



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Announced
Date of inspection:	26 March 2018
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0021149

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered with HIQA to accommodate 30 residents. The centre is located in Achill Sound close to the church and local amenities including hotels and shopping facilities. It is a mixed gender facility and provides care to persons aged 18 years and over, providing long-term care, respite care, care to residents with dementia and end-of-life care. The environment is homely, comfortable and well maintained. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day.

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:	27

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
26 March 2018	09:00hrs to 17:30hrs	Mary McCann	Lead

Views of people who use the service

From speaking with residents and on reading pre-inspection 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 that staff were helpful and caring.

Residents described how they had control over the way they spent their days; attending activities if they wished, chatting with staff, praying or watching television. Activities they enjoyed included bingo, proverbs, reading the local news and discussing what was going on in the local area and reminiscence about life on the island.

Residents were encouraged to maintain their interests, independence and links with their families and the local community. For example staff chatted to residents who had an interest in farming about livestock, and the centre has a minibus to bring residents to local events.

Regular reminiscence sessions included themes of fair days and saving the turf formed part of the activity schedule. Residents were appropriately dressed and looked well cared for.

Residents told the inspector they they received plenty to eat and liked the food. The inspector noted that residents were served homemade cakes, scones and brown bread at tea time. Residents confirmed that this was a daily occurrence. Relatives spoken with were complimentary of the service provided and the care delivered to their loved ones.

Capacity and capability

A robust management structure was in place to ensure the effective governance of the service, thereby ensuring that a safe quality service was leading to positive outcomes for residents. The registered provider representative held monthly accountability meetings with the person in charge. Minutes were available to show that areas requiring review were discussed and action plans developed to address any deficits identified.

All accident and incident records were reviewed by the person in charge and reported to the provider representative. Any deficits identified were addressed to try

and prevent re-occurrence and decrease the risk of injury to residents. The person in charge was an experienced nurse and had ensured that staff had received appropriate mandatory and other relevant training to meet the assessed needs of residents. Training undertaken included dementia care and responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), falls prevention, must (malnutrition) and dietary supplement training, end-of-life care and wound care.

The management team was clear that they wanted to run a quality service which resulted in positive outcomes for residents, where staff were observed to be responsive to residents' needs and utilised interactions with residents in a positive way. It was clear that staff had a good knowledge of residents' likes, dislikes and background information.

Previous inspections of the centre demonstrated a good standard of care and the last inspection in September 2017 was a dementia thematic inspection where dementia care was evaluated and found to be of a good standard. The provider and person in charge had ensured that two of the three actions from the previous inspection were addressed. One action with regard to the two toilets on the back corridor which were not accessible to all residents was in the process of being completed. Maintenance staff have attended the centre and the provider has given a commitment to increasing the size of both these toilets.

An easy to follow complaints procedure was displayed in a prominent position in the centre with the person responsible for managing complaints and the oversight arrangements documented. Residents and relatives who gave feedback to the inspector confirmed they understood the process and felt any issues raised would be addressed. This was also confirmed in questionnaires completed by residents and relatives. A suggestion box was available in the porch of the centre and staff, residents, relatives and visitors could access this freely and without supervision of staff. A record of complaints was maintained and complaint records showed that all complaints were investigated, and recorded actions taken and the complainant's satisfaction with the outcome.

Adequate resources were in place to ensure the effective delivery of care in accordance with the statement of purpose. This was supported by a review of the rosters by the inspector which showed that the staffing levels during the inspection were the usual staffing levels. No relative or residents spoken with or in the completed pre-registration questionnaires raised any issue with regard to staffing levels. The person in charge confirmed that if residents' needs required an extra staff, for example at end-of-life care or responsive behaviour this would be facilitated.

A comprehensive annual review of the quality and safety of care delivered to residents had been completed. The annual review outlined the service provided, audits undertaken and results and feedback from resident and relatives' surveys. It outlined the improvements made in 2017. A quality improvement plan, where any deficits or improvements planned were documented, was completed. The person in

charge and clinical nurse managed completed unannounced visits to monitor care and standards out of hours. The clinical nurse manager attends the morning handover each day. Monthly quality and safety meetings were held and minutes were available of these. A falls prevention committee had been introduced since the last inspection and all staff had undertaken training in falls prevention. The centre had seen a reduction in falls in the last year.

Registration Regulation 4: Application for registration or renewal of registration

The registered 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 30 residential beds. The fee for the application to renew registration together with the statement of purpose and floor plans of the centre had also been submitted.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

There has been a change of registered provider representative since the last registration and this is reflected in the application form.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced nurse who had appropriate experience in working in older persons services. She had worked as a tutor in one of her previous posts and had enacted a comprehensive training programme.

Judgment: Compliant

Regulation 15: Staffing

An actual and planned roster was maintained in the centre with any changes clearly indicated. Staff spoken with were pleasant and welcomed the inspection process. Most staff had worked in the centre for a considerable period of time and had very good knowledge of the residents' preferences'.

Staff were observed to deliver care in a respectful, timely manner. The inspector observed that staff were not rushed and spent time with residents and call bells were answered in a timely fashion.

Judgment: Compliant

Regulation 16: Training and staff development

A varied programme of training was in place for staff. Staff spoken with and records reviewed indicated that all staff had completed training in fire safety, safe moving and handling and safeguarding.

Additional training was provided for staff that was in keeping with their role and the profile of residents, including restraint management, medication management, nutritional care and end of life care.

Catering staff had received training in the relevant areas of food and environmental hygiene. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all information required by 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.

A sample of records to include accident and incident records, fire safety, staff personal files and residents' care and medical records.

Judgment: Compliant

Regulation 22: Insurance

Insurance was in place to cover against injury to residents and provided cover for loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

A new registered provider representative was appointed in December 2017. The person in charge stated that he was actively engaged with any issues identified as requiring his input, for example actions from the last inspection in regards to accessible toilets and re-decoration of the centre.

Arrangements to ensure that the centre is operating within and in compliance with regulations, nationally mandated standards and legislative requirements were in place.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A contract of care of had been agreed with each resident. This detailed services covered under the overall fee, such as accommodation, nursing and medical care, and provision of meaningful activities. No additional fees were payable.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre. It contained all the matters as per Schedule 1 of the Regulations. It was reviewed annually.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that a comprehensive record of all incidents was maintained. Notifications to HIOA were made in line with the requirements of the regulations. The inspector saw that all relevant details of each incident were recorded together with actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. There were seven complaints recorded for 2017 and one to date in 2018. All complaints had been investigated and resolved. There were no active complaints at the time of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were in place.

Judgment: Compliant

Quality and safety

The quality management system and adequate resources to ensure appropriate staffing levels were providing a safe quality service. Senior nursing staff were on duty on each shift, which ensured good supervision of staff and good clinical governance, thereby ensuring that residents' needs were met.

The centre was well resourced with access to a range of allied healthcare services and regular access to general practitioner (GP) services and the support of a palliative care team. Communal areas were supervised at all times. This ensured staff were always available to residents who were immobile and unable to leave their chairs or unable to summon assistance due to their cognitive impairment, and reduced the amount of falls. Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in subcutaneous fluid administration and male catheterisation. Information leaflets about various services and associations were available to residents, relatives and visitors in the foyer area.

Residents received care in a homely warm environment which was clean and tidy. There was a call-bell facility in all bedrooms, sitting and dining rooms. Regular environmental and safety audits were completed to ensure the safety and comfort of residents. The centre was clean and well maintained. The unit has recently been repainted. New dementia friendly signage has been erected. Contrast coloured toilet seats and grab-rails have been installed since the last inspection. The courtyard garden was freely accessible and provided a circular route for residents thereby deescalating responsive behaviour. Residents were supported by the use of appropriate aids to retain their independence. For example, walking aids and handrails on both sides of corridors. There were moving and handling assessments available for all residents.

Staff have attended hospitality training to help the delivery of services in a quality manner. The family room has been redesigned and upgraded with nice comfortable furniture. A kitchenette area is available with tea and coffee making facilities. An artist attends the centre weekly. Residents' paintings were framed throughout the centre. Recently two murals have been painted on the building. Residents were actively involved in this project and chose the content of these which are in keeping with local areas of interest and culture. The centre has recently acquired a dog and residents were involved in this decision and are involved in looking after the dog. A

sensory room is available to all residents. The local gardening club attend the centre and assist residents with tending the garden. An annual BBQ is held and all residents and their relatives are invited to attend. The centre recently held a 'share a view day' where families and residents were invited to attend a coffee morning where they could discuss any issues with the unit and any ideas for improvement. A quarterly newsletter is produced with input from residents and a copy is provided to each family. Residents can attend the local day centre if they wish to. At the time of inspection, two residents were attending. The centre had a minibus and facilitated trips to local events and days out.

The inspector reviewed the use of restraint within the centre. Risk assessments were completed for residents who had bedrails in place. Staff described an enabling function for the use of the bedrails in place. There was evidence that less restrictive strategies were considered or trialled, such as alarm mats or extra supervision by staff prior to the use of bedrails. 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 dietician and or speech and language therapists. However, food preferences were not detailed in some care plans reviewed. Residents were weighed on a monthly basis or more frequently if required. Meals were fortified to increase calorific intake and nutritional supplements were administered as prescribed for residents who were of low weight or losing weight.

Residents had access to a palliative care suite with adjoining facilities for relatives and friends to stay overnight if they wished. Residents' resuscitation status was documented and it was clear from the care plans that if a resident was to be transferred to hospital for active treatment or if they were to remain in the centre for care and treatment. An oratory was available and families could use this if they wished for their loved remains to be reposed in the centre. An annual remembrance mass was held each November and bereaved relatives were invited to attend.

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 respectful way to residents. Relatives spoken with confirmed that this was always the case.

Regulation 10: Communication difficulties

A communication assessment formed part of the initial comprehensive assessment. A non- verbal menu guide was available. 'Key to me' picture boards were developed for each resident in collaboration with a visiting artist. These were on display in the bedrooms and assisted staff with person centred communication. A daily activity

board, and daily weather board were also available.

Judgment: Compliant

Regulation 11: Visits

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 as was other private communal space. Relatives spoken with confirmed that they were always made to feel welcome.

Judgment: Compliant

Regulation 12: Personal possessions

An individual wardrobe and locker with a locked drawer was available to each resident. Clothing was laundered regularly onsite. An inventory and labelling system was in place. Systems were in place to ensure residents finances were properly managed.

Judgment: Compliant

Regulation 13: End of life

End of life care was well managed.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises is appropriate to meet the needs of residents accommodated. The unit consists of 15 single, two twin and four triple bedrooms.

All single bedrooms have en-suite facilities and there are en-suite shower and sanitary facilities available in all shared rooms.

There are two toilets on the back corridor in close location to the day room, however neither provide adequate space for disabled access. This is in the process of being addressed.

All bedrooms have overhead hoists. Separate sitting and dining facilities are available. The external garden provides a pleasant open outdoor space with seating for residents.

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.

This centre has a restrictive condition attached to their current registration. This condition states that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 24 March 2016. The reconfiguration must be complete by 31 December 2017. These works have been completed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Adequate staff were available to assist and monitor intake at meal times. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets or thickened fluids was available to catering, care and nursing staff. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. Nutritional care plans failed to provide adequate detail to guide staff in the delivery of safe quality care as food preferences were not detailed in some care plans reviewed.

Judgment: Substantially 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

There were processes in place to ensure that when residents were admitted, transferred to hospital or other establishments or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Judgment: Compliant

Regulation 26: Risk management

Systems were in place to promote safety and manage risk; however, missing person drills were not being completed. Centre-specific policies and procedures were in place in relation to health and safety, risk management, and emergency procedures. Risk assessments were in place for all risks identified. Staff were seen to use safe moving and handling techniques and to use appropriate aids. An evidence-based falls prevention programme was in place. Falls risk assessments were reviewed post a fall and falls prevention care plans were updated to include any further measures that may be necessary to reduce the likelihood of another fall. Residents who fell were reviewed by the physiotherapist post the fall.

Judgment: Compliant

Regulation 27: Infection control

Appropriate infection control procedures were in place, such as training in hand hygiene, and 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

Regular checks of the fire safety arrangements were completed. A procedure for the safe evacuation was displayed. Personal emergency evacuation plans (PEEPs) were available. Some improvements were required in relation to the recording and completion of fire drills. Records did not identify if there were any impediments to swift evacuation or describe what actually occurred, for example whether there was a full or part evacuation.

Records were available that fire drills were being undertaken with night time staffing levels. No drill had been completed in the zone that had the most residents with the least amount of staff that would be available.

Fire fighting equipment was serviced regularly, the fire alarm was serviced quarterly and emergency lighting was serviced annually. Fire evacuation plans showing the building layout and nearest evacuation route were displayed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacist was involved in quarterly medication management audits and available to meet with residents. Prescription and administration records contained appropriate identifying information, including residents' photographs and were clear and legible. Where medication was being crushed, this was prescribed as safe to use in this format. Medicines were stored securely in accordance with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A pre admission assessment was completed prior to admission to assess residents' care and support needs to ensure that the centre had the necessary resources to meet their needs. Comprehensive assessment of all activities of daily living and a range of assessments were completed on admission. Care plans were developed to address problems or if a potential risk was identified. Care plans were kept under formal review on a four-monthly basis or as required by the residents' changing

needs in consultation with residents or their representatives.

Judgment: Compliant

Regulation 6: Health care

There was timely access to the services of a general practitioner (GP) service and 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.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were observed to be managing potentially responsive behaviour by walking with a resident, or chatting with a resident with a photo album of her family members. However ABC charts (assessment forms) were not being consistently completed in order to assess if there was a pattern of behaviour and if there was any antecedent to the behaviour. Behaviour management plans were in place to guide staff when working with residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment); however, not all contained a personalised strategy for the management of the behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents, to include staff training, comprehensive policies and procedures and accessible specialist advice from the local safeguarding team. Staff confirmed that they would report any suspected allegation of abuse and were aware of the indicators of abuse. A review of incidents since the previous inspection showed that no allegations of abuse had been recorded.

Judgment: Compliant

Regulation 9: Residents' rights

The daily routine was organised to suit the residents. Newspapers were provided and residents had access to television and the radio. Sonas sessions (a therapeutic activity for residents who are cognitively impaired) formed part of the activity schedule. An independent advocacy service was available. 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. Minutes of residents' meetings were available.

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
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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
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	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0021149

Date of inspection: 26/03/2018

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The two toilets on the back corridor in close location to the day room, are being addressed to provide adequate space for disabled access. There is a plan in place to break into the adjacent store room which is now empty and ready to be utilized. It is hoped that the maintenance department in the HSE will achieve this within the next six months (December, 2018).</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Review of nutritional care plans to detail and guide staff with regard to food preferences for residents in all nutritional care plans. This action has been completed and will be continually monitored.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire drills will continue to be recorded and records will identify if there are any impediments to swift evacuation and will describe what actually occurred. Records will demonstrate if there was a full or part evacuation. Furthermore fire drills will continue to</p>	

be undertaken with night staffing levels but will be undertaken in the area where the greatest number of residents would require evacuation.

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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:
ABC charts (assessment forms) will be consistently completed in order to assess if there was a pattern of each resident's behavior and if there was any antecedent to the particular behavior. Behavior management care plans will contain a personalised strategy for the management of each behavior. This action has been completed and will be continually monitored.

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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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	Completed 30/03/2018
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	Completed 30/03/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and	Substantially Compliant	Yellow	Completed 30/03/2018

	skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
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