Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Fearna Manor Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Eldabane Properties Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Tarmon Road, Castlerea, Roscommon</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 September 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000339</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025004</td>
</tr>
</tbody>
</table>
About the designated centre

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

The centre is a purpose-built facility single storey building that is registered to accommodate a maximum of 53 dependent persons aged 18 years and over. It is situated in a residential area a short drive from the town of Castlerea. Bedroom accommodation consists of 15 single and 19 double rooms all with ensuite facilities. There is a range of communal areas where residents can sit together and socialise. Other facilities include a dining area and spaces for visitors and people who smoke. There are toilets and bathrooms located near to communal areas. There are two outdoor areas that are easily accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In the statement of purpose, the provider states that they are committed to enhancing the quality of life of residents by providing a homely, safe and caring environment.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 46 |
How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 September 2018</td>
<td>09:30hrs to 18:00hrs</td>
<td>Geraldine Jolley</td>
<td>Lead</td>
</tr>
<tr>
<td>Views of people who use the service</td>
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<td>-------------------------------------</td>
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<tr>
<td>The inspector talked to six residents during the day. They said that the centre was comfortable, a good place to live and that staff were kind and considerate in their approach. Residents described having choices in relation to their day to day lives saying they could get up and go to bed when they wished. They said staff worked hard to meet their needs and that their personal routines and choices were always respected.</td>
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<tr>
<td>The staff team were described as being committed to ensuring their comfort and enjoyment of life. Residents said they had freedom and could go out when they wished to the local town or to visit family and friends. Residents said there were varied activities and also said that they were free to join in or pursue their own interests. The activities they said they particularly enjoyed included the paper review, baking, card games and the exercise groups.</td>
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<tr>
<td>Several residents commented on how their personal care was addressed. They said staff took time to support them when washing and dressing and ensured they had appropriate help when they needed it. Residents described the food as varied and were very pleased that visitors were offered drinks or tea when they visited.</td>
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<tr>
<td>During the inspection residents were observed to be treated with dignity and were consulted about where they wished to sit and where they wished to have meals. Residents said that they felt safe, secure and free from worry in the centre. Residents who had raised concerns said these were dealt with promptly and resolved. Call bells not answered quickly, items of clothing going missing and poor communication were some of the issues that had been addressed.</td>
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<table>
<thead>
<tr>
<th>Capacity and capability</th>
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<tbody>
<tr>
<td>The management systems in the centre were well established and the structure was known to staff who described who they reported to and the senior management arrangements. The person in charge is supported by an area manager and the provider representative visits the centre weekly. The inspector found that overall the governance, management and oversight of how the service was delivered was good and there were systems in place to review the quality of the service provided to residents. The majority of actions outlined following the last inspection which was</td>
</tr>
</tbody>
</table>
completed on 29 March 2017 had been completed. All staff had completed training on dementia care, incidents were recorded in good detail and were reviewed and nurses described wound care problems and progress in a meaningful way that ensured change and the effectiveness of the care plan could be easily identified.

The inspector found that adequate resources were made available to ensure the service was safe, appropriate and met the needs of residents. Staff were available in adequate numbers and in a varied skill mix to ensure the personal and social care needs of residents were met to a good standard. The premises were in good condition and well maintained. The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available.

Staff were familiar with residents' needs and interactions between staff and residents were observed to be kind, friendly and meaningful. Staff frequently sat with residents, initiated conversations and elicited responses to questions they asked and ensured that residents had regular personal contacts except they had indicated a wish to be alone. Staff had appropriate qualifications and regular training on topics relevant to care practice. The training record confirmed that staff had completed training on dementia care, end of life care and resuscitation measures. Nurses had regular training on medicines management.

The person in charge is appropriately qualified and experienced. She is supported by an assistant director of nursing who facilitated the inspection in her absence. All staff were found to be well informed about their roles and could describe how they contributed to the overall service and to residents’ day to day lives.

The views of residents are sought and used to plan and change aspects of the service. Residents’ complaints are investigated and they are informed of the outcome according to records viewed by the inspector. The inspector was satisfied that residents' complaints and concerns were listened to and acted upon in a timely manner. A complaints policy was in place and residents said they knew how to make a complaint should the need arise.

The inspector noted that some aspects of governance required improvement and these included the annual report as it did not reflect the views of residents as established from surveys and information supplied in notifications to HIQA did not include the full range of detail required.
There is a person in charge as required by regulations. She is a qualified nurse with the appropriate skills and experience for this role.

Judgment: Compliant

**Regulation 15: Staffing**

At the time of inspection, there were appropriate staff numbers in a varied skill-mix available to meet the assessed needs of residents and ensure the safe delivery of the service. The provider has enhanced the care team by the employment of a full time physiotherapist and a part time occupational therapist to ensure residents have access to assessment and treatment programmes they require.

Judgment: Compliant

**Regulation 16: Training and staff development**

A culture of learning and skills development was promoted through the provision of training courses and professional development opportunities. There was an induction programme for all new staff to ensure that staff had the required competencies, time to become familiar with residents and with the layout of the centre.

Judgment: Compliant

**Regulation 19: Directory of residents**
The directory of residents was complete except that the cause of death was not described in all instances where residents died in the centre.

**Judgment:** Not compliant

**Regulation 21: Records**

Samples of schedule 3 and 4 records were reviewed. These were up to date and were stored safely and securely. Staff were aware of the need to protect information that was personally identifiable.

**Judgment:** Compliant

**Regulation 22: Insurance**

There was public and employer’s liability insurance in place until May 2019.

**Judgment:** Compliant

**Regulation 23: Governance and management**

The governance and management structures supported the operation of the service effectively in most areas. There were regular reviews and audits of aspects of the service completed. The inspector saw that audits of wound care and falls described mainly quantitative data on the number of incidents for example. A summary of where improvements and change had taken place from one audit to the next would provide more useful information and make the audits more meaningful. For example a falls alert system was in place to prompt staff vigilance where residents had been assessed as at risk of falls however there was no commentary on the impact of this measure in audit records.

An annual report was available however this did not include feedback from consultation with residents. The inspector saw that a residents’ survey had been completed and the response had been high with positive views about the staff and service expressed.

**Judgment:** Substantially compliant
**Regulation 31: Notification of incidents**

The required notifications were supplied however the quarterly notifications lacked some of the required details. The cause of death was not described when residents died in the centre.

Judgment: Not compliant

**Regulation 34: Complaints procedure**

Residents' complaints and concerns were listened to, investigated and concluded in a timely manner. The records conveyed that legislative requirements were met.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

All the required policies and procedures were in place and were readily accessible to staff to refer to when needed.

Judgment: Compliant

**Quality and safety**

The inspector found that on the day of the inspection that the centre was providing care and support to residents that met their needs and lifestyle choices. There was appropriate staff deployment, good access to allied health professionals and a varied social activity programme available to meet residents’ health and social care needs. The inspector saw residents were supported in their efforts to be independent and to keep in contact with the local community and with family. Residents confirmed that staff helped them with arrangements to go out when they wished and provided medicines and called taxis when needed.

Care plans for all residents were available and these were based on a range of assessments that identified residents’ health and social care needs. Care was regularly reviewed by nurses and to ensure good healthcare outcomes for residents.
There were varied risk assessments completed and where risk was identified a care plan was put in place to mitigate the risk. Risk factors such as falls, pressure area problems, nutrition deficits and confusion were some of the risk areas being identified and monitored. Care records for residents with wound care problems were reviewed. The inspector found that there were suitable measures in place to ensure care met evidence based practice standards. Specialist advice from a tissue viability specialist was sought and records confirmed that recommendations made were followed by staff. Nurses’ records described change in wound size, impact of dressing and nutrition regimes and the impact on residents’ overall health. Pain was assessed and pain relief administered to ensure residents were not in discomfort when dressings were changed. Improvement to wound care records was identified at the last inspection and records examined conveyed that staff had addressed this.

Residents’ general health was monitored and checks of blood pressure, weights and other indicators were undertaken monthly and more frequently when changes were evident. Fluctuations in weight prompted referrals to dieticians and to speech and language therapists for expert advice and to prevent deterioration in health. Nurses were well informed about residents’ health and consulted with doctors when problems arose or they had concerns.

The inspector saw records that confirmed that staff met with residents and assessed their care needs prior to admission to determine the centre was suitable and that any equipment or specialist arrangements required could be put in place. Residents told the inspector that they were informed about fees and contracts prior to admission. Family members visited to make arrangements on their behalf if they were unable to do so.

Residents described the varied social opportunities they had and said that there was an activity scheduled each day. Staff were delegated to facilitate activities, exercise and outdoor time. There was a programme displayed for each week including weekends. The varied activities included games, reading newspapers and discussions about the news, card games, baking, crafts and gardening. In addition there were group and individual exercise sessions organised by the physiotherapist. Residents who had dementia had one to one support where required and there were regular sessions of sensory and music activity to prompt their interest and ensure they had meaningful activity to support them to enjoy life.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff could describe how to detect and report a safeguarding issue. They were knowledgeable about situations that could arise. Training had been provided for all staff according to records provided.

The centre was decorated and furnished in a home like and comfortable way. Residents' privacy was respected. Adequate screening was available in shared rooms. Toilets and bathrooms could be locked. The sitting areas had good levels of natural light and a conservatory where some residents spent the day overlooked the
There were two outdoor spaces. Both were safe and secure.

There was a risk management policy and associated procedures in place. Fire safety equipment was serviced and checked regularly. There were regular checks of fire exits to ensure they were unobstructed and safe to use in an emergency. There was a training programme in place and this was supplemented by fire drills. The inspector noted that while fire drills were completed there was a deficit in the detail provided on the scenario that was used for learning and the drills also needed review to ensure some were completed when the least number of staff are on duty.

Staff were working towards reducing the use of bed rails. This was an ongoing initiative and a review of bed rail use was completed every three months. Eighteen residents had bed rails at night many at their request as they were concerned about falls. Alternatives that included low beds, grab rails and emphasising the use of call bells were highlighted to residents and relatives at reviews with a view to reducing dependence on bed rails.

**Regulation 10: Communication difficulties**

Staff were aware of communication problems that some residents had and were aware of ways that could enhance residents capacity to communicate. The inspector observed that staff knew residents well and employed varied interactions to prompt residents to communicate.

Judgment: Compliant

**Regulation 11: Visits**

The arrangements for visits were described in the residents' guide and residents said that they could have visitors at any time. Some residents commented positively on the way their visitors were received and offered drinks and snacks when they visited as they felt this made the centre feel like home.

Judgment: Compliant

**Regulation 12: Personal possessions**

There was good storage space for personal belongings and items were labelled to
Prevent loss.

Judgment: Compliant

**Regulation 17: Premises**

Overall, the premises met the needs of residents. Some toilets had support rails on one side only which may not provide adequate support where residents have mobility difficulties. Hallways were not always kept clear which impeded residents walking along particularly in the area near the smoking room.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

Residents had a varied and interesting diet and food was prepared fresh each day. Catering staff described the food preferences of residents and how they ensured that the specialist dietary needs of residents were met in a way that ensured their diet was appropriately nourishing and tasty. There was good emphasis on providing fresh fruit and vegetables and freshly baked bread and cakes were available daily.

Judgment: Compliant

**Regulation 26: Risk management**

There were risk management policies and procedures in place to ensure the centre was safe and that staff had appropriate guidance to inform their practice. Guidance on self harm and abuse was included as described in regulations.

Judgment: Compliant

**Regulation 27: Infection control**

The centre was visibly clean and staff had good knowledge on infection control procedures and how cleaning should be managed to eliminate the spread of infection.
<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
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<tbody>
<tr>
<td>Fire drills were scheduled regularly however the activity undertaken needed to be recorded more fully to ensure appropriate learning for staff. 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.</td>
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<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
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<tbody>
<tr>
<td>An action plan in the last report described where alterations to the printed prescription could cause confusion. This was addressed. The administration records the inspector viewed were clear and doses and methods of administration could be determined easily.</td>
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<tr>
<th>Regulation 5: Individual assessment and care plan</th>
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<tbody>
<tr>
<td>Some residents had complex health conditions. These were assessed and care plans described the care and nursing interventions required to ensure appropriate care was provided. Reviews were completed when care needs changed in addition to the scheduled quarterly reviews.</td>
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<table>
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<tr>
<th>Regulation 6: Health care</th>
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<tr>
<td>Residents had their health needs met through a range of primary care services that were supplemented by professionals employed by the provider. A physiotherapist and an occupational therapist had full and part time roles respectively in the centre to ensure residents were adequately supported to remain as independent as possible.</td>
</tr>
</tbody>
</table>
Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

The inspector saw that there were ongoing efforts to reduce restraint use and the reliance on bed rails. This needed to continue to ensure that a restraint free environment was promoted in accordance with national policy guidelines.

Judgment: Substantially compliant

**Regulation 8: Protection**

There were policies and procedures in place to guide staff on the prevention, protection and response to abuse of vulnerable people. All staff had received training on this topic and were able to describe how they would report and follow up any incident that they were concerned about. Residents said they felt safe in the centre and that they had confidence in staff to protect them at all times. Some residents said that concerns about safety in the community had prompted their admission. Residents were observed to be relaxed and free from anxiety in the company of staff.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were observed to have choices that ensured they had a quality of life that had meaning for them and suited their lifestyles. They were able to get up and go to bed at times of their choice and could advise staff if they wished to vary their routine. The inspector saw staff approach residents who were unable to verbalise their needs in a calm and engaging manner that helped them convey if they were uncomfortable and wished to change position or where they were sitting. Personal care was undertaken in private and staff knocked on doors and waited for a response before entering.

Residents' clothing was laundered well and residents were able to choose what they wished to wear each day. Staff could describe the varied choices made by residents and the ways residents liked to wear their clothing, jewellery, hats and shoes.
Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</tbody>
</table>
Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measureable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</td>
<td>The cause of death and all required information will be included in the Directory of Residents.</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management:</td>
<td>A monthly falls analysis will include a review and update of all measures and actions taken and the impact of these measures.</td>
</tr>
<tr>
<td>Completion date: 21st November 2018</td>
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</tr>
<tr>
<td>The annual review will include a separate section providing the results from resident satisfactory surveys at the next annual review.</td>
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</tr>
<tr>
<td>Completion Date: 15th March 2019</td>
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</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not Compliant</td>
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<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The quarterly notifications will include the cause of death of residents and all other required information. Completion Date: 31st January 2019</td>
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<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: Second support rails will be installed into bathrooms, where possible, to provide safety for residents. All hallways and walkways are kept clear of any obstacles.</td>
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<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill record sheet has been implemented that records all activities undertaken during the fire drill, staff involved, scenario used and any actions required. A night time fire drill will be scheduled and recorded to ensure that a scenario is completed for when the least amount of staff are on duty.</td>
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<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
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</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Review of all restrictive practices are completed on a 3 monthly basis and all bed rails in place are reviewed with a view to reduce the amount in use, taking into account resident’s choice and safety.</td>
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</table>
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
<tr>
<td>Regulation 19(3)</td>
<td>The directory shall include the information specified in paragraph (3) of Schedule 3.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>12/11/2018</td>
</tr>
<tr>
<td>Regulation 23(e)</td>
<td>The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/03/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>20/09/2018</td>
</tr>
</tbody>
</table>
arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

<table>
<thead>
<tr>
<th>Regulation 28(1)(e)</th>
<th>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 procedure to be followed in the case of fire.</th>
<th>Not Compliant</th>
<th>Yellow</th>
<th>20/11/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 31(3)</td>
<td>The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/01/2019</td>
</tr>
<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
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<td></td>
<td>to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.</td>
<td></td>
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</tr>
</tbody>
</table>