



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Dungarvan Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Springhill, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	13 & 14 February 2018
Centre ID:	OSV-0000594
Fieldwork ID:	MON-0020770

About the designated centre

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

Dungarvan Community Hospital is a designated centre that provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 104 residents in six residential units: 1) Michael's Unit: is a 12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day. 3) Vincent's Unit: is a 32-bedded unit for male and female residents with three rehabilitation beds, three respite beds and three palliative care beds. 4) Sacred Heart Unit: is a 19-bedded male and female unit comprising 12 beds allocated to rehabilitation, three convalescence and four beds for long-term care. 5) Francis Unit: is a female long-term care unit providing accommodation for 19 residents and it had been refurbished in 2007. 6) St. Enda's Unit: this was unoccupied during this inspection, but is planned to be a mixed male and female long-term care unit for 12 residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

Current registration end date:	01/04/2021
Number of residents on the date of inspection:	89

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
13 February 2018	08:00hrs to 17:30hrs	Vincent Kearns	Lead
14 February 2018	07:30hrs to 16:00hrs	Vincent Kearns	Lead
14 February 2018	08:00hrs to 16:00hrs	Leanne Crowe	Support
13 February 2018	08:00hrs to 17:30hrs	Leanne Crowe	Support

Views of people who use the service

Residents who met with inspectors were particularly complimentary about the care and support provided by staff. Residents described staff as very kind, caring and responsive to their needs. Residents informed inspectors that staff treated them with respect and dignity at all times. Residents confirmed that they felt safe living in the centre and that staff kept them informed and up to date about any changes to their health and social care needs. Residents said they would have no hesitation in speaking to staff if they had a concern.

Many of the questionnaires administered to residents, as part of the centre's ongoing quality improvement programme, clearly identified staff as being very supportive and caring to residents. Residents expressed a good level of satisfaction with the overall service provided, for example, the meals and activities available in the centre. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents also highlighted that the food provided was always very good and appetising and some residents said that there was often too much food provided. Residents spoke about how they were able to exercise choice regarding all aspects of living in the centre. For example, residents explained how they had choice in how they spent their day. Some residents said they preferred not to take part in the group activities and said that their wishes were always respected. A number of residents commented that they really enjoyed the live music sessions provided in the centre and inspectors noted that some residents were also provided with individual one-to-one time. Residents informed inspectors that there were parties and bus trips happening and that they really enjoyed the activities provided.

Some residents said that the hospital was a large and busy building with lots of people coming and going each day. A number of residents said that while they did have some adjusting to do when they first moved into the centre, they had made friends with other residents and that they now felt more settled and comfortable living there.

Capacity and capability

Inspectors noted that, overall, the momentum of improved levels of compliance identified on the previous inspection had been maintained and there were ongoing improvements evident on this inspection. For example, most of the actions from the previous inspection had been completed or were in the process of completion. All multi-occupancy bedrooms had been reduced from six beds to a maximum of four-bedded rooms. The person in charge outlined plans to use this

additional space to make these bedrooms more homely. She was reviewing the design and layout of the bedrooms to enhance residents' privacy and dignity. Following the previous inspection, the provider representative had committed to the installation of four additional new shower rooms in the Sacred Heart Unit by December 2017. However, inspectors noted that these works were still in progress. The provider representative informed inspectors that these works would be completed and that the delay was due to requirements of the HSE tendering process. The provider representative stated that following completion of the HSE tendering process these works would be completed as soon as possible.

This centre was well managed with evidence of good governance arrangements in place. The provider representative outlined how she was in close contact with the person in charge. The provider representative visited the centre each week, regularly met the person in charge at senior management meetings and they also spoke on a daily basis. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose, had good oversight of the centre and were therefore well positioned to provide suitable and timely managerial support, when required. The person in charge also had responsibility for another centre which was located directly across the road from this centre. She was well supported in her role by two experienced assistant directors of nursing and a number of clinical nurse managers. The person in charge also outlined plans for each clinical nurse manager to be provided with weekly protected managerial time to further support them in their role and responsibilities as unit managers. This includes completing audits in areas such as falls, hygiene and infection control, health and safety, quality of life, nutrition and medication management. The person in charge was very responsive to the inspection process and engaged proactively and positively with inspectors. Residents with whom inspectors spoke agreed that she was well known to them and both residents and staff confirmed that she was readily available to provide support.

Inspectors were assured that the provider representative was providing suitable staffing to meet the needs of the residents. All staff with whom inspectors spoke were familiar with residents and their individual support and care needs. Since the previous inspection nine additional staff nurses had been recruited. They had received a suitable induction and had completed all mandatory training. This ensured that staff were well prepared and trained for their new positions in the centre. The provider representative informed inspectors that while the overall issue of staffing had improved, one unit remained closed due to concerns about sustainable levels of available staff if this unit reopened. The provider representative stated that this unit would only open when sufficient staff had been made available on an ongoing basis.

An adverse event that had previously occurred in the centre was followed up on this inspection. The provider representative had developed a comprehensive action plan for the implementation of improved practices, processes and systems, including enhanced communication systems for staff hand over meetings. The person in charge outlined to inspectors the improvements that had been made including the piloting of an early warning score chart in one unit, a new recording system for taking residents' blood for laboratory tests or medical reasons, enhanced oversight

arrangements and a new pre-populated handover sheet for clinical handover meetings. The person in charge assured inspectors that she would provide further updates in relation to the implementation of this action plan.

A comprehensive complaints process was in place, should residents, relatives or visitors wish to raise any issues they might have. It was clear that issues identified to the person in charge or other staff were addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge was a suitably qualified registered nurse who worked full-time and had been involved in the governance and management of the centre as director of nursing since 2010. She had many years experience of nursing care of the older person. The person in charge had responsibility for a second centre and she outlined how she divided her time between these two centres. She was also supported by two experienced assistant directors of nursing and the clinical nurse managers based in each unit, as well as in the second centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre on the days of the inspection was sufficient to meet the assessed needs of the residents. A nurse was on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were appropriately supervised. There was an induction programme for newly recruited staff, and appraisals of staff were currently being carried out at the time of the inspection.

A range of training was completed by staff that was relevant to the care and support needs of residents. This included dementia care, moving and handling practices, fire safety, person-centred care and cardiopulmonary resuscitation (CPR). Refresher training was available in a timely manner to ensure staff knowledge remained up to date.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management and governance arrangements in place, as evidenced by the level of compliance identified on the previous inspection, the overall positive findings on this inspection and the ongoing improvements within the centre. There was evidence of good levels of consultation with residents and their relatives. There was evidence that the centre was adequately resourced to ensure safe and suitable care and support was provided. Resources were also available for on going premises upkeep and for the continuous professional development of staff. The annual review of the safety and quality of care had been completed for 2017 and it also contained an action plan for 2018. The person in charge had made this report available to residents and inspectors.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care was viewed by the inspectors and noted to be in compliance with the regulations. Each contract had been signed by the residents and or their relatives. The inspectors noted that, since the last inspection, the contracts had been reviewed and updated. The contracts reviewed were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to each resident and the fees to be paid. Since the previous inspection, the contracts also contained details of the residents' bedrooms including the number of occupants in each bedroom.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information required by Schedule 1 of the regulations and was reviewed annually. There was a written statement of purpose that had been reviewed since the previous inspection and was dated September 2017. The statement of purpose declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The services and facilities and the manner in which care was provided reflected the diverse needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors noted that incidents as described in the regulations had been reported to HIQA in accordance with the requirements of the legislation.

The inspectors followed up on a number of notifications received from the provider representative and saw that suitable actions had been taken regarding each accident or adverse event.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints process in place within the centre, including an appeals process. There was a person responsible for dealing with complaints, and inspectors found that they had maintained records of complaints appropriately. According to these records, all complaints raised had been addressed in a timely manner. Residents and visitors who spoke with inspectors were aware of the complaints process.

Judgment: Compliant

Quality and safety

Overall, inspectors were satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom inspectors spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. Inspectors observed that residents had good access to general practitioner (GP) services and inspectors observed GPs visiting the centre at different times during this inspection. There was a nurse key worker system in place which ensured that nursing staff were clinically accountable for meeting each resident's care needs. The inspectors found that the majority of care plans were person-centred and individualised. Care plans were regularly audited in the centre and clinical nurse managers informed inspectors that they audited care plans in other units, which ensured that such audits were objective.

Suitable practices in relation to end-of-life care were evident from observations made by inspectors. From a review of a random sample of residents' care plans, inspectors noted that there was a comprehensive advanced discussion form and care plan completed for each resident. This plan detailed the resident's wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. Staff who the inspectors spoke with demonstrated an empathetic understanding of the needs of residents and their families at end of life. Residents and relatives who spoke with inspectors confirmed that suitable and respectful end-of-life care practices were provided.

The premises is a large hospital with a total bed capacity for 104 residents. Since the previous inspection the total number of beds had been reduced from 116, and a number of suitable external areas had been developed near each unit. The provider representative outlined how this reduction ensured that no more than four residents were residing in any of the multi-occupancy bedrooms. Furthermore, considerable efforts had been made by the provider representative to improve the interior décor and make each unit as homely as possible. Household furniture such as coffee tables, arm chairs, fire places and soft furnishings had been placed in sitting and communal rooms to create a more familiar and comfortable environment. This was particularly apparent in Ann's unit, where familiar items from the past such as vinyl records players and sewing machines were placed throughout the unit. Residents throughout the various units told inspectors that they were delighted with these improvements. For example, residents outlined how they now had more room for their furniture which allowed them to spend time more comfortably in their bedrooms, if they wished. Some residents showed inspectors their rooms and inspectors noted the additional space that was provided enabled residents to store more personal memorabilia.

Inspectors saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team and the menu had also been recently reviewed by a dietitian. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Catering staff were extremely knowledgeable of each resident's preferences, and outlined the various ways that they gathered feedback from residents regarding the food served.

Management and staff within the centre respected residents' rights, choices and wishes, and supported them to maintain their independence where possible. Staff were seen to also be very supportive, positive and respectful in their interactions with residents. For example, nursing assessments included an evaluation of residents' social and emotional wellbeing; including suitable activities assessments such as "This is Your Life" and "A Key to Me". These assessments helped to give staff a good insight into residents' pastimes, likes, dislikes, preferences and hobbies. These records were completed in consultation with residents and or their representatives, as appropriate. The inspectors noted that staff were knowledgeable of each resident's life history, hobbies and preferences which also helped staff to identify potential activities that residents might enjoy.

Overall, there appeared to be a warm and friendly atmosphere between residents

and staff in each unit. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Residents were informed of any developments or changes within the centre, and were consulted with in terms of operating the centre. Residents' meetings were held regularly. These were chaired by the person in charge and some sessions were attended by people representing residents who could not communicate their views or wishes. Satisfaction surveys were also carried out on an ongoing basis with residents. Responses to these surveys were positive and complimentary of staff and the care and support provided. Inspectors also spoke with visitors throughout the inspection. Most visitors were also complimentary about the care and support provided by staff to their loved ones. Some visitors who visited the centre at different times every day confirmed that they felt that the care provided was excellent. Visitors outlined to inspectors how staff were very proactive in keeping them up to date in relation to their loved one's needs, particularly if there were any significant changes.

A comprehensive programme of activities was carried out by two full-time activity co-ordinators. While these staff members were responsible for leading activities in all units within this centre and one additional centre on the same site, it was clear that all residents were participating in a number of activities per week. The schedule of activities on the days of the inspection included a Valentine's Day dance, mass and various games. Provisions were made for those residents who could not mobilise within the centre, for example, a local music group attended on the second day of the inspection to play for those that could not attend the dance. One-to-one sessions also took place each week to ensure that all residents of varying abilities could engage in suitable activities. Examples of these included sensory sessions for residents with dementia. Activity staff also spoke with the inspectors about the various outings that were planned for this year. In addition to this, fundraising was currently ongoing to purchase a bike that could transport two people in a covered carriage. This will be used to bring residents on excursions in the surrounding area.

There were effective supports in place for the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that staff had identified and developed methods to alleviate the underlying causes of responsive behaviours. Inspectors observed staff responding to residents in a dignified and person-centred way using effective de-escalation methods.

Since the previous inspection there had been a number of improvements in the management of medication including structured meetings with nursing staff to discuss medication management practice and quarterly medication reviews. Regular pharmacist support was available, including the provision of staff training and carrying out regular on-site medication reviews. All nursing staff had also completed updated medication management training and all nursing staff had been assessed in relation to medication administration practice.

Regulation 13: End of life

Overall, there was evidence of appropriate care and comfort being provided to residents which addressed their physical, emotional, social, psychological and spiritual needs. Inspectors reviewed a sample of residents' healthcare records and noted that appropriate care and supports had been provided. An end-of-life assessment form and care pathway were being used to guide staff in caring for and meeting the needs of residents. Residents and relatives with whom inspectors spoke confirmed that suitable and respectful end-of-life care practices were provided. Family and friends were suitably informed and facilitated to be with the resident at end of life and there were comprehensive records within care plans reviewed of ongoing discussions. Overnight facilities were available for families within the centre and staff confirmed that family members who wished to remain overnight were made comfortable.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the premises to be generally well maintained, visibly clean, adequately heated, lighted and ventilated and, overall, in good decorative order. The premises was in keeping with the centre's statement of purpose. However, further improvement was required in the general maintenance of the building. Some of the seating throughout the building was worn and required repair or recovering. Some walls required repainting due to stains created by hand hygiene gels, and walls were also damaged in some areas. There was no lockable space provided to residents to allow them to securely store their belongings.

The premises also contained the necessary facilities such as sluicing and laundry facilities, and access to these high risk areas was restricted. Circulation areas, toilet facilities, shower rooms and bathrooms were adequately equipped with handrails and grab-rails. An emergency call system was in place.

Following the reduction in bed numbers from 116, the registered provider had identified a need to develop additional sanitary facilities for residents in the Sacred Heart Unit. This was included in the action plan from the previous inspection, where the provider representative stated that the installation of four additional new shower rooms would be completed by early December 2017. However, inspectors noted that these works were still in progress at this inspection and the required action remains open. The provider representative informed inspectors that these works would be completed and that the delay was due to requirements of the HSE tendering process. The provider representative stated that, following completion of the HSE tendering process, these works would be completed as soon as possible.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received assistance and support from staff when it was required.

Judgment: Compliant

Regulation 26: Risk management

The centre maintained a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, responsive behaviours and residents going missing from the premises. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards.

Judgment: Compliant

Regulation 27: Infection control

There were appropriate infection prevention and control procedures being practiced throughout the centre. These were found to be in line with relevant national standards.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. However, up-to-date fire safety training had not been completed by all staff,

according to records provided to inspectors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, medications were stored, administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007).

Some medication records were not adequate as they contained gaps where the nurse administering the medication should have signed their initials to confirm that they had given these medications to the resident. These gaps meant that staff could not be assured that these residents had actually received their medications on particular occasions. In addition, these records were not recorded in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Comprehensive nursing assessments of each resident's health, personal and social care needs were carried out by an appropriate health care professional following admission to the centre. Based on a random sample of care plans reviewed, inspectors were satisfied that, overall, the care plans reflected the overwhelming majority of residents' assessed needs. These were reviewed every four months or more frequently as required.

However, the inspectors noted that not all residents' care plans were adequately comprehensive and some had gaps in these records. For example, a care plan for a resident with specific communication needs was not detailed enough to sufficiently guide practice. A resident who smoked cigarettes did not have a smoking risk assessment or care plan in place in relation to their smoking. A smoking risk assessment and care plan would have provided assurance to the person in charge and would have provided staff with suitable guidance in supporting the resident to smoke safely. The person in charge ensured that the smoking risk assessment and care plan had been put in place by the second day of this inspection.

The inspectors noted that there were a number of residents who required Percutaneous Endoscopic Gastrostomy (PEG) feeding and there were adequate care plans in place to guide nursing and health care staff practice. Residents were monitored by nursing staff when receiving PEG feeds; however, such monitoring was not adequate as there were no written records maintained of this monitoring.

The person in charge immediately implemented a monitoring record of residents when receiving PEG feeds on the first day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, care plans contained few identified deficits between planned and delivered care. There was appropriate medical and healthcare, including a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais provided to residents. There was also evidence of good access to other specialist and allied healthcare services to meet the care needs of residents. For example, speech and language therapist, occupational therapy, physiotherapy, psychiatry, opticians, dentists and chiropody services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and observed that residents who exhibited responsive behaviours received care that supported their physical, behavioural and psychological wellbeing.

The centre's management was promoting a restraint-free environment. Inspectors reviewed residents' care plans and found good evidence that alternative measures were tried and residents' consent was obtained when bed rails were used. Staff monitored the residents regularly and these checks were documented.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. Training records indicated that all staff had completed initial or up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by management and staff throughout the centre. Residents' views were sought through a number of different methods, including residents' meetings and satisfaction surveys. For example, an observational study had been completed of the dining experience in two units which had led to a number of changes and improvements in relation to the menu choices on offer and some changes in the presentation of meals.

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Residents' access to the community was maintained in so far as possible, and this was also facilitated by access to local media and aids such as telephones and Internet.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0020770

Date of inspection: 14/02/2018

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 	
Regulation 5: Individual assessment	Substantially Compliant

and care plan

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

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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 17(2)	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.	Not Compliant	Orange	31 August 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	Substantially Compliant	Yellow	30 June 2018

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.	Not Compliant	Orange	14 February 2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14 February 2018