



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	East Ferry House
Name of provider:	Anne Wilson
Address of centre:	East Ferry, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	03 January 2019
Centre ID:	OSV-0000226
Fieldwork ID:	MON-0025445

About the designated centre

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

The centre was set in mature gardens located in East Ferry with impressive views of the harbour from most of the bedrooms and communal rooms. It was registered to cater for the needs of 12 male and female older adults between the ages of 18 to 65. The section of the premises utilised by residents was laid out over two floors providing mainly single and double room accommodation. There was also a privately occupied third floor apartment in use at the time of inspection. The centre catered for long stay, short stay and convalescence residents. The statement of purpose stated that the centre catered for residents with low levels of dependency on admission. Residents were encouraged to maintain their independence and to bring in personal possessions from home. Visitors were welcomed at all times. There was a variety of communal rooms available which were decorated in a homely manner. Residents were encouraged to be involved in the centre and were consulted about issues each day. Residents were facilitated to bring a pet in with them to the nursing home, as long as this did not intrude on other residents, and were encouraged to make use of the extensive gardens. The centre employed 10 staff in all, which included the person in charge, her deputy, three staff nurses, four healthcare assistants, a chef, occasional administration support and maintenance staff. There was a nurse on duty 24 hours a day and a qualified chef prepared a variety of meals daily. Adequate supervision was provided. The complaints process was on display and there were arrangements in place for promoting fire safety.

The following information outlines some additional data on this centre.

Current registration end date:	26/08/2019
Number of residents on the date of inspection:	7

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
03 January 2019	10:00hrs to 18:30hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with all seven residents who were accommodated in the centre at the time of inspection. They said they were well happy there. They felt safe and well cared for and they praised the staff stating that they were kind and attended to their needs. Visitors were always welcome and outdoor walks were facilitated for anyone who could mobilise independently. They said that the food was nice and served at suitable times. There were no organised activity sessions. Staff spoke with residents and read newspapers with them. They said that staff helped them with meals and with their mobility needs.

Capacity and capability

This inspection of East Ferry Nursing Home was carried out to monitor compliance with regulations and to follow up on the actions required following the previous inspection. Findings on this inspection were that not all actions had been addressed and that there was a pattern of continued non-compliance established in the centre. Following the previous inspection the provider, who was also the person in charge, was asked to attend a meeting at the office of the Chief Inspector. The purpose of this meeting was to highlight the seriousness of the continued failure to comply with the regulations for the sector and the possible impact of this on the application to renew the registration of the centre, which is due to expire on 26 August 2018.

This unannounced inspection was carried out by an inspector from the office of the Chief Inspector over a period of one day. The findings of this inspection were that the registered provider had failed to ensure that an effective and safe service was provided for residents living in East Ferry Nursing Home. The registered provider had not ensured that the service provided met the needs of the residents living there, particularly in terms of the arrangements for fire-safety, infection control, staffing issues, personal accommodation and activity provision. Although a number of improvements, namely the development of a staff office, a number of new toilets, improved sluice facilities and continued fire safety work had been undertaken, the provider had not adequately addressed the identified regulatory non-compliances, nor had the provider taken a proactive approach to ensuring that the required actions had been satisfactorily progressed.

Findings on this inspection were that the registered provider had again failed to ensure that there was an effective cleaning system in place. For example, kitchen sinks in the food preparation areas were not clean and the treatment/clinic room was dirty. Risk management was not robust and fire safety documentation was not available. These areas were further addressed in the quality and safety

dimension of this report.

Records were not easily retrievable or accessible in the centre. Continued gaps in record management were evident including the absence of a staff file for the person in charge, the absence of a file for a staff member who had left recently and the absence of volunteer files. In addition the staff roster was inaccurate for the day of the inspection. Staff files and copies of the roster are required to be maintained for a period of seven years according to the regulations for the sector. There was a lack of comprehensive training records to indicate that mandatory and appropriate training had been afforded to staff. The audit system which was proposed following the previous inspection had not been put in place and there was no audit schedule in place for 2019. A good audit system would help to ensure that learning and areas for improvement were identified, that actions were completed and that identified concerns were proactively addressed to effect an improvement in the quality of life and safety of residents.

The statement of purpose which had been updated following the previous inspection was reviewed. The inspector found that one room which was occasionally used for relatives was not included in the statement of purpose. The person in charge stated that this had not been used for an extended period of time, however it was not registered as part of the designated centre for current use, The annual quality review had been completed for 2017, however a copy of this was not available in the centre.

In conclusion, the findings of this inspection were that significant action was required on the part of the management to ensure improved regulatory compliance and the provision of a safe and effective service for residents.

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements for a person in charge of a designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the roster for staff was not correct. Two staff members on the roster were not on duty. One person on duty was not on the roster. Changes to the roster from earlier that week had not been updated. Staff were involved in cleaning, caring and cooking which impacted on the time available to each role, particularly for cleaning.

Judgment: Not compliant

Regulation 16: Training and staff development

There was no training matrix in place. It was three years since staff had been trained in the prevention of abuse. Some staff had not received mandatory training. Appropriate training such as manual handling training was out of date. Only one staff nurse had up to date medication management training.

Judgment: Not compliant

Regulation 21: Records

Records were not accessible, easily retrievable nor available to the inspector. For example, the annual review, updated policies, fire certification and a number of staff files.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management systems were not compliant with the regulatory requirement to deliver a safe and appropriate service.

The action plan had not been completed, audit was not comprehensive, a matrix was not set up for staff training and staffing roles were not defined as regards cleaning, caring and cooking.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts included details of the room number to be occupied.

Judgment: Compliant

Regulation 3: Statement of purpose
This required updating in relation to a relatives' room which was occasionally used.
Judgment: Substantially compliant
Regulation 30: Volunteers
Files were not available in the centre for volunteer administration support personnel.
Judgment: Not compliant
Regulation 31: Notification of incidents
Not all required notifications had been made to the office of the Chief Inspector.
Judgment: Not compliant
Regulation 34: Complaints procedure
Complaints were documented and addressed according to documentation seen.
Judgment: Compliant
Regulation 4: Written policies and procedures
Not all policies were up to date. There were up to three different versions of some policies and they were not easily accessible to the inspector or to staff. Similar to findings on the previous inspection the infection control policy was not updated since 2011.
Judgment: Not compliant

Quality and safety

The findings of this inspection were that significant improvements were required to enhance the quality of life of residents living in East Ferry Nursing Home. The age and era of the building impacted on the ability of the provider to comply with the regulations on premises as set out in Schedule 6, part 1 and 2 of the 2013 Regulations.

Management had taken some positive action to address areas for improvement that had been identified on the previous inspection. New toilets had been installed in two bathrooms. Wall mounted soap dispensers had been installed in a number of areas. A staff office had been created. Further fire safety works had been completed and a number of old beds had been removed. Bedrooms appeared to be well heated on the day of inspection. The inspector found that the staff office, the back conservatory and the hallways were very cold on the day of inspection. Not all unused beds or old excess furniture had been removed from the bedrooms. The cleaning regime required supervision and dedicated cleaning staff as the centre was a large old period house and required constant maintenance. In particular the treatment room required a deep clean and total clear out. The majority of instruments and equipment in this room were beyond use. Items were dirty and out of date. A urinal was stored amongst other equipment. There was no space to store any medical devices or dressings as there was a bed in the room which was piled high with boxes and other storage,

Overall, residents received a good standard of care. Staff spoken with demonstrated good knowledge and understanding of residents' needs which corresponded with information in the care plans. Access to medical care and to allied health-care professionals was seen to be in keeping with the assessed needs of residents. The seven residents in the centre were assessed as having medium to low dependency needs at the time of inspection. There was a relaxed, homely atmosphere in the centre and relatives spoken with were also complimentary of staff and the care provided. The GP and the pharmacist provided a review of medications and a written note was seen from the pharmacist on a monthly basis. The person in charge stated that the pharmacist was attentive to residents, The inspector found that medicines in the centre were not securely stored as the medicine keys were seen in the door of the medicine cupboard throughout the morning. These were removed when the issue was highlighted by the inspector,

It was evident that there was limited access to daily activities for residents. Residents were seen to sit in their bedrooms or conservatory watching TV, reading the newspaper or talking with staff. There were extensive gardens in the centre and staff would occasionally accompany a resident for a walk outside. There were adequate communal and quiet areas for residents to relax.

Systems were not in place to monitor the quality and safety and risks in the service. Actions required in response to areas identified for improvement were not always completed or addressed. For example, the lights in the main staff office and in

bathroom areas were not working, The person in charge stated that the electrician had been notified, however this had not been followed up. In addition, an audit of the cleaning regime had not been undertaken and there was a lack of supervision of these tasks. Taps in at least three sinks were leaking. Even though the plumber had been notified it was evident that the issue had been ongoing for an extended period of time, as water staining was evident on the sinks, These unresolved issues indicated that there was a lack of robust response to premises and maintenance issues. The inspector also saw that there were parts of the kitchen equipment which were rusting.

From a fire safety perspective, in the absence of fire clearance certification the inspector were not satisfied that sufficient measures were in place to ensure the safety of residents if a fire was to occur in the building. The provider was not taking adequate precautions against the risk of fire. The inspector looked at the arrangements in place for the storage of oxygen in the centre. The oxygen cylinder was stored at the entrance to the treatment room. The signage which was in place over the cylinder stating "non-flammable gas" was inaccurate, as oxygen is a high risk material which strongly supports combustion, therefore creating a risk to residents' safety. The cylinder was not secured on a suitable stand. This was not in line with the risk assessment for the presence of oxygen cylinders and required risk assessment and review. Fire training had been undertaken by all staff however the fire alarm system was not sounded on a weekly basis as required and staff did not undertake in-house spontaneous fire drills. There was only one staff member on duty at night for the seven residents and there were no personal evacuation plans (PEEPS) in place to support staff in the most efficient evacuation of residents. A conservatory area at the back of the house was used by smokers. However, this room contained furniture which had not been risk assessed as fire safe.

Infection control training had been completed by staff. However, the effectiveness of training was unclear as there were still dirty areas in the centre: in the kitchen, treatment room and dining room.

Overall the quality and safety of care required significant review to achieve compliance with the regulations for designated centres for Older People. The age and era of the premises continue to impact adversely on the ability of the current staffing complement to clean and maintain it. This presented a risk to the health and safety of residents and staff residing there.

Regulation 11: Visits

Visitors were seen to come and go from the centre. Residents went out with family members when opportunities arose.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate wardrobe and storage space. Residents' laundry was done in the centre.

Judgment: Compliant

Regulation 17: Premises

While a number of improvements in relation to fire safety requirements had been made to the premises there were still unresolved issues. Extra beds had not been removed from all bedrooms. Bedding appeared old and worn. The centre was cold in certain areas for example, the office, the conservatory and the hallways. Not all equipment was fit for use.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents said they were happy with the food on offer. They enjoyed their breakfast in bed and had a dining facility available for other meals. Staff supported residents to eat where this was necessary.

Judgment: Compliant

Regulation 20: Information for residents

An information booklet had been developed. Newspapers, TV and radio were available.

Judgment: Compliant

Regulation 26: Risk management

Not all risks had been identified or assessed:

- the impact of the broken wooden step
- the blown bulbs particularly in the toilet area
- the health and safety statement was not updated
- out of date medical preparations
- old suction machines
- inaccurate signage on oxygen
- absence of a comprehensive, updated risk register
- soft furnishings in the smoker's room were not fire retardant
- toilet seats loose or not present on toilets
- rust was noted on kitchen equipment

Judgment: Not compliant

Regulation 27: Infection control

All staff had received updated infection control training. However, not all areas were clean: the kitchen hand-washing sink and the food preparation sink areas were dirty. Carpets were not vacuumed upstairs and sinks taps were dripping in a number of sinks. Soap was not available in all hand-washing facilities and toilet paper was not replaced in all toilets. There was heavy dust on the kitchen shelves and on a dining room table.

Judgment: Not compliant

Regulation 28: Fire precautions

A fire safety completion certificate had not yet been provided following the completion of fire safety works. The quarterly emergency lighting service certificates were not available in the centre. Fire training had been done and an evacuation drill had been carried out as part of the training, However, spontaneous drills were not carried out as part of the fire safety management in the centre and the fire alarm was not sounded weekly.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services
<p>Medicines were not securely stored as the medicine keys were seen to hang from the medicine cupboard.</p> <p>Medical lotion in the treatment room was out of date since 2014.</p>
Judgment: Not compliant
Regulation 5: Individual assessment and care plan
Care plans were generally detailed and were audited on an annual basis.
Judgment: Compliant
Regulation 6: Health care
Residents had access to allied health care through referrals or through private appointments. If relatives were not available a staff member would accompany a resident to external appointments, The general practitioner(GP) visited regularly and all residents had been seen by the GP for the new year.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Staff had not received the training required to update their knowledge and skills in relation to managing the behaviour and psychological symptoms of dementia (BPSD).
Judgment: Not compliant
Regulation 8: Protection
Residents said they felt safe in the centre. The person in charge stated that

residents managed their own finances in conjunction with their families and she had no input into pension matters as all fees were paid by direct debit.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to have choice in relation to getting up and bedtime. Residents were offered choice of where to eat their meals and were seen to use the dining room, their bedrooms or the front conservatory area.

There was no access to meaningful activities. Art supplies which were unused for a long period of time were seen on an armchair in the front conservatory. A ring game was seen on top of boxes and other equipment stored on a bed in the treatment room. The inspector was informed that there were no activity sessions and the TV was the main source of entertainment.

Due to the small number of residents in the centre there were no formal minutes of meetings with residents. Residents said that they were consulted with regularly and that staff treated them with kindness.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for East Ferry House OSV-0000226

Inspection ID: MON-0025445

Date of inspection: 03/01/2019

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Two staff members did not report for duty as they were suffering from illness. Relatives of the staff contacted the East Ferry House Centre. Alternative staff not originally rostered were drafted in to provide an alternative cover for the staff reporting an illness. One member of staff, local to the centre provided temporary cover (2hrs) to provide time for the staff, not originally rostered, to arrive.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training Matrix has been set up. Fire Drill Completed 19th of February. Manual Handling Training are scheduled for April at St Lukes Education and Research Centre. Responsive Behaviour Training scheduled for 13th May 2019 at East Ferry House. Infection Control Staff Meeting Complete These are refresher courses for the staff as they have completed the courses previously	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Policies and audit information have been updated for January and February 2019.</p> <p>Records of a former staff member, removed on by her on completion of her employment have been requested to be returned to complete the files records.</p> <p>Updated Fire Certificate will be forwarded in a separate Email.</p> <p>Annual review has been completed</p> <p>Policies have been updated</p> <p>Staff files have been updated and are complete</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A matrix has been set up regarding staff training. Roles of staff will be greater defined in terms of cleaning and catering and cooking.</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>Statement of Purpose was updated and will be reviewed before April 2019</p>	

Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: Garda Vetting for volunteers is complete.</p> <p>Photo identification of volunteers are on file and available for review.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>No in-house incident has occurred</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All Policies have been updated and January and February 2019</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Compliance is in relation to a bedroom with four bedframes where only two beds are ever occupied. The two beds are planned to be dismantled and removed to storage by</p>	

31/03/2019.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

-the impact of the broken wooden step

The step has is scheduled to be repaired within 14 days and has been identified as a hazard in the interim.

-the blown bulbs particularly in the toilet area

All light fittings have been accessed and the blown bulb identified has been replaced

-the health and safety statement was not updated

The Health and Safety Staement has been updated

-out of date medical preparations

All Medical Preparations available to staff reviewed and outdated material replaced

-old suction machines

Older Suction Machines Replaced with modern machines

-inaccurate signage on oxygen

Revised Signage of greater accuracy ordered and existing signage will be replaced

-absence of a comprehensive, updated risk register

A Revision to the Risk Register has been commissioned

-soft furnishings in the smoker's room were not fire retardant

Furnishings Removed

-toilet seats loose or not present on toilets

Toilet Seat replaced – issue rectified

-rust was noted on kitchen equipment

Issue Attended too

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Items raised discussed at subsequent staff meeting and action plan agreed.

Cleaning Regime discussed with staff focusing on a systematic approach for areas to be cleaned on a daily basis

Infection Control Meeting held with all staff in attendance.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>All requirements for Fire Clearance Cert are up to date and complete.</p> <p>Awaiting Fire Cert from Local Fire Officer.</p> <p>Centre and Centres' Fire Engineer have contacted Local Fire Office requesting issue of the Cert and will forward a copy to HIQA on receipt.</p> <p>Emergency Lighting Certification has been forwarded to HIQA since the Inspection.</p> <p>Drills being undertaken as requested and Fire Alarm Sounded weekly</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: Discussed at subsequent staff meeting. Key should not have been left in cupboard. Out of date Lotion has been discarded safely</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: In house Responsive Behavioural Training organised for 13th May 2019 for all relevant staff.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As noted residents are consulted and feel Included and respected. Activities are available and were offered, but are not a preference of the residents at time of inspection but will continue to be offered and made available as desired.</p> <p>At present the patients in East Ferry avail of strolls in the grounds of East Ferry House, read a wide variety of books provided and knit.</p> <p>On arrival at the centre preferences for activities are discussed with each resident. Centre staff will reappraise these preferences with the residents weekly and continue to evaluate activity offerings at staff meetings noting residents' requests to ensure activities suitable to the current patients are available.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/03/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/02/2019
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published	Not Compliant	Orange	01/02/2019

	from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/03/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	17/02/2019
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2	Not Compliant	Orange	17/02/2019

	shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.			
Regulation 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.	Not Compliant	Orange	17/02/2019
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Not Compliant	Orange	17/02/2019
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	17/02/2019
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details	Not Compliant	Orange	17/02/2019

	responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	17/02/2019
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	17/02/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/03/2019
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.	Not Compliant	Orange	30/03/2019
Regulation 27	The registered	Not Compliant	Orange	01/02/2019

	provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	17/02/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	14/02/2019
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	Not Compliant	Yellow	19/02/2019

	followed in the case of fire.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Yellow	17/02/2019
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	01/02/2019
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	14/05/2019
Regulation 30(a)	The person in charge shall	Not Compliant	Yellow	30/03/2019

	ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	17/02/2019
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	17/02/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	17/02/2019
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and	Not Compliant	Orange	30/03/2019

	skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	17/02/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	17/02/2019