



## Office of the Chief Inspector

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

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	04 April 2019
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0022280

## About the designated centre

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

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care.

Bedroom accommodation comprises 46 single bedrooms of which 37 have full ensuite toilet and shower facilities. Two single bedrooms have no ensuite facilities and six have an ensuite toilet. There is one two bedded room which has an ensuite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

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

Current registration end date:	31/10/2020
Number of residents on the date of inspection:	47

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 April 2019	09:30hrs to 19:00hrs	Marie Matthews	Lead

## Views of people who use the service

The inspector talked to seven residents and two relatives during the day. The residents said that they were well cared for and the centre was a good place to live.

Residents described the staff as being helpful and committed to ensuring their needs were met. They said they were treated with respect and their visitors were made feel welcome. Two relatives spoken with confirmed that this was the case and that the staff knew them and welcomed them by name. Residents described the food as good and varied and said that visitors were also offered drinks or tea when they visited.

Residents said that they felt safe and secure and attributed this to the attention given to them by the staff. Residents were familiar with the owner, the person in charge and the staff and described them as helpful, approachable and kind.

Residents said they were consulted with about the day to day routine and felt their views were listened to. Those spoken with described having choices in relation to how they spent their day and they could get up and go to bed when they wished. Two residents said the staff helped them to maintain a daily routine that met their needs and to retain contact with family and friends in the local area. Residents who were able to speak with the inspector said there were varied activities organised and that they were free to take part or they could pursue their own interests. One resident said he preferred to spend time on his own reading and this was respected by staff. Other residents said they enjoyed the music, exercise classes, visits by therapy dogs and social outings.

Residents spoken with said they had no concerns but knew who to speak with if any issues arose. They confirmed that any day to day issues that arose were dealt with promptly and resolved by the person in charge.

The residents spoken with said all personal activities were attended to in private and that the staff were always respectful of their privacy. They said staff took time to help them to wash and dress.

## Capacity and capability

The actions outlined following the last inspection which was completed on 17 May 2017 were addressed. The management systems in the centre were well established and the staff were familiar with their roles and responsibilities and who to report to.

The person in charge is supported by the provider representative who is based on site. The person in charge knew the residents well and was knowledgeable regarding their individual needs. She met with residents and their families regularly to discuss any issues arising.

Governance arrangements were in place to oversee the service delivered. Improved oversight of some aspects of the service was required. For example the procedures for completing fire evacuation drills required review so that drills provided meaning information and assurance that residents could be safely evacuated at night. A review of the provision of social care was required to ensure that all residents were offered opportunities for social engagement.

Regular audits and reviews were carried out by the person in charge in relation to a range of areas such as accidents and incidents, unexplained weight loss, infection control, use of bed rails, use of psychotropic medication, medication errors or near misses, residents with infections, residents with responsive behaviour incidents and management, pressure ulcers or skin tears and complaints. Audits were analysed and areas for improvement identified. There were monthly key performance indicators identified based on audit findings.

An annual review of the quality and safety of the service was available in accordance with regulation 23 which identified areas for improvement and the inspector saw that residents had been consulted regarding this review through the residents committee which met every two months. All the required policies and procedures were in place and were readily accessible to staff to refer to when needed.

There were appropriate recruitment practices in place. All staff members and volunteers had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure. All documents as required by the regulations were available. There was ongoing training to ensure that the staff had the necessary skills to care for residents. The person in charge used a training matrix to help her identify when training for individual staff was due to expire. The training programme included areas such as restraint management, dementia care, the management of responsive behaviour, cardio-pulmonary resuscitation (CPR), infection control and end of life care in addition to the mandatory training requirements of fire safety, manual handling, safeguarding and infection control. Nurses had regular training on medicines management.

There was a low turnover of staff which helped to ensure continuity of care for residents. Staff and residents knew each other well and the interactions observed between staff and residents were friendly and meaningful. The inspector observed that staff members took the time to sit with residents and chat with them during the inspection.

Two nurses and seven care assistant and a care supervisor were on duty on the morning of the inspection in addition to the person in charge. This reduced in the afternoon to two nurses and five care assistants and from 21.30 until 08.30 there were three care staff and one nurse on duty. An activities coordinator, catering,

household, maintenance and an administrator were also on duty. The person in charge kept staffing levels under review and a recent review had resulted in the decision to change the skill mix at night time to two nurses and one care assistant. The person in charge was in the process of recruiting an additional nurse to implement this change.

Each resident had a written contract of care agreed with the provider. This outlined the services provided and the fees to be charged. Services that incurred an additional fee, such as hairdressing and reflexology, were listed and the fees were listed. An additional fee of €50 was charged by the provider for social activities. The provider said that this was clearly outlined to residents prior to admission. The fee was included in the statement of Purpose and in the Residents Guide. There was no facility however for residents who were unable to participate in the social activity programme to opt out of paying this fee. On review of this aspect of care, the inspector found that the social care programme favoured some residents. This is further discussed under the section Quality and Safety.

The person in charge was aware of the requirement to notify the Chief Inspector regarding serious incidents and accidents. All incidents reviewed had been responded to and managed appropriately by the person in charge and had been notified as required.

The complaints procedure was summarised in the Statement of Purpose and it clearly identified the steps involved in making a complaint. The inspector saw from a review of the complaints log, that residents' complaints and concerns were listened to and acted upon in a timely manner. The complaints recorded did not indicate if the resident making the complaint was satisfied with the outcome.

## Regulation 15: Staffing

A review of the staffing roster showed there was a nurse was on duty at all times, with a regular pattern of rostered care staff. The person in charge reviewed staffing levels on an ongoing basis and was in the process of recruiting an additional nurse. In light of findings under regulation 28 regarding fire evacuations and under regulation 9 regarding the provision of meaningful engagement for all residents, a review of staffing is required.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A culture of learning and was evident. There was a training and development schedule in place to ensure staff had the skills to meet the needs of residents. All new staff completed an induction programme to become familiar with residents and with the layout of the centre. Mandatory training was scheduled regularly to ensure that all staff had an opportunity to attend.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were for the most part defined to ensure that the centre delivered appropriate, safe and constant care to residents .Improved oversight of social care provision was required to ensure it was equitable and fair and improvements to the arrangements for completing fire evacuation procedures were identified to provide assurances that the residents could be safely evacuated at night when the least number of staff were on duty.

Judgment: Not compliant

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

Each resident had a written contract of care agreed with the provider which outlined the services provided and the fees to be charged. Services which incurred additional fees were identified in the contract and in the centres Statement of Purpose and these were discussed with the residents and /or their family prior to admission. There was an additional fee of €50 per week for social activities. There did not appear to be any facility for residents who were not able to participate in social activities to opt out of this fee.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose



The statement of purpose required review to clearly outline all of the information as required by schedule 1 of the regulations.

- The address and phone number was omitted from the front of the document,
- The description of the service required expanding to list all rooms communal and private and give the dimensions and function of each area.
- The description did not identify each bedroom by room number, give the room dimensions, room occupancy and identify if there was an ensuite toilet only or toilet and shower and the complaints procedure included in the document omitted details of the centres independent appeals process.
- Clarification regarding the cost of allied support services. The document did not make clear that services which are available free of charge under GMS scheme will be facilitated. Where there are delays or limited accessibility, these services will be provided, this will incur a cost for the resident. The table should reflect GMS/Cost incurred for the services available under GMS.
- The use of Closed Circuit Television cameras(CCTV) was not referred to in the document to make clear the areas where surveillance cameras were located, who monitored the recordings and the purpose of the surveillance

Judgment: Not compliant

### Regulation 30: Volunteers

There were no volunteers working in the centre at the time of the inspection. The person in charge was aware of the requirement to have clear roles and responsibilities identified for any volunteers and to have Garda vetting (police clearance) in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

The required notifications were submitted by the person in charge within the required time frame.

Judgment: Compliant

## Regulation 34: Complaints procedure

An action from the last inspection was addressed. The person in charge the inspector had introduced a system to capture informal complaints to help identify on-going issues or patterns of complaints. In a small number of those reviewed the satisfaction of the complainant wasn't recorded.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the Regulations were available and there was a system in place to ensure policies were regularly updated and read by staff.

Judgment: Compliant

## Regulation 21: Records

The records of social activities available did not provide assurance that residents who could not take part in group activities had regular social activities or individual therapies provided, and where available these records did not capture their participation or level of engagement in the activities attended.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were well cared and there was evidence that most residents were supported to live a fulfilling life. Residents' health needs were met. Improvements were identified however in relation to ensuring social care was provided equally and that residents unable to take part in the organised group activities had opportunities for meaningful engagement.

The centre overlooks the sea and the environment was bright clean and well maintained. There were no restrictions to the visiting hours in the centre. Visitors were encouraged to avoid mealtimes but some told the inspector they were

facilitated to visit loved ones at meal times to help them with their meals. Relatives spoken with committed positively about how welcome the staff made them feel when they visited. The premises were safe and secure and a receptionist was on duty during the day. There was a varied diet provided to residents and drinks and snacks were provided throughout the day.

Staff members were very respectful of residents' wishes and choices and their privacy. Closed Circuit Television (CCTV) was in use around the perimeter of the building, at the entrance and along corridors. Signage was displayed to alert residents and relatives of the presence of cameras, Although no cameras were present in the sitting rooms or in the dining room, they were a number of cameras in the main foyer where many residents liked to sit and relax or have snacks during the day. This impacted on residents privacy. The cameras were linked to monitors which were located in the main office.

Care and support was provided to residents that met their needs and lifestyle choices. Residents were visited by the person in charge prior to admission to ensure their care needs could be met. A comprehensive assessment process was in place on admission that identified residents' health and social care needs and care plans were completed for each resident based on these assessments. Improvements were required Care was regularly reviewed to ensure good healthcare outcomes for residents. A small number of those reviewed were not clearly linked to the assessment completed. The person in charge supervised care and had good oversight of any changes in the residents care needs or any deterioration in their health and consulted with doctors when problems arose or she had concerns.

The inspector observed good infection control practices and hand hygiene implemented by staff during the course of the inspection. All staff had attended training and the staff spoken with showed awareness and knowledge of infection prevention and control protocols. There had been no recent outbreaks in the centre.

Risk such as falls, weight loss, skin integrity, and behaviours associated with dementia were assessed and regularly reviewed. Where risk was identified a care plan was put in place to control the risk. Where unexplained weight loss was identified there was prompt referral to the dietitians and to speech and language therapists for specialist advice. There was evidence of regular medical reviews and referrals to other specialists as required. Access to health screening was made available to all eligible residents. Staff members were aware of the different communication needs of residents and were observed to take time to understand them. Where a resident required transfer to an acute hospital, there was comprehensive information sent with them to the hospital.

Residents' remained active in their local community and this was enhanced by regular outings to local coffee shops. Mass was relayed by satellite to the centre from the local parish church. There was a varied activity programme in place with regular visiting musicians and pet therapists. This was facilitated by an activities coordinator three days a week and by care assistants two days a week. Staff were trained in therapeutic activities for residents with dementia. Residents with an

interest in sport could watch sporting events on satellite TV.

As discussed under the Capacity and Capability summary, residents paid an additional weekly fee of €50 for the social care programme and those who were able to speak to the inspector said they enjoyed the variety of social activities available. The provision of social care was not equally delivered to all residents and the inspector was not assured that those who were unable to participate in group activities had regular meaningful social engagement provided consistently. The social care records of a sample of residents were reviewed and there were several days each week where there were no entries for some residents. The person in charge said that care staff spent time with these residents and did hand massages and nail painting, however this activity was not recorded. The centre's statement of purpose included activities such as reflexology which would be suitable and appropriate for residents with dementia, however this service incurred a fee additional to the €50 social care fee. There was no apparent option for residents to opt out of paying this fee. This area required review.

There was an established residents group who met regularly and it was evident that issues raised were brought to the attention of the management and were responded to. An independent advocate was available to residents. Daily and local newspapers were available. A quarterly newsletter was also produced monthly for residents and relatives informing them of social events. Each resident had a television and telephone point in their bedroom and many residents had their own mobile telephone. The centre had a well-stocked library and a designed hairdressing room was provided.

The person in charge continued to promote a restraint-free environment and bedrail use had reduced since the last inspection. Seventeen residents had bedrails in situ. Most were at the request of the residents who were concerned about falls. Some residents had requested bedrails to help them to feel safe and where this was the case the enabling feature was recorded. Alternative options were in place to reduce falls such as low entry beds, crash mats and grab rails and the person in charge worked with residents and relatives to reduce dependence on bed rails. Where bedrails were in use there was evidence that a risk assessment was completed and the decision was made following discussion with a multidisciplinary team.

There was evidence of regular referrals and reviews to the Psychiatry of later life team. There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Staff members spoken with understood the reasons why some residents had responsive behaviour and knew how to respond to escalations in behaviour and reduce the residents' anxiety. All staff had completed training in dementia care and management of responsive behaviour.

The centre was well organised and assistive equipment was stored appropriately. Corridors were clear of obstructions. Appropriate risk management procedures were

in place and all staff members had completed training in manual handling and infection control.

All staff members had completed fire safety training and regular fire evacuation drills took place. The procedure for completing fire evacuation drills required review to ensure that residents in the largest fire compartment could be safely evacuated when the least number of staff were on duty.

### Regulation 10: Communication difficulties

Each residents communication was assessed and their communication needs were set out clearly in a personalised care plan. Staff were aware of the different communication needs of residents.

Judgment: Compliant

### Regulation 11: Visits

Residents could meet with their relatives in private and those spoken with said their visitors were welcomed and offered drinks and snacks when they visited. The relatives spoken with confirmed that staff made them feel at home.

Judgment: Compliant

### Regulation 12: Personal possessions

There was ample storage space provided in each bedroom including a wardrobe and a locker with a lockable drawer was provided in residents' bedrooms. Residents and relatives spoken with were satisfied with the laundry service provided.

Judgment: Compliant

## Regulation 13: End of life

The centre had a comprehensive end of life policy in place, which had been recently updated and signed as read by staff. Records reviewed showed evidence of good practice and regulatory compliance by ensuring the residents' wishes and preferences were identified and documented and the religious and cultural needs were followed. All religious needs could be catered for.

Judgment: Compliant

## Regulation 17: Premises

The centre was accessible, bright, spacious, clean and nicely decorated. It provided a choice of communal areas for residents. Bedrooms were personalised and had accessible ensuite toilet and shower facilities. Safe floor covering was provided throughout and grab-rails and handrails were provided in all bathrooms and along corridors. There were ample areas for residents who like to walk. Adequate assistive equipment was provided to meet residents' needs and this was regularly serviced and well maintained. There was an accessible enclosed garden to the front of the premises.

During the inspection the inspector observed that while there was a variety of communal spaces available to residents, the staff tended to bring residents to one the main sitting room and residents also congregated in the main foyer area which had a large screen television. Better use of some of the other available space required consideration to provide a quieter environment for residents with dementia.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. The nutritional status of residents was assessed regularly using a validated nutritional screening tool and where specialist advice from a dietician or speech and language therapist was required this was provided and the dietary needs of residents was communicated to catering staff. Mealtimes were observed to be an enjoyable experience. Some residents required assistance with their meals and this was provided by staff in a discreet and

sensitive manner.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Where residents were transferred to hospital there was comprehensive information included on the transfer letter and the family of the resident were informed.

Judgment: Compliant

### Regulation 26: Risk management

The centre was well maintained and clutter free. There was an up-to-date Risk policy available. The risk register included the risks identified in the regulations. Systems were in place for reviewing and updating the risk register. Arrangements were in place for identifying, recording and responding to accidents and all accidents and near misses were reviewed to ensure there was learning from them.

The risk register did not include an assessment of the effectiveness of the fire evacuation procedures.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was clean and cleaning schedules were observed in use to ensure all areas got attention. Hand sanitizers were located at the entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers.

Judgment: Compliant

### Regulation 28: Fire precautions

The procedure for completing fire evacuation drills required review to ensure that residents in the largest fire compartment could be safely evacuated. Fire drills also needed to be organised for times when the least number of staff were on duty to ensure that a fire situation could be managed competently.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were regularly reviewed by the general practitioners (GP's). The inspector reviewed a sample of prescription and administration charts and noted that medicines were being administered as prescribed. Nursing staff completed medication management training. The pharmacist completed medication reviews and audits.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were detailed and person centred but some were not clearly linked to the assessment completed.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had a range of health conditions associated with the ageing process. Their health care needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied health care professionals. A physiotherapist was employed on a part time basis in the centre to ensure residents were adequately supported to remain as independent as possible. The advice of allied health care professionals was transferred to care plans and implemented by staff.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging



There was a policy and procedures available to guide staff on the management of responsive behaviours and staff attended training on dementia care on the dementia and the management of responsive behaviour every two years. Care plans were available for residents displaying such behaviours and these described potential triggers and interventions that could be adopted to reduce the resident's anxiety such as redirection and distraction.

Judgment: Compliant

### Regulation 8: Protection

Residents in the centre were protected from abuse. There was a policy in place to guide practice, and all staff spoken to displayed good knowledge of what to do in relation to the detection and prevention of and responses to abuse. The non-compliance in relation to managing of financial affairs was addressed since the previous inspection but improvement in the maintenance and access of records was required and is outlined within Regulation 21.

Judgment: Compliant

### Regulation 9: Residents' rights

The social programme favoured residents who were active and who could participate in group activities. Residents who could not take part in group activities did not have the same opportunities for meaningful engagement on a daily basis.

CCTV cameras monitored the main foyer where residents sat during the day and have a reasonable expectation of privacy

Judgment: Not 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Substantially compliant
<b>Quality and safety</b>	
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 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0022280

Date of inspection: 04/04/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An additional shift will be introduced 10.30 am to 4.30pm for social activities along with the activity coordinator.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Stimulated fire evacuations will be conducted at night shift when least number of staff are present. Compartmentalised fire evacuations will be conducted starting from the biggest compartment.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Activities will be organized based on individuals needs and capabilities as per activity	

assessments and care plan. This will be implemented by recruiting additional staff and integrating social activities as a part of daily care. The allocation sheet for care staff will specify the activity plan for resident.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 Address and phone number will be added to the statement of purpose along with list of rooms and descriptions. Services which come under GMS scheme and independent appeals process will be added in statement of purpose. All details about CCTV will be integrated to the statement of purpose from CCTV policy in Summerville.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 Satisfaction of the complainant will be recorded in the complaints book.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
 Activities will be organized based on individuals needs and capabilities as per activity assessments and care plan. This will be implemented by recruiting additional staff and integrating social activities as a part of daily care. The allocation sheet for care staff will specify the activity plan for resident. Initiated recording in Epic care system.

Regulation 26: Risk management	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk register will be completed with assessment of effectiveness of fire evacuation procedures.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Stimulated fire evacuations will be conducted on night shift when least number of staff are present. Compartmentalised fire evacuations will be conducted starting from the largest compartment.</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: All assessments will correlate with care plans. Audits will be done on monthly basis to ensure the same.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: CCTV monitor screen will be switched off at all times and the footages will be viewed for investigation purposes. The camera in the reception area will be turned off during the day.</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.	Substantially Compliant	Yellow	01/08/2019
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	31/07/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/07/2019

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	31/07/2019
Regulation 26(1)(d)	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.	Not Compliant	Orange	31/08/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety 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	Not Compliant	Orange	31/07/2019



	procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	04/06/2019
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Yellow	04/06/2019
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,	Substantially Compliant	Yellow	04/06/2019

	the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/08/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Yellow	31/08/2019