complaint and whether or not the resident was satisfied, they will be advised and informed in relation to the appeals process.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The replacement of flooring will be completed 31/08/2020.  New shower 31/12/2020  All doors and wardrobes to be painted. 26/02/2020 Completed</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  PIC will ensure that residents' wishes and information regarding the attempt of Cpr to relevant residents is in an easily accessible folder for the attention of staff in nurses station.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  There will be a robust secure system in place to manage purchases made on behalf of the residents with the family.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have ensured in so far that is reasonably practical that we have exercised the residents right to choose and have their needs and preferences taken into account in the planning, design, and delivery of services.</p> <p>In light of this we reviewed the timings of residents for breakfast and for getting up before day staff come on duty. Three residents choose to get up early in the morning before 8am and five residents choose to have breakfast before 8am.</p> <p>Residents may exercise this choice in so far as such exercise does not interfere with the rights of other residents. This is reviewed on a continual basis and also open to discussion at resident meetings.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Yellow	29/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/02/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of	Not Compliant	Yellow	31/12/2020

	purpose prepared under Regulation 3.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	05/02/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/03/2020
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	10/02/2020
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	11/03/2020



	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	03/02/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	16/02/2020