



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Claremorris, Mayo
Type of inspection:	Announced
Date of inspection:	20 February 2018
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0020749

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. Day care is provided one day per week. Accommodation includes single and twin rooms. Well-maintained domestic style, dining and sitting room space is available together with two well-maintained courtyard gardens. The philosophy of care is to provide a safe and homely environment which facilitates residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote health, independence, individuality, choice, and control in a sensitive and caring manner.

The following information outlines some additional data on this centre.

Current registration end date:	18/06/2018
Number of residents on the date of inspection:	28

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
20 February 2018	10:00hrs to 17:30hrs	Mary McCann	Lead
21 February 2018	10:00hrs to 16:00hrs	Mary McCann	Lead

Views of people who use the service

From speaking with residents and on reading questionnaires completed by residents the inspector found that residents expressed a high level of satisfaction with the care delivered to them and the service provided. They told the inspector they were well cared for and the staff were helpful and caring. Residents were encouraged to maintain their interests and independence, for example residents who had an interest in farming got the farmers journal weekly and staff were aware of residents' interests.

Residents told the inspector they they received plenty to eat and liked the food. Two relatives spoken with were complimentary of the service provided and the care delivered by staff.

Capacity and capability

The provider had a clear governance framework in place to ensure the delivery of safe quality care to residents. This included a defined management structure, clear assignment of roles and responsibilities with clear accountability arrangements. The provider met regularly with the person in charge and all areas of the day-to-day running of the centre were discussed. Reporting and review systems were in place to ensure that she was competent and capable to carry out the functions delegated to her. This assured the provider that the centre was well managed with clear communication processes for staff, residents, families and any other person who has input into the service provided; for example allied health professionals and medical staff.

Most non-compliances identified at the time of the last inspection, on dementia care, carried out in February 2017 were complete. The action with regard to complaints management required further input.

The person in charge was supported by an experienced clinical nurse manager who was appointed in April 2017, and this had strengthened clinical governance. The

person in charge had delegated duties of supervision of clinical care to her and she had developed an allocation process which enhanced the deployment and accountability of staff. There were sufficient resources in place to ensure the delivery of a quality service to residents. Communal areas were supervised at all times and there was now additional staff in the day room in addition to the activity person, so that the activity person was not disrupted while completing activities. Minutes of meetings showed that the person in charge met with the provider representative on a regular basis and an action plan was developed following these meetings. A comprehensive handover was completed at the beginning of each shift to ensure any changes to a resident were communicated to staff who were coming on duty. Most residents knew the person in charge and staff by name. The person in charge displayed a good knowledge of residents' assessed needs, background and interests.

Additionally, a more robust quality management system was in place where weekly audits of clinical care indicators such as use of antibiotics, weight loss, pressure area care, and accident and incidents was completed. Where deficits were identified, these were addressed.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed for 2017. This review was carried out in consultation with residents and their families. An improvement plan was documented at the end of each area reviewed, however this did not document the timescale for the proposed improvement or what personnel had responsibility for ensuring actions were complete.

Notifications of serious incidents were submitted to HIQA in line with the regulatory responsibility of the provider and the person in charge and other adverse incidents (for example, bad weather had occurred). The inspector found that the effective governance arrangements, such as the comprehensive auditing system, coupled with a robust system for reviewing incidents and near misses and learning from these, ensured that when something went wrong staff and the provider were able to assure HIQA that they could maintain the safety and welfare of residents.

A robust recruitment process was in place and all staff had a comprehensive induction on commencement of employment. Staff told the inspector they were supported to develop their skills and knowledge and had opportunities to attend training which helped them to ensure the needs of residents were met. For example, training was provided in infection control and prevention, end-of-life care, dementia care and responsive behaviour.

The management team monitored residents' dependency in relation to the level of staff needed to ensure residents' care and support needs were met. Feedback from residents and relatives was that there were enough staff to support residents' care and support needs.

Registration Regulation 4: Application for registration or renewal of registration

The provider representative has changed since the last inspection. The provider submitted an application for renewal of registration of this centre. This was signed and dated by the provider representative who is the services manager for older persons in Co. Mayo and contained all of the information set out in schedule 1 of the registration of designated centre for older people regulations 2015. This application stated that the centre wishes to register 29 residential beds which is a decrease of one since the last registration inspection of this centre. The fee for the application to renew registration together with the statement of purpose and floor plans of the centre have also been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been in post since 2011. She is a registered nurse who works full-time and is suitably qualified having a minimum of three years experience in the area of nursing of the older person within the previous six years. She demonstrated good clinical knowledge and was knowledgeable of the legislation to ensure she carried out her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There has been an increase in staffing since the last inspection. There were appropriate staff on duty with the required skill-mix to meet the needs of residents. Rosters showed that planned staffing levels reflected the actual staff arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

Training was regularly delivered in mandatory areas such as safeguarding and manual handling. However, not all staff had attended refresher manual handling

training in the last three years.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents' was compliant with schedule 3 of the regulations and was maintained up to date.

Judgment: Compliant

Regulation 21: Records

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended)) were available and were stored and maintained securely. While evidence of Garda Síochána (police) vetting was available in staff files reviewed it was not the original vetting confirmation. A letter of confirmation from the HSE Garda vetting liaison office stating that the staff member had undergone Garda vetting was available.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date contract of insurance was in place which provided cover for residents against injury and loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

A quality management system was in place. This included audits with regard to clinical care, health and safety and hygiene audits. While the inspector could see that deficits identified had been addressed, there was no formal quality improvement plan enacted following audits which showed the timescale from when the deficit was identified to when it was addressed, or dates for re-auditing to ensure sustainable improvement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts were signed and dated and detailed all services and fees payable.

The contracts of care did not specify if the room to be occupied by the resident was a single or shared room as required by the 2016 regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre. While it contained all the matters as per Schedule 1 of the regulations, it failed to provide adequate detail in some areas for example, a description of each room in the centre, its capacity and function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and quarterly returns had been notified to the Chief Inspector. However, a report had not been provided to the Chief Inspector at the end of each six month period in the event of no three day notifiable incident occurring in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While complaints were recorded and investigated which showed that in most cases a resolution was reached, there was poor evidence available to show whether the complainant was satisfied with the outcome of their complaint. Evaluation of the effectiveness of the complaints procedure did not form part of the quality improvement system to ensure learning and improvement.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had ensured that all policies listed in schedule 5 were available in the centre.

Judgment: Compliant

Quality and safety

As the provider and person in charge had good governance structures in place which included a quality management system and adequate resources to ensure appropriate staffing levels, this ensured a safe quality service was delivered to residents.

Residents received care in a homely, warm environment which was clean and tidy. Regular environmental and safety audits were completed to ensure the safety and

comfort of residents. The centre was clean and well maintained and there had been many enhancements to the environment since the last inspection. New furniture, curtains, chairs and sofas had been obtained. The courtyard gardens had been upgraded and provided pleasant outdoor spaces for residents. Residents were supported by the use of appropriate aids to retain their independence. For example, walking aids and handrails on both sides of corridors.

An annual resident satisfaction survey was completed to give residents an opportunity to comment on the service provided and the care and support delivered to them. The most recent survey indicated a high level of satisfaction. Changes had been made to laundry management following comments from residents.

Staff respected residents' privacy and dignity. Bedroom doors were closed when personal care was being undertaken and care in progress signage was in place. Residents were treated as individuals and person-centred care plans ensured that residents received the care they required. Staff were observed to speak in a pleasant, kind and respectful way to residents. Relatives spoken with confirmed that this was always the case.

Residents were supported to take part in a range of activities. These were organised according to residents' interests and preferences. Some mentioned that they enjoyed the variety of activities taking place in particular the bingo, music and art and crafts sessions. Mass was available weekly and this was of great importance to some residents spoken with. Family and friends continued to play an active role in the lives of their loved ones and open visiting was facilitated. A private visitor's room was also available.

Staff had received training in the protection of residents and knew how to support residents and respond to abuse appropriately. Residents told the inspector they felt safe in the centre and if they had any concerns they would report them to any of the staff. This was also documented in residents' questionnaires.

Staff were available at all times in the communal areas. This was of significant importance to residents and enhanced their safety and wellbeing, as it ensured staff were always available to residents who were immobile and unable to leave their chairs or unable to summon assistance of staff due to their cognitive impairment.

Systems were in place to promote safety and effectively manage risk. There were policies and procedures in place in relation to health and safety, risk management, and emergency procedures. In the event of an emergency or the centre having to be evacuated, an agreement was in place to locate to a place of safety. Risk assessments had recently been reviewed by the provider representative and the person in charge. Controls required to further mitigate the risk identified were documented. However, there was no review date as to when these assessments required further review according to the risk rating. Individual risk assessments were well written and explained the risk posed to residents and how staff should support the resident, including any particular strategies for staff to follow.

A call-bell was available in all bedrooms, sitting and dining rooms to ensure that

residents could alert staff when they required assistance. Contracts were in place for the regular servicing of equipment such as specialist beds, wheelchairs and mattresses to ensure they were fit for purpose. There were moving and handling assessments available for all residents.

Fire fighting equipment was serviced regularly, the fire alarm was serviced quarterly and emergency lighting was serviced annually. Fire doors with self-closing hinges were in place. All staff had undertaken annual training in fire safety and staff spoken with knew what to do in the event of a fire and were confident they would be able to safely evacuate including at night time. Fire exit doors were observed to be free from obstruction. Fire evacuation plans displayed showed the building's layout and nearest evacuation route. Personal emergency evacuation plans (PEEPs) were available which considered the mobility and aids required to evacuate residents. There were adequate means of escape and a fire assembly point was identified.

A pre-admission assessment was completed to assess residents' care and support needs and to ensure that the centre had the necessary resources to meet their needs. A comprehensive assessment was completed on admission which included assessments in nutrition, falls, manual handling and skin integrity. Nursing assessments informed the care plans, which were found to clearly describe the care to be delivered. But these required further work to be more person centred. Residents had individual assessments for identifying and monitoring risk to their health and welfare. The nutritional care needs of residents were assessed and corresponding care plans put in place to meet the assessed need. Residents told the inspector they enjoyed the food, and food and fluid monitoring charts were in place according to clinical need. Residents' healthcare needs were met. A general practitioner (GP) visited the centre four days per week and an out-of-hours GP service was also available. A range of allied health professional services to include speech and language therapy, physiotherapy, occupational therapy, dietetic services, psychiatry of later life, chiropody and optical services were available. Medicines were managed and administered safely.

Infection control was well managed in the centre. The centre had an outbreak of flu last year and this was appropriately managed. Staff had attended training in hand hygiene and the centre had access to the specialist advice of the public health department. This coupled with regular robust infection control audits where deficits were addressed and re-audits completed ensured that residents are protected by these procedures.

Regulation 10: Communication difficulties

A communication assessment formed part of the initial comprehensive assessment.

Care plans were in place detailing the communication needs of residents. A non-verbal menu guide was available.

Judgment: Compliant

Regulation 11: Visits

Unrestricted visiting was in place with the exception of meal-times. A visitors' record was in place to ensure the safety and security of residents. A visitor's room was available so that residents could receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge was in the process of ensuring that the laundry was staffed by regular staff to reduce the risk of clothing going missing. An individual wardrobe and locker with a locked drawer was available to each resident. Clothing was laundered regularly on site. An inventory and labelling system was in place for residents' clothing.

Judgment: Compliant

Regulation 13: End of life

Where a resident was approaching the end of their life the resident had a care plan in place which was based on their assessed care needs. On review of a recent end-of-life care file, the inspector was satisfied that appropriate end-of-life care was given to residents. A single room was offered to residents for end-of-life care and a relatives' room with access to an adjoining toilet was available. Where decisions had been made with regard to advance care these were recorded. Support and advice was available from the local palliative care team. Staff were provided with training in end-of-life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises is appropriate to meet the needs of residents accommodated. There are adequate communal and private rooms, other than bedrooms, available for residents to use. Bedroom accommodation met residents' needs for comfort and privacy. A number of residents had personalised their rooms with personal items including photos and art work they had completed as part of the activity programme. The current registration of this centre contains a restrictive condition with regard to the premises. This is detailed in Condition 8 which states 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 31 March 2015. The reconfiguration must be complete by 9 December 2015.' This reconfiguration has been completed as per the plans submitted.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Individual nutritional care plans were in place. These identified nutritional needs, including advice of specialist personnel for example the dietitian and or speech and language therapists. Food preferences were detailed and residents told the inspector these were respected.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide which included a summary of the services and facilities offered to residents was available. This guide also provided information with regard to the terms and conditions of residing in the centre, the complaints procedure and arrangements for visits.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records showed that where a resident was discharged from the centre, a safe and orderly discharge was planned and appropriately managed. When a resident was transferred to hospital or another designated centre or place, all relevant information regarding the resident was provided to the receiving care centre. On return to the centre, all relevant information was obtained to ensure the safety and welfare of the resident was protected.

Judgment: Compliant

Regulation 26: Risk management

An up-to-date risk register was in place, however review dates for some risks identified were not documented.

Judgment: Substantially compliant

Regulation 27: Infection control

Appropriate infection control procedures were observed. All staff members had received training in hand hygiene. A good standard of cleanliness was evident. Regular infection control reviews were carried out to ensure compliance with policies and best practice.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required in relation to the recording and completion of fire drills, including the procedure followed and the identification of potential delays to swift evacuation. Additionally, no drill had been undertaken with night staffing levels or in the area where the greatest number of residents would require evacuation, to provide assurance that there were adequate staff to evacuate

residents at all times.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place to ensure that each resident received the medication prescribed for them in accordance with the instructions of their general practitioner (GP). Medication charts were clearly written and all medication documented was signed by the GP. Medicines were stored securely in accordance with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Person-centred care plans were in place for identified needs and guided staff in the delivery of safe care. Arrangements were in place to evaluate care plans every four months and this was found to be occurring. However, evaluations needed to be more robust to ensure they reflected the residents' changing needs. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Judgment: Substantially compliant

Regulation 6: Health care

All residents had access to a good medical care service. A comprehensive range of allied health professionals to assist with any deficits in residents' health were available to residents. Appointments and consultations with these professionals were recorded in the care files.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place with regard to management of responsive behaviour (behavioural and psychological symptoms of dementia). The community mental health team was available to the centre. This ensured that there was a specialist service available to review and advise with regard to the management of responsive behaviour. Some staff had received training in responsive behaviour. Staff could outline strategies for dealing with individual residents' responsive behaviours and the inspector observed this taking place in practice. The centre was laid out to allow residents to move and walk around the centre and access the courtyard gardens, which deescalated responsive behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

Activities were carried out by all staff. Visiting artists and musicians also facilitated sessions. Sonas programme (a therapeutic programme for residents with dementia), and a 'fit for life' exercise programme also formed part of the activity schedule. Daily, regional and special interest newspapers, such as the Farmers Journal were provided. Residents had access to a personal phone or the centre's phones. Residents continued to maintain links with the local community. Some residents went home for visits while others attended special family occasions. Residents had access to an independent advocacy service. Minutes of residents' meetings were available for review.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0020749

Date of inspection: 20/02/2018 and 21/02/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Dates secured for outstanding training. <i>Manual Handling 9th July 2018</i> <i>CPR 11th and 18th June 2018</i> <i>Safeguarding 31st May 2018</i> <i>Food Hygiene 25th May 2018</i> <i>Training Records folder updated</i> </p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Formal quality improvement document now in place for audit results, showing timescale from when deficit was identified to when it was addressed and includes dates for re auditing. </p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All Contracts of Care now specify if the room is single or shared accommodation</p> <p> </p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose now includes comprehensive detail and floor plan of the room sizes, function, contents and access to toilets and bathroom facilities.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Reports will be submitted in a timely manner in the future</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Our complaints procedure was reviewed and updated to include complainant satisfaction in the outcome of their complaint. Complaints will be included in our quality improvement system going forward. Each Complainant will be given a copy of our complainants policy</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Our risk register is now updated and includes review dates for all risks identified.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We reviewed and introduced a new format to our fire drill checklists. It now includes the procedure followed, and identifies the potential delays to swift evacuation. We run drills for night staff as well and have included our day room as an area where the greatest number of residents would require evacuation.

I have booked Fire safety training specifically for night duty evacuation training on the second week in July. Actual day to be confirmed by the company.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Resident changing needs are now discussed in more detail as part of our daily unit meeting. Primary nurses will continue to have one to one discussions with the resident or his/her family prior to the care plans and evaluations been completed. There is a dedicated nurse in place who oversees and audits the DML's and will provides additional training and assistance if needed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	1 st Sept 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.	Substantially Compliant	Yellow	30 th June 2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Substantially Compliant	Yellow	Completed 18 th May 2018

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	Completed the 22 nd May 2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	1 st September 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 set out in Schedule 1.	Substantially Compliant	Yellow	Completed the 22 nd May 2018
Regulation 31(4)	Where no report is required under	Not Compliant	Red	30 th June 2018

	paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	Completed the 22 nd May 2018
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	Completed the 22 nd May 2018