



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	25 March 2019
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0022187

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 24 residents and the designated dementia unit, Lee suite accommodates 13 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and was hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Current registration end date:	30/05/2020
Number of residents on the date of inspection:	45

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
25 March 2019	09:30hrs to 17:00hrs	John Greaney	Lead
26 March 2019	09:00hrs to 16:30hrs	John Greaney	Lead

Views of people who use the service

The inspector spoke to a number of residents and relatives throughout the inspection. The overall feedback was positive. Residents said they felt safe and were pleased with the level of care provided.

Residents generally reported satisfaction with the food and said great improvements had taken place and greater choices were now offered at meal times. Residents spoke of having choice about when they get up in the morning, retire at night and where to eat their meals. Residents spoken with were happy with the variety of activities available and said they particularly enjoyed the music sessions, exercises and bingo.

Residents and relatives were complimentary about staff, saying staff were kind and helpful and that there were enough staff around to meet their needs. Residents said they were consulted on a daily basis and regular residents' meetings were facilitated. They said they could bring up any issues and felt they would be addressed.

Capacity and capability

Overall, the inspector found that residents received care to a good standard. Improvements identified on the previous inspection in relation to governance and management had been sustained. Effective management systems were in place to support the delivery of good quality care to residents. Care was provided in accordance with the centre's statement of purpose and function.

The person in charge reports to an operations director, who is usually present in the centre on three days each week. The person in charge is supported in her role by a recently appointed clinical nurse manager. There were effective lines of communication between members of the management team. Minutes of various meetings were reviewed including clinical governance meetings, health and safety meetings and various staff meetings. These demonstrated that there was adequate oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. Staff reported that the person in charge and management team were approachable and supportive.

The quality and safety of the service was monitored through an auditing process and the collection of key performance indicators in areas such as falls, infections, medication errors, wounds and restraint. Residents' and relatives' views were ascertained through the residents committee and through recently conducted

relatives' surveys. The inspector was informed that the results of audits and surveys would be used to support an annual review of the quality and safety of care. This was in the process of being developed but had not been completed on the days of the inspection.

There was a process of induction for new staff and ongoing appraisals for existing staff. Staff confirmed that they were supported to attend training. Records viewed by the inspector indicated that most staff had completed mandatory training in areas such as safeguarding, responsive behaviour, manual and people handling, and fire safety. However, a small number of staff were overdue attendance at this training. The provider and person in charge were requested to review training records in the context of clearly identifying staff that were overdue attendance at mandatory training. In addition to the provision of mandatory training staff were also facilitated with training in communication, restrictive practices and falls and bone health.

Staff spoken with by the inspector were knowledgeable of residents needs and preferences. A review of the staff roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff to meet the needs of residents. Since the last inspection an additional staff nurse had been rostered on night duty

Adequate information governance systems were in place for the management of records. Records were stored securely but easily retrievable. Effective recruitment practices were in place and the records required by the regulations were generally maintained effectively. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details for nursing staff were seen by inspector and all staff were vetted appropriate to their role. Maintenance records were in place for equipment such as hoists, beds and wheelchairs.

There were systems in place to manage critical incidents. Accident and incident records were maintained and appropriate action was taken in response to incidents. A review of records of accidents and incidents indicated that those requiring to be notified to the Office of the Chief Inspector were notified within the required time frames.

There were adequate procedures in place for the management of complaints, that included an appeals process. A review of the complaints log indicated that complaints were recorded and investigated.

Regulation 14: Persons in charge

The person in charge is a registered nurse with significant experience in care of the older person. She has adequate managerial experience and it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff on duty both day and night to meet the needs of residents. Staff members spoken with by the inspector were knowledgeable of individual residents needs and all interactions by staff with residents were seen to be conducted in a respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to attend training. A review of training records indicated that not all staff had attended up to date training in mandatory areas such as manual and people handling, responsive behaviour, fire safety, and safeguarding residents from abuse. While there were records indicating who had attended relevant training, records were not maintained in such a manner as to readily identify those staff that were overdue training.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and were easily retrievable. A review of a sample of personnel files indicated that all of the requirements of Schedule 5 were in place, such as a full employment history with explanations for any gaps; two written references, including one from the person's most recent employer; proof of current registration for nursing staff; and a Garda vetting disclosure.

Judgment: Compliant

Regulation 22: Insurance

Records were available in the centre demonstrating that the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of reporting. There was a comprehensive programme of audits with evidence of action in response to findings from the audits. For example, a new falls prevention programme had recently been introduced in response to the identification of an increase in the number of residents falling. This was only recently introduced so

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included the fees to be charged, including fees for additional services. The contract also included details of the room to be occupied by the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review in relation to the facilities available in the centre. For example, a twin room had been reduced to a single room and this was not clearly identified in the document. Additionally the document did not clearly outline the sanitary facilities available to residents and did not identify a room that is occasionally used to support residents and their families at end of life.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Based on a review of the accident and incident log, notifications required to be submitted to the Office of the Chief Inspector were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy for the management of complaints that clearly set out the process for managing complaints and an independent appeals process. The complaints procedure was on prominent display in the centre. A review of the complaints log indicated that complaints were investigated and the satisfaction, or otherwise, of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies specified in Schedule 5 of the regulations were available in the centre. All had been reviewed recently.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. Residents' needs were met through good access to healthcare services and care was provided in accordance with a person-centred care plan. A review was required of medication management, particularly in relation to transcription records and also to ensure that medicines were at all times administered as prescribed. There were opportunities for social engagement and the provision activities for residents throughout the day.

The inspector noted that residents' healthcare needs were met through timely access to the services of a general practitioner (GP). Out of hours GP services were also available. Records indicated that residents were regularly reviewed and where indicated, were referred to specialist services. Records indicated that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

There was good access to allied health and specialist services. A physiotherapist visited the centre twice weekly to carry out one to one assessments and also to facilitate group exercises. Referrals were made to dietetics and speech and language therapy, and residents were reviewed as required. A chiropodist visited the centre regularly. Systems were in place to support residents to participate in national screening programmes.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. Care plans were developed based on these assessments and these were seen to be personalised. A review of a sample of care plans, however, indicated that further work was required to ensure that care plans addressed all relevant issues of care.

The centre was bright, clean and in a good state of repair. Improvements were observed in the premises since the last inspection. The programme of painting and decorating had continued and paintwork was in a good state throughout the centre. There was new signage erected at suitable locations throughout the centre, making it easier for residents and visitors navigate the centre. There was a large outdoor garden that had walkways and raised plant beds. Additional garden furniture had been purchased to allow residents sit outside when the weather was suitable. The outdoor space was readily accessible from all parts of Blackwater and Funchion suites. There was also a small enclosed outdoor area accessible from the Lee suite.

Residents had access to the services of an advocate who visited the centre regularly and attended residents' meetings. Residents were supported in the exercise of civic duties, such as voting in local and national elections. Residents had access to local and national newspapers. Television and radio was widely available and residents were also seen to use personal phones and devices for communication.

Improvements were required in relation to the management of medication. Prescriptions were transcribed by nursing staff. A review was required of the transcription process so that it was at all times clear what medicines were transcribed and verified by a second nurse's signature. A review was also required of anti-coagulant medication administration in order to ensure that what was prescribed was administered and that the administration record was signed.

Most residents had their meals in the dining rooms. Catering staff were familiar with residents preferences and every effort was made to ensure that food was nutritious. The inspector observed that food was plated in an attractive manner, including food that had its texture modified for residents with impaired swallowing reflex. Residents spoken with were all very complimentary of the food and of the choices

available to them. While staff were seen to be kind and caring, improvements were required in the way that residents were assisted by staff at meal times. While some staff were seen to interact with residents throughout the meal and avail of the opportunity to have a conversation with the resident, this was not the case for all staff. Additionally, the manner in which meat, vegetables and potatoes were mixed together by staff did not support the dignity of residents.

There were adequate systems in place to safeguard residents and protect them from abuse. Most staff had attended training in safeguarding and were knowledgeable of what to do in the event of allegations or suspicions of abuse. There were adequate systems in place for the management of residents' finances. The provider was pension agent for a number of residents and banking arrangements had been amended since the last inspection in order to comply with Department of Social Protection guidance.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. Some improvements were required. For example, window restrictors were in place in all windows, however, the inspector found that two window restrictors had been disengaged and therefore the windows could open fully and presented a risk to residents that may at risk of absconsion. A review was also required of the smoking risk assessment and care plan of residents that smoked to ensure they were adequately assessed as to the level of supervision required while smoking.

There were procedures in place for fire safety management that included the training of staff, the conduction of fire drills, maintenance of equipment and periodic safety checks. Some improvements, however, were required in relation to the simulation of night time scenarios in fire drills and the the length of time between equipment maintenance.

Regulation 11: Visits

There was an open visiting policy and visitors were seen to come and go throughout the two days of the inspection. There were adequate facilities for visitors to meet with residents in private away from the resident's bedroom.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for residents to store personal property and possessions in their bedrooms. There were adequate laundry facilities. There was a system in place for marking residents' clothes to ensure they were returned safely to residents following laundering. A review of the system for marking and storing residents' clothes in the laundry could be enhanced, to have a more discreet labelling system and to ensure that clothes were stored in a manner to minimise the risk of them getting mixed up with other residents' clothes.

Judgment: Substantially compliant

Regulation 13: End of life

A process was underway to ascertain the preferences of residents in relation to end of life care but this was not yet complete. A room had been set aside to ensure that residents that shared a bedroom would have access to a single room at end of life, should they wish to do so.

Judgment: Compliant

Regulation 17: Premises

Improvements had been made to the decor and signage of the centre. The centre was bright and clean and there was adequate signage to support residents and visitors find their way to bedrooms and the various communal rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate systems in place to ensure that residents did not experience poor nutrition. Residents were weighed regularly and referrals were made to speech and language therapy and dietetics as required. There was an adequate system of communication between nursing staff and catering staff to ensure that residents received the prescribed diet. Discussions with catering staff indicated they were

knowledgeable of residents' likes, dislikes and prescribed diets. Considerable efforts were made to ensure that the food provided to residents was nutritionally wholesome and attractively presented.

Judgment: Compliant

Regulation 26: Risk management

Procedures were in place for the management of risk, however some improvements were required. For example:

- window restrictors in two windows of the sitting room had been disengaged
- there was an inadequate risk assessment of each resident's capacity to smoke and there was inadequate detail of the level of supervision required while smoking.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a positive focus on fire safety, however, some improvements were required. For example:

- while the fire alarm and emergency lighting were serviced four times in a twelve month period, the gap between one service extended to almost five months, which is outside of the recommended time frame
- the fire alarm was not always sounded weekly in accordance with recommended guidance
- while fire drills were conducted regularly, records did not indicate that a night time scenario was simulated when staffing levels would be reduced.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by the inspector were compliant with recommended guidance. There was a system in place to ensure medications delivered to the centre matched what was prescribed for each resident. Medications

requiring special control measures and medications requiring refrigeration were managed appropriately. Some improvements were required in relation to medication management, such as:

- the system for transcribing medications required review to ensure that for each individual medication it was clear what was transcribed, by whom it was transcribed and when it was transcribed
- anti-coagulant administration records viewed by the inspector indicated that it was not always administered as prescribed and the administration was not always accurately recorded

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and at regular intervals thereafter. Care plans were developed following these assessments and these were seen to be personalised and provided good guidance to staff on the care to be delivered. Some improvements were required as some assessments were not completed for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care. A review of records indicated that residents were regularly reviewed by their general practitioner (GP) and also had access to out-of-hours GP services when required. Allied health and specialist services were also available as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of individual residents and their communication needs. There was good detail contained in care plans on what may cause responsive behaviour and how it may be prevented and alleviated. There was minimal use of

restraint and only two residents had bedrails in place.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed by the inspector between staff and residents were seen to be respectful. There were adequate systems in place for the management of finances, including adequate banking arrangements for residents from whom the provider was pension agent.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted through residents' meetings and there was evidence that issues raised were addressed. There was also a residents/relative survey conducted to ascertain the views of residents. Residents had access to the services of an independent advocate.

There was a good programme of activities that had recently been reviewed and revised based on feedback from residents. The programme of activities was facilitated by two activity coordinators, one of whom was present in the centre for five days each week and the other was present for two days. The programme of activities included both group activities and one-to-one activities.

Some improvements were required in relation to the dignity of residents at mealtimes. For example, food was attractively and colourfully presented by catering staff with meat, vegetables and potatoes in separate portions on the plate. However, it was observed by the inspector, particularly for residents that had the consistency of their food modified due to swallowing impairment, that staff mixed all of the food together before assisting residents to eat. It was also noted that some staff did not communicate with residents while assisting them at mealtimes, giving the impression that it was a task rather than occasion for meaningful interaction.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially 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	Not compliant

Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0022187

Date of inspection: 25/03/2019

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>We are developing a training matrix which easily identifies training requirements of staff members in advance of the due date, this will allow us to plan ahead and avoid any shortcomings in this area.</p> <p>The training matrix will be reviewed by the management team on a quarterly basis.</p> <p>Following a comprehensive review of our staff training requirements we have since initiated training for staff in areas of:</p> <p>Manual handling, dementia and responsive behavior, infection control and fire safety.</p> <p>We have planned training courses for staff not covered by the recent courses listed above to ensure all mandatory training will be completed by ALL staff members in the coming weeks.</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>We are in the process of updating our statement of purpose to reflect the amended use of space.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We are completing a new shelving unit with clearly marked personal sections for each resident, we are purchasing a specialist labeling machine for clothing to identify each residents clothing items.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We have a daily check list of items to ensure the window restrictors are correctly closed and fully operational, staff are instructed to ensure they are kept in the correct position.</p> <p>We have updated the care plan with specific regard to smoking, the resident has been advised to use the smoking room and is now sticking to this request, we have installed a secure box in the smoking room to hold his cigarettes and lighters which he has access to thus maintaining his autonomy.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire alarm service provider has since serviced the alarm system and we will ensure this is maintained on a quarterly basis.</p> <p>We are performing our weekly fire alarm test at 10.15am every Tuesday.</p> <p>We are conducting fire drills at varying times to ensure all staff members are fully participating in our training program.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medicines and pharmaceutical services: The method of transcribing medication has been reviewed and we have included the date of transcription and name of transcriber for each drug and any subsequent amendments thereafter. We have held a Nurse staff meeting and the issue of documenting the administered medications is being brought to the fore to eliminate any errors going forward. The person in charge will check weekly records to ensure ongoing compliance.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans have been updated.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The issue of food presentation and engagement with residents at meal times has now been addressed, we are monitoring this matter to ensure full compliance with the regulation.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	17/05/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/07/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	20/04/2019

	actions in place to control the risks identified.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	20/04/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/04/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20/04/2019
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	Substantially Compliant	Yellow	20/04/2019

	followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	20/04/2019
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	17/05/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/04/2019
Regulation 9(3)(a)	A registered	Not Compliant	Yellow	28/03/2019

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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