



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

## Issued by the Chief Inspector

Name of designated centre:	St Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	100 Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 November 2019
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0026749

## About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

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

Number of residents on the date of inspection:	68
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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
06 November 2019	10:00hrs to 18:00hrs	John Greaney	Lead
07 November 2019	09:00hrs to 16:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with residents throughout the inspection in various locations of the centre, including residents' bedrooms, sitting room and dining rooms. Feedback was positive about the overall service as well as the standard of care provided. Residents stated that staff were helpful, kind and considerate. They said that they could raise any issue with the person in charge and that anything raised was addressed.

## Capacity and capability

There was a clearly defined management structure in place, with effective governance arrangements for the day to day operation of the centre. There were effective management systems for the monitoring of the quality and safety of care delivered to residents. Some improvements were required in relation to staff training and the submission of notifications.

The person in charge worked full-time in the centre and reported to the provider representative. All staff were informed of organisational and operational matters through robust communication strategies which included clinical handovers and staff meetings.

There were systems in place for monitoring the quality and safety of care provided to residents. There was an annual review of the quality and safety of care, that incorporated views of residents. There was a comprehensive programme of audits across a range of areas, including manual handling observation, catering, end of life, medication, falls food and nutrition, health and safety and restraint. There was an action plan associated with each audit identifying any required improvements. There was evidence of consultation with residents through residents meetings.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and residents' needs.

Duty rosters were maintained for all staff and during the two days of inspection, the number and skill-mix of staff working during the day and evening was observed to be appropriate to meet the needs of the current residents.

The inspector reviewed a sample of staff files, which included most of the information required under Schedule 2 of the Regulations. Evidence of registration

for 2019 was seen for nursing staff. Garda vetting was in place for all staff and no staff commenced employment until all aspects of vetting were in place. References on file were not always the the staff member's most recent employer and there were gaps in the employment history of some staff for which a satisfactory explanation had not been recorded.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was also a periodic audit of falls to identify if there were any trends or opportunity for improvements in falls prevention.

Staff were appropriately supervised and supported to perform their respective roles. Significant improvements were required in relation to training as a number of staff were overdue attendance at mandatory training including, responsive behaviour, safeguarding residents from abuse, fire safety and manual and patient handling. Staff were familiar with the procedures for reporting any suspicions or allegations of abuse. There were robust procedures in place to manage pensions and resident's monies. banking arrangements for had been amended since the last inspection and were now in compliance with recommended guidance.

There was adequate oversight of complaints. Staff recorded both verbal and written complaints. Based on a review of a sample of complaints there was a need to improve on record keeping, particularly in relation to the investigation conducted and the outcome of the complaints procedure.

#### Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. Residents and relatives were familiar with the person in charge and knew her by name. They also stated that they would have no problem approaching the person in charge if they had any concerns.

Judgment: Compliant

#### Regulation 15: Staffing

There was a registered nurse on duty at all times and adequate numbers and skill mix of staff to meet the needs of residents. Staff were knowledgeable of individual resident's needs and all interactions by staff with residents were conducted in a caring and respectful manner.

Judgment: Compliant

## Regulation 16: Training and staff development

While staff were supported to attend training a significant number of staff were overdue attendance at training in mandatory areas, such as responsive behaviour, safeguarding residents from abuse, and fire safety. In addition a lesser number of staff were overdue training in manual and people handling.

Judgment: Not compliant

## Regulation 19: Directory of residents

The directory of residents has been amended since the last inspection and contains all of the information required by the regulations.

Judgment: Compliant

## Regulation 21: Records

Records were well organised, stored securely and easily retrievable. The inspector reviewed a sample of personnel files. All contained a Garda vetting disclosure and photographic identification. While each record also contained an employment history, there were some gaps in employment for which a satisfactory explanation was not recorded. Also, employment references for all staff did not always include a reference from the staff member's most recent employer. Personnel records reviewed were updated prior to the end of the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

There were sufficient resources in place to meet the needs of the residents. The management structure was clear and there were systems in place to measure and the safety of the services and provide effective monitoring. An annual review of the quality and safety had been prepared for the previous year.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of accident and incident records indicated that most notifications required to be submitted were submitted in the required time frame. However, on one occasion an allegation of abuse that was subsequently deemed to be unfounded was not submitted as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The procedure was on display in the centre and provided details of the person responsible for dealing with complaints and an appeals process. It did not however, provide details of the Ombudsman and their role in addressing complaints. A review of the complaints log indicated that complaints were recorded. Discussions with the person in charge indicated that complaints were investigated, however, records of the investigation lacked adequate detail.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All of the policies and procedures listed in Schedule 5 of the regulations were available and accessible to staff. All policies had been reviewed between February and April of 2019.

Judgment: Compliant



## Quality and safety

Overall, residents had a good quality of life. Their rights, privacy and dignity and independence were promoted and protected. While there was evidence of good practices in the centre and care was person-centred, significant improvements were required in relation to medication management and care planning.

The design and layout of the centre was generally suitable for its stated purpose. Resident' accommodation comprised sixty four single bedrooms and eight twin bedrooms. There was ample communal space and outdoor space that was landscaped to a high standard and was readily accessible to residents.

Fire safety practices were reviewed and it was evident that there was a positive focus on fire safety. There were frequent fire drills and staff spoken with were knowledgeable of what to do in the event of a fire. The fire drills could be enhanced through the simulated evacuation of the largest compartment using night time staffing levels. Also, a significant number of staff were overdue attendance at fire safety training. Due to the size of one of the fire safety compartments, the personal emergency evacuation plans for each resident in this section were under constant review to ensure that the dependency levels of residents were maintained at a manageable level.

The rights and dignity of each resident was respected. There was a programme of activities that included both group and one-to-one activities and there were also regular outings to attractions and amenities.

Residents' healthcare needs were met to a good standard. There was a need, however, for a review of care planning as significant deficits were identified, particularly in relation to the care plan for a resident with diabetes. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required.

There were written operational policies on the ordering, prescribing, storing and administration of medicines to residents. These policies were not always adhered to in relation to the transcription of medications or in the recording of instances where medication was withheld for clinical reasons.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked regularly. Residents were provided with a choice of food at mealtimes, including residents that were prescribed modified texture diets. The inspector saw staff assist residents with their meals in a discreet and sensitive manner. Residents were complimentary about the quality of food, the choice available and the

quantities provided. Mealtimes were seen to be social occasions and residents were seen to interact with each other throughout the meal.

Measures were in place to protect residents from being harmed or suffering abuse. There was a need, however, to put in place a safeguarding plan for residents that may be considered vulnerable or at an increased risk of abuse. There was also a need for more comprehensive record keeping in instances where there were suspicions of abuse, even when they were unfounded. Most staff had attended training in safeguarding residents from abuse and staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There were adequate measures in place to safeguard residents' finances. The provider was pension agent for a number of residents and banking arrangements had been amended since the last inspection and were now in compliance with recommended guidance.

There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider all other options prior to its use. There was evidence that alternatives, such as low profiling beds and alarm mats were in use to minimise the use of restraint.

### Regulation 11: Visits

Visitors were made welcome in the centre except at meal times to minimise disruption to other residents. The inspector saw visitors coming and going at various times throughout the inspection. There were adequate facilities for visitors to meet with residents in private away from the residents' bedrooms.

Judgment: Compliant

### Regulation 13: End of life

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, the inspector was satisfied that residents or their relative had been given the opportunity to outline their wishes regarding end of life. Advice and support was available from the local palliative care team.

Judgment: Compliant

### Regulation 17: Premises

The centre was clean throughout and in a good state of repair. There was ample communal space for residents to either spend time with other residents or to spend time alone. There were two secure out door spaces that were readily accessible to residents. One of the outdoor spaces was large and landscaped to a high standard with a water feature, raised plant beds, a walkway for residents, garden furniture and a section dedicated to the memory of past residents and staff.

There was a process underway whereby a local artist was painting murals and signage on the walls of the corridors, which enhanced the decor of the centre considerably. All of the corridor lighting was also being replaced in an effort to improve lighting in the centre as winter approached. Some memorabilia had also been strategically place throughout the centre and this included a replica old style fireplace in one of the sitting rooms.

Judgment: Compliant

### Regulation 18: Food and nutrition

A significant number of residents ate their meals in the dining room and those that wished to have their meals in their bedrooms were facilitated to do so. Residents requiring assistance to eat were assisted in a discreet and respectful manner. Food was colourful, attractively presented and available in sufficient quantities. Residents spoken with were complimentary of the choice and quality of food. The nutritional status of residents was monitored through regular weights and there was good access to the services of a dietitian and speech and language therapist and evidence of referral and review when indicated.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy that addressed the requirements of the regulations.

Many of the items identified at the last inspection had been addressed, such as the reduction in the number of oxygen cylinders and the installation of wall brackets for the storage of oxygen cylinders. Doors to areas of risk, such as the treatment room, were locked at all times. There was still a need to review the risk register to ensure that it was a live document and that risks throughout the centre were identified and reviewed on an ongoing basis. While the inspector was informed that access to the stairwell had been added to the register, this could not be located on the day of the

inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There continued to be a positive focus on fire safety. Fire safety equipment, such as fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted within the recommended time frames. There were monthly fire drills that included the simulated evacuation of residents and fire drill records contained good details of the scenario simulated and any learning from the drills. There was a need, however, to ensure that all staff, particularly staff that predominantly worked nights had participated in a fire drill.

There were personal emergency evacuation plans for each resident indicating the level of support each resident required to ensure they were evacuated in a timely manner in the event of a fire. One of the fire safety compartments contained bedroom accommodation for thirteen residents. The evacuation needs of residents in this section of the premises were kept under review, so that, at any one time, the number of residents, accommodated in this section, requiring a high level of support to evacuate were kept to a minimum. The inspector was informed that plans were in place for structural works to reduce the size of this fire compartment.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration practices were reviewed. There was a system of reconciliation in place to ensure that medications delivered corresponded with what was prescribed. Some improvements were required in medication management practices, including:

- prescriptions were routinely transcribed by nurses. A review of a sample of prescriptions indicated that transcription practice did not always comply with guidance from the nurses' regulatory body. For example, there were two nurses' signatures for each medicine transcribed but not all prescriptions were signed by a medical practitioner, and at least one of these had gone unsigned for a number of months
- it was not always possible to ascertain when prescriptions were transcribed as the date of transcription was not routinely recorded.
- a number of prescription and administration records did not contain a photograph of the resident
- medication administration records did not always identify when medications

were withheld, such as when sliding scale insulin was not administered due to a recent incident of hypoglycaemia.

Medications requiring special control measures were stored and administered in accordance with recommended guidance. Medications requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. There was an adequate system in place for returning out-of-date and unused medicines to the pharmacy.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment conducted to ensure that the centre were able to meet the needs of all potential residents. Following admission each resident had a comprehensive assessment using validated assessment tools for issues such as the risk of developing pressure sores, the risk of falling and the risk of malnutrition. Care plans were then developed based on these assessments to guide staff on care delivery.

While many care plans were personalised and provided good guidance on care to be delivered, significant improvements were required in others. For example, the care plan for a resident with insulin dependent diabetes lacked detail in relation to acceptable blood sugar level ranges and guidance on when medication should be withheld. Additionally, the care plan for one resident did not reference pain management when nursing notes indicated that the resident was frequently administered analgesia for pain and the care plan for another resident did not provide guidance on the management or presentation of epilepsy.

Judgment: Not compliant

### Regulation 6: Health care

Residents had good access to medical care and records indicated they were regularly reviewed. Residents also had good access to allied health and specialist services such as dietetics, speech and language therapy and chiropody. There was a system in place to ensure that residents that qualified for various screening programmes were facilitated to attend for screening.

Judgment: Compliant

## Regulation 8: Protection

Residents stated that they felt safe in the centre and all interactions by staff with residents were seen to be conducted in a respectful and appropriate manner.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. Where there were suspicions or allegations of abuse, these were recorded and investigated. However, even though these were found to be unsubstantiated, the policy in relation to safeguarding was not adhered to in relation to putting a safeguarding plan in place. Additionally, the record of the investigation was not sufficiently comprehensive.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Not compliant

## Regulation 9: Residents' rights

The rights of residents were protected and supported. Residents had control over their daily routine, such as when and where to have their meals, what time to get up in the morning and when to go to bed. Residents were treated with dignity and respect and all interactions by staff with residents were conducted in a respectful manner.

There were procedures in place for consulting with residents in relation to the day-to-day operation of the centre. Meetings were held with residents to ascertain their input into the day to day operation of the centre. Discussions with the person in charge indicated that issues raised at these meetings were addressed. There was a need, however, to incorporate actions taken into the record of the meetings.

There was a programme of activities that included arts and crafts, ball games, exercises and music. There was a "Men's Shed" held every Wednesday that involved residents to participate in various carpentry projects. There were regular trips to local attractions and special events, such as an art exhibition and a concert and plans were in place for residents to attend a traditional iris music evening in the weeks following this inspection. There were also trips to attractions further afield, such as to Galway during the summer. In addition to group activities, there were one-to-one activities that included reflexology and massage. There was also a staff member in the role of compassionate care that spent one-to-one time with the more dependant residents.

The privacy and dignity of residents was respected and staff were seen to knock prior to entering residents bedrooms. Staff members addressed residents by their

names and it was obvious that residents were relaxed and comfortable in the presence of staff.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for St Michael's Nursing Home OSV-0004664

Inspection ID: MON-0026749

Date of inspection: 07/11/2019

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training took place on 23rd and 30th of November and is now complete for all staff. Manual Handling took place on 11th of November and is up to date for all staff. Safeguarding and responsive behavior, with relevant completion dates, have been assigned as online course to all staff</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All allegations of suspected abuse, even if unfounded will be notified to the authority within the required time frame</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The role and contact details of the ombudsman have been added to the complaints procedure. This is displayed in reception area</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk register will be revised and risks throughout the center included on an ongoing Basis so the risk register becomes a live document.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Proprietor to engage with qualified fire engineer to reduce the number of residents in the compartment(s) identified, in line with best practice recommendations. This will be completed by June 2020.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All prescriptions transcribed by nurses must be signed by GP with in 72 hours of admission, effective immediately.</p> <p>The date of transcription will be included on the medication Kardex</p> <p>All medication Kardex s now to have photographic ID of each resident</p> <p>Medication Kardex now clearly state when medications are withheld and the reason why.</p> <p>Audits to target specific medication Kardex to include residents with epilepsy, insulin dependent diabetes and warfarin</p>	
Regulation 5: Individual assessment	Not Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Nurses to receive training to increase awareness around identifying specific needs and developing care plans to meet these needs and maintaining documentation. To be completed by 31/1/2020.  Residents identified on day of inspection have had care plans updated to reflect specific needs.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Resident identified on date of inspection now has a safeguarding care plan in place.</p> <p>All allegations of suspected abuse, even where investigation shows they are unfounded will be reported to the Authority in line with guidelines.</p> <p>All staff to improve on record keeping and completion of documentation with regards to incidents, complaints and investigations.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  All minutes from meetings will now include outcomes and actions, A new template has been created for same.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	31/01/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2020
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	Substantially Compliant	Yellow	30/07/2020

	aware of the procedure to be followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	09/12/2019
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	01/12/2019
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	09/12/2019
Regulation 5(3)	The person in charge shall	Not Compliant	Orange	01/12/2019

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Yellow	01/12/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/12/2019