Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	08 August 2018
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0024349

About the designated centre

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

Accommodation is provided for a maximum of 78 residents, over 18 years of age, in a recently extended single-storey premises in a rural location. There are nine shared twin rooms and 60 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The main objective of the service is to ensure continued delivery of high-quality and consistent person-centred care to all residents. A major emphasis is on the provision of meaningful activity and individualised care.

The following information outlines some additional data on this centre.

Current registration end date:	24/06/2021
Number of residents on the date of inspection:	57

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:

Date	Times of Inspection	Inspector	Role
08 August 2018	11:30hrs to 18:30hrs	Leone Ewings	Lead
08 August 2018	11:30hrs to 18:30hrs	Gearoid Harrahill	Support

Views of people who use the service

Residents spoke positively about their experiences of the service they were receiving. Residents confirmed to the inspectors that they felt safe in the centre.

Residents confirmed they were happy with their bedrooms, and had been encouraged to bring in items to personalise them.

The staff team were described by residents as friendly, caring and available to meet their needs. Residents confirmed that staff communicated well with them, and they were involved in any decisions about their daily routines, and activity plans.

Residents enjoyed reading daily newspapers, watching television, music sessions, singing and religious services. Residents expressed satisfaction with their access to activities that suit their preferences. They enjoyed the range of activities available, and also had access to an outdoor garden space. They also confirmed their individual choices to engage in activities was respected.

Residents knew who they could speak to in order to raise any issues.

Residents told the inspectors that meals were of a good standard, and they enjoyed the variety and choices on the menu.

Residents did not relay any concerns or advise the inspectors of any areas for improvement or changes and were happy with the current service level in place for their needs. Visitors confirmed they received a warm welcome.

Capacity and capability

This report sets out the findings of an inspection to review information received by HIQA. There was a change in provider on 25 June 2018. The new provider has employed Complete Healthcare Services Limited (CHS) to manage the day-to-day running of the centre on their behalf.

While there were clear lines of accountability between the person in charge and the provider representative, the governance arrangements in place needed to be improved, to ensure that there was sufficient monitoring and oversight of the services provided. This included closer oversight of complaints management and staffing provision. Some aspects of internal communication within the management team required improvement.

The new person in charge meets the requirements of the regulations and has several years' experience. She had recently started in this role with the support of the registered provider representative and the senior management team.

Some systems were in place to review the quality of the service provided to residents. The provider had put in place plans to address the outstanding compliance plans following the last inspection. Some areas had progressed such as premises and fire safety, other areas had yet to be fully reviewed such as ensuring policies and procedures in place were centre specific.

Unsolicited information had been received about poor care practices, monitoring of skin care and staffing levels at night which triggered this inspection. A provider assurance report was requested and received. The management team and provider reviewed all matters and did not make findings of concern. The findings on this inspection were that some concerns raised in the unsolicited information received by HIQA in relation to staffing were substantiated. A high turnover of staff resulted in the use and over reliance on agency staff providing care with limited supervision which compromised residents continuity of care.

There were adequate resources allocated to the delivery of the service in terms of equipment, catering, household and maintenance. Care and nursing staff vacancies were filled with temporary agency staff to implement the planned roster. Staff allocations and provision to meet the needs of residents required review, as the centre is currently recruiting to the staff team. Inspectors saw some examples of staff engaging with residents in a person centred and respectful manner. Nonetheless, during the inspection the inspectors also observed that when call-bells sounded staff on duty responded, but staff did not always respond consistently or in a timely manner. A social care programme was planned for but not fully implemented on the day of the inspection, with no contingency measures in place to cover planned staff leave. The person in charge undertook to review staffing arrangements and supervision when this was brought to her attention.

A notification was received prior to this inspection and inspectors sought additional information and assurances to ensure adequate measures were in place. Five residents were reported with pressure ulcers grade two. The provider informed inspectors that an improvement plan was put in place to work to prevent, manage and audit pressure ulcers. Some improvements were found on this inspection, such as a reduction in the incidence of pressure ulcers, staff had received training, no moisture lesions were reported and records were in place to support the planned care provided. The person in charge had adequate oversight and monitored residents' skin condition closely.

There had been a number of admissions, transfers and discharges since the last inspection. However, clear nursing documentation was not available to confirm that details of all transfers were communicated to the receiving centre or hospital.

There were no volunteers working at the centre. Recruitment practices ensured each staff member had a vetting disclosure procedures in place.

Residents had access to a complaints policy and procedures and, overall complaints were addressed in accordance with the specified time frames. Inspectors had concerns about internal communication and arrangements and reporting of complaints made between staff and within the management team.

Information received from an external provider was not fully reviewed by the management team or documented or investigated following receipt of this concern. Significant information about receipt of this complaint made was found to be recorded in the resident's records as viewed during the inspection. These details were not known to the new management team, and had not been communicated to the provider in a timely manner to ensure action and response was taken.

Residents had access relevant information that included the statement of purpose, resident's guide and the complaints policy which were on display for them to read.

Regulation 14: Persons in charge

The person in charge is a suitably qualified nurse who meets the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

At the time of the last inspection a recommendation was made to review staffing arrangements following feedback from residents. Inspectors saw evidence that improvement was required with staffing and skill-mix in place in accordance with residents assessed needs. Residents who sought the assistance of staff were observed to wait for their care needs to be attended to. Inspectors were informed that some staff turnover had taken place, and that staff recruitment was ongoing. The use and reliance on temporary agency staff was discussed with the person in charge.

Following a review of staffing rosters, it was also noted that the provision of additional evening shifts from 5 - 11pm had not been consistently provided since the last inspection as agreed.

Suitable provision had not been made to cover the planned leave of the activities staff member.

Judgment: Not compliant

Regulation 16: Training and staff development

Clinical supervision of staff provision of care, including staff allocation, required review. This inspection found that residents were observed to be waiting to have their call-bells answered and responses were delayed. As such some aspects of care

seen by inspectors were not person centred.

There was a training programmed in place for staff including courses in dementia care, moving and handling practices, safeguarding vulnerable adults and fire safety.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained all the information required by legislation.

Judgment: Compliant

Regulation 21: Records

The samples of records reviewed were clear and kept up to date.

Fire safety records were submitted following the inspection as they were not available on the day of the inspection.

Records of An Garda Síochána (police)vetting disclosures were in place for all staff working at the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors were not satisfied that there were safe governance systems in place to provide a safe, appropriate, and suitable care for residents. Some improvements were required in staffing, supervision, complaints management and to the premises.

Ronnach Teoranta as the new provider has employed Complete Healthcare Services Limited (CHS) to manage the day-to-day running of the centre on their behalf. Planning was in place to complete an annual review of quality and safety of care in consultation with residents and relatives.

The person in charge outlined plans to review staffing provision and to recruit a further clinical nurse manager to support the admissions schedule of residents to the centre and to supervise daily care.

The person in charge reports weekly to the health-care manager and also attends monthly health and safety and quality meetings.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was available to residents. It contained most of the details of schedule 1. However, it had not been updated to reflect recent organisational changes. A review of the statement of purpose needs to take place following completion of works in shared rooms.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Statutory regulatory notifications were received within the time frame required.

Judgment: Compliant

Regulation 32: Notification of absence

The absence of the person in charge had been notified and arrangements were put in place for appointing another person to manage the designated centre during the absence.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place. The policy and procedure around making complaints identified the complaints manager and the option of independent review.

Most of the complaints were dealt with in according to the policy. However, one had not been escalated to the provider as required.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The policies in place were found to be evidence-based. However, policies were not updated since the last inspection to be centre specific. The work required to complete a full review of policies had not yet commenced.

Judgment: Not compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was aware and had demonstrated the requirement to notify HIQA of changes and absences of the person in charge.

Judgment: Compliant

Quality and safety

Overall, the premises was homely, clean, tidy and well maintained. Communal spaces were comfortably furnished and available to residents with separate spaces for dining. Signage throughout the centre was good. Seating was available to residents in the enclosed courtyard and large bright reception area. Residents could access these areas and could also use an activities room. Residents were facilitated to personalise their bedrooms. Areas for improvement included plans for re-configuring shared rooms to provide adequate storage for personal possessions. A further review of the shared bedrooms was planned as part of the ongoing work to meet the agreed compliance plan in place for the premises since the last inspection.

Residents' health and well being was supported by good access to allied health care services. Progress had been made on an improvement plan with a reduction in skin breakdown and reduced pressure ulcers reported. Staff had attended education and training. Records, audit and oversight were in place each week for wound care. Access to meaningful activity was limited on the day of the inspection. There was reduced levels of activation and limited capacity for any one-to-one provision.

Overall, fire safety arrangements and maintenance had improved. However, some staff who spoke with inspectors were not clear about their role in the event of fire. Improvements were required to ensure that the outcome of fire drills completed were documented and any learning for staff actioned. A fire safety risk assessment was not available on the day of the inspection in response to the

findings of the last inspection where 14 residents were accommodated in one compartment. A number of residents from this corridor had been re-located to other parts of the centre while reconfiguration works took place.

Staff members who communicated with inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of residents living in the centre. Some residents told inspectors they felt safe in the centre.

A policy reflecting the nationally published guidance 'Towards a restraint free environment' was in place. A low level of bed rail use was observed and, overall, practices were in line with national policy. There was clear evidence that risk assessment took place, and alternatives were considered and used where possible. Records of restraint release checks were not available, or documented by staff on the day of the inspection.

Health-care needs were met and staff liaised with community services and the wider multidiscipinary team. Residents had timely access to health services based on their assessed needs.

Inspectors found that nursing transfer letters for a sample of residents moving out of the service with all relevant information were not maintained in line with the centre's own policy.

Regulation 12: Personal possessions

Shared rooms had limited space for personal possessions. The space for personal possessions was not adequate as outlined in inspection reports. The provider has submitted a compliance plan to address this.

Judgment: Substantially compliant

Regulation 17: Premises

The centre provided a range of communal areas that met the needs of residents. Some work was completed and other plans were ongoing to re-configure and provide suitable furnishing to shared bedrooms on the original corridor identified at the time of the last inspection. In the interim residents had been more suitably accommodated in alternative rooms in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a resident's guide and brochure reflecting information on the statement of purpose and service provision.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records of nursing transfer letters on residents were not available for inspection for some transfers to acute care in line with the centre's own procedures.

Judgment: Not compliant

Regulation 27: Infection control

The procedures in place for prevention, control and management of infection were in line with the relevant National Standards.

Judgment: Compliant

Regulation 28: Fire precautions

Records confirmed that the fire exit checks, emergency lighting and fire alarm system maintenance was up to date. Training records reviewed confirmed that all staff on duty had completed fire safety training. Some staff who spoke with the inspectors were not clear on all aspects of their roles and actions in the event of fire.

Training records of fire drills reviewed confirmed that staff had completed a number of simulated evacuations with the lowest number of staff on duty. Records confirmed that the drills had taken place in order to evaluate the effectiveness of staff training. However, some staff who spoke to inspectors were not clear on their own action to take should the fire alarm sound. This non-compliance was clearly communicated on the day of the inspection to the management team. Further dates for staff training were planned and shown to the inspector.

The person in charge confirmed a risk assessment on fire safety was taking place as part of the compliance plan being addressed following the last inspection.

A number of twin bedrooms were located within one compartment or zone with 14 beds. On the day of the inspection this zone accommodated five residents.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to a GP and allied health care professionals.

Suitable supports were in place to respond to any health care needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Practices were in line with best practice and national policy. However, some improvements were required as complete records of bed rail safety checks were not in place in line with the centre's own policy. This is a recurrent issue from the last inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including a safeguarding policy, effective recruitment practices and access to advocacy services. Staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse.

The provider was not involved with supporting residents as a pension agent.

Judgment: Compliant

Regulation 9: Residents' rights

Access to outdoor space in the centre had now improved and was not restricted by use of a key code system. Residents were seen to be offered choice by staff and some positive staff interaction was observed.

Meaningful activities were limited on the day of the inspection, as the planned programme was not fully implemented. The activities co-ordinator was on annual

leave and a health care assistant was allocated this role as well as working in direct care. As a result the activities programme was not fully implemented as planned.

A number of twin rooms were in the process of being re-configured in line with provider's compliance plan. One twin bedroom in use by one resident was observed to be cluttered with limited space for staff and residents using any assistive equipment.

Residents privacy and dignity were not protected as staff were heard and observed talking loudly to each other about residents personal intimate care using the residents names in communal areas. Another example of this was where inspectors saw personal assistive equipment stored inappropriately in a residents bedroom throughout the day.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0024349

Date of inspection: 08/08/2018

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An ongoing recruitment plan is in place to ensure that the number and skill mix of staff is appropriate having regard to the assessed needs of the residents. Since the inspection four healthcare assistants have commenced and a further two are awaiting Garda Vetting clearance. A system of effective annual leave planning has been put in place to ensure that there are sufficient staff available to meet the staffing needs of the centre. A contingency staffing plan is in place – this includes the use of a staff bank and temporary agency staff when all attempts to cover shifts internally has failed.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Director of Nursing and Clinical Nurse Manager are currently providing clinical supervision and directing staff allocation. A Senior Staff Nurse has been appointed and will commence week beginning 08/10/2018. As part of the recruitment plan a second Clinical Nurse Manager will be appointed. These appointments will enhance the supervision of staff. Training and development is ongoing – a schedule is in place. Staff performance is monitored and a call bell audit has been introduced as part of the monitoring process.	

Staff allocation and delegation has been reviewed and system introduced to manage this.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The record of fire safety confirmation works is in place and was submitted to the Authority post inspection. All fire safety records will be maintained and made available for inspection in the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An ongoing recruitment plan is in place to ensure that the number and skill mix of staff is appropriate having regard to the assessed needs of the residents. Since the inspection four healthcare assistants have commenced and a further two are awaiting Garda Vetting clearance. A Senior Staff Nurse has been appointed and will commence week beginning 08/10/2018. As part of the recruitment plan a second Clinical Nurse Manager will be appointed. These appointments will enhance the supervision of staff. The Person in Charge is aware of and follows Company policies and procedures in relation to complaints management.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to reflect the organisational changes and is to be reviewed in relation to the works completed in the shared rooms.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person in Charge is aware of and follows Company policies and procedures in relation to complaints management, this includes ensuring a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied, is in place.	
Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Policies and procedures have been updated and are site specific to the centre.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Works are complete to the identified residents' bedrooms. These have been reconfigured and new furniture put in place to ensure residents have adequate space to store and maintain their clothes and other personal possessions.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Works are complete to the identified bedrooms. These have been reconfigured and new furniture put in place to ensure residents have adequate space to store and maintain their clothes and other personal possessions.

Regulation 25: Temporary absence or discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

A checklist has been introduced for completion by nursing staff when there is a transfer or discharge of a resident to ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or other healthcare professional.

A copy of transfer documentation is retained in the centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Scheduled fire safety training has been completed as planned.

The "Chestnut" corridor has had two sets of fire doors installed to compartmentalise the corridor.

A knowledge assessment document is being developed to assess individual staff knowledge of fire safety procedures.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Care and safety check records are in place and are completed in line with individual resident care plans.

The use of bed rails is reviewed on an ongoing basis and alternatives are used if appropriate.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A comprehensive activities program is in place to ensure that residents have the opportunity to participate in activities in accordance with their interests and capacities. Roster planning and effective annual leave management will ensure that staffing is maintained and the planned activity program is fully implemented.

Works are complete to the identified bedrooms. These have been reconfigured and new furniture put in place to ensure residents have adequate space to store and maintain their clothes and other personal possessions

The resident who required access to assistive equipment throughout the day was moved to a bedroom more suitable to her needs.

Person Centred Care training is planned for 06/11/2018. Staff have also been reminded of their responsibilities in relation to protecting the privacy and dignity of residents whilst carrying out their duties.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2018
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/09/2018

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	09/08/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2018
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	10/08/2018
Regulation 28(1)(d)	The registered provider shall make 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.	Not Compliant	Orange	31/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information	Substantially Compliant	Yellow	31/10/2018

	set out in Schedule 1.			
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.	Not Compliant	Orange	31/08/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	10/08/2018
Regulation 7(3)	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.	Substantially Compliant	Yellow	10/08/2018
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	Yellow	31/08/2018
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	Orange	06/11/2018