



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Aras Gaoth Dobhair
Name of provider:	Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaíochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	04 February 2020
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0023478

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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
Tuesday 4 February 2020	13:00hrs to 18:30hrs	Manuela Cristea	Lead
Wednesday 5 February 2020	09:00hrs to 15:15hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector spoke with more than 15 residents, relatives and visitors who were unanimous in their views that the care provided in the centre was of a very high standard. They all described the centre as a good place to live. One resident admitted on a short-term basis stated that they had specifically requested to return to the centre, despite being located at a further distance from their home. Residents stated that they felt they were treated as if they were on holiday, and no request was too big an ask for the staff who went out of their way to ensure all residents enjoyed a positive experience and a good quality of life. A number of visitors who spoke with the inspector also shared this view.

All residents reported that they were treated with the utmost respect and that their privacy and dignity was protected. This was verified by the inspector's observations throughout the two days of inspection. Staff appeared to know the residents really well, they took time to communicate with the residents and did so in a kind and patient manner. Some visitors stated that they felt that staff were like an extended family, and that whenever they visited they were always welcomed and treated with courtesy.

Residents confirmed that they felt safe in the centre and if they had a worry or a concern they would speak to one of the staff. Residents told the inspector that staff were all very kind and that they felt well looked after in the centre.

Throughout the inspection, residents were seen to be treated with dignity and respect and their choices about care and services were respected. The dementia unit had a calm and relaxed atmosphere, and residents were seen mobilising independently and with purpose around the unit. The inspector noted that staff interacted with residents in a positive and supportive manner.

There was a domestic feel to the evening and a comfortable informal atmosphere as staff engaged meaningfully with residents while carrying out domestic chores and familiar household tasks such as folding the laundry. Residents willingly participated in such activities and appeared content in that environment. Earlier in the day, the activity programme was seen to engage residents in a range of more organised activities such as bingo, quizzes, music and reminiscence session.

The centre was very clean, homely and well-maintained.

Capacity and capability

This unannounced inspection found that the levels of regulatory compliance in the

centre had greatly improved and the provider was striving to ensure that a safe and quality service was provided for the residents. The inspector followed up on all action plans from the previous inspection carried out on 6 November 2018 and found that most had been satisfactorily completed. This was a well-managed service for the benefit of the residents who lived in the designated centre. However, this inspection found that some improvements were still required in relation to records, complaints procedure, fire safety, medicine practices, care planning and notifications of incidents.

The registered provider representative visited the centre on a weekly basis and provided good support to the person in charge. The minutes of their formal meetings were available for review and provided assurance that the governance of the centre was strong. Some of the regular issues on the agenda included regulatory compliance, risk management, residents' occupancy, staffing, resources, budgets and complaints.

A system had been established and implemented to audit areas of practice on a monthly basis. The person in charge was collecting monthly data on key performance indicators of the quality of care such as the number of wounds, falls, antibiotic usage, medication errors and the use of restraints. In addition, various audits were carried out which included environmental audits, care plans, audits of residents' rights. The results of audits were monitored, trended and analysed and with the results further discussed at the quality improvement meetings and communicated at staff meetings.

Residents were consulted with and actively participated in the organisation of the centre. The registered provider had carried out a residents' survey about the quality of the service provided and the analysis of findings informed the quality improvement plan and allocation of resources.

The number of complaints in the centre was low and from a review of documentation the inspector found that complaints were appropriately managed and in line with policy. These records were maintained independent from residents' care plans. Complaints made were recorded, investigated and records showed that where a resolution was reached the outcome was documented, including whether the complainant was satisfied or not with the outcome.

While most records were well-maintained and easily accessible, the inspector found that oversight of record keeping did not ensure all records were accurately completed and maintained in line with legislative requirements.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She was a registered nurse with the required experience and qualifications to be person in charge. She was known to staff, residents and relatives who all confirmed that she was approachable

and supportive.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate numbers of staff with the right knowledge and skills to meet the assessed needs of the residents, taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times as confirmed by the person in charge and the staff roster. A sample of staff files were reviewed and all were found to include the information required by Schedule 2 of the regulations. All staff had been vetted by An Garda Síochána (police) and all nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed confirmed that all staff had the mandatory training in fire safety, moving and handling, dementia and the management of responsive behaviours. Staff were up to date with training in the protection of vulnerable adults training. Staff also had access to a range of other relevant courses which included infection control, food safety and basic life support. Staff displayed the appropriate knowledge and skills to to meet the residents' needs.

The inspector found evidence of a learning culture in the designated centre. Minutes from the monthly staff meetings showed that whenever new guidance documents were published on issues relevant to the care of the older person, it was discussed with staff at the regular team meetings.

A copy of the Health Act, regulations, national standards and the latest HIQA reports of the designated centre were available and staff were aware of their responsibilities in relations to the standards and regulations.

Judgment: Compliant

Regulation 21: Records

Records were generally well-maintained and available for review. However, the fire safety records in respect of the daily checks and the weekly tests of fire equipment required improvement as they did not fully comply with Schedule 4 requirements.

In addition, the medication administration records also required more robust oversight so that each contained all the relevant information required to maintain resident's safety. For example, the inspector found a number of medication administration records without any identifiable information in respect to the individual residents such as their name, or date of birth.

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre. There was a clearly defined management structure in place and the provider representative and the person in charge had established systems and processes to ensure the appropriate oversight and governance of the centre. There were clear lines of accountability between the person in charge and the provider representative.

There were adequate resources allocated in terms of staffing, equipment and catering arrangements. A quality management system was in place. A review of audit and monitoring records showed that the management team continually monitored care and services provided for residents. The inspector found that improvement action plans were implemented and practices re-audited to ensure continuous improvements in the care and services delivered to residents. Audit results were also discussed at management meetings and communicated to staff.

An annual review of the quality and safety of care delivered to residents had been completed for the previous year. The analysis included residents' feedback on the service and a quality improvement plan was outlined for the year ahead.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place, which was signed on admission. This included the terms and conditions of residence in the centre and detailed the fees and services to be provided. In accordance with regulations, the contracts included the resident's room number and the number of occupants in the room.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers working in the centre at the time of inspection. They were appropriately supervised and had the required An Garda Síochána vetting in place. The inspector was satisfied that each had a written description of their role and responsibilities, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector in a timely manner. The number of reportable incidents was low and all quarterly reportable events had been appropriately notified.

The six-monthly notifications for the previous year had not been submitted in the timelines as per regulatory requirements. These were submitted retrospectively immediately following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found some minor discrepancies between the procedure displayed in the centre dated 2012 and the most up-to-date complaints policy. In addition, while the procedure was displayed at the entrance of the centre, the inspector found that its location was not in a prominent position to ensure it was visible to all visitors and staff.

The complaints procedure clearly identified the designated complaints officer in the centre and the appeal process. The registered provider had oversight of the complaints process. This required review to ensure a nominated person was appointed to this role, according to regulatory requirements.

However, the inspector was satisfied on review of the evidence available that individual complaints were appropriately managed. Staff and residents who spoke with the inspector were familiar with what to do in the event of a complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures that met the requirement of the regulations were in place and found to be largely implemented in practice. They had all been reviewed and revised in the past three years and were based on up-to-date evidence. An easy-to-read booklet with a summary of the main points of all the Schedule 5 policies was also available to ensure staff had access and understood the centre's requirements and procedures to follow.

Judgment: Compliant

Quality and safety

The findings of this inspection show that the provider had made significant improvements to ensure the residents living in the centre received a safe and effective service and enjoyed a good quality of life. Care was found to be person centred and delivered to a high standard. The centre was clean, bright, welcoming and a relaxed atmosphere was evident throughout.

Medicine practices required further improvement to ensure they were in accordance with the local medication management policy and safely administered for the residents.

Staff knew the residents well. Residents had been assessed using validated assessment tools on admission and had care plans in place to reflect each need identified on assessment. The content of these care plans reflected the resident's current condition and the person-centred care being delivered. However, residents' consultation and involvement in their own care planning arrangements required further review to ensure that residents or their representatives were involved in the review process.

Following the previous inspection the person in charge had reviewed the dining

experience for the residents and had improved the décor of the dining rooms. The inspector observed residents having their meals over both days of the inspection and found that overall residents had a positive dining experience. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate.

Residents' physical, emotional, social, psychological and spiritual needs relating to their end-of-life care were documented in dedicated care plans, which detailed their expressed preferences in relation to single room arrangements or the preferred setting for the delivery of care.

Staff described to the inspector various diversion and de-escalation strategies they would use to ensure resident's responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was managed in the least restrictive way.

Residents' safety and wellbeing was promoted through staff awareness about how to safeguard residents from abuse. All staff had up-to-date training in place and were confident in what they would do if they witnessed such an incident.

The health and safety of residents, visitors and staff was promoted and protected. There were no immediate risks identified on the day. A detailed emergency plan was in place to guide staff in responding to an emergency. The procedure for the safe evacuation of residents in the event of fire was prominently displayed in various locations throughout the centre. All staff had received training in fire safety and evacuation procedure and knew what to do in the event of fire.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely. A number of residents were using communication aids to enable them to communicate effectively. Staff were observed facilitating residents to use these aids during the inspection. Each resident with communication difficulties had an person-centred care plan in place.

Judgment: Compliant

Regulation 12: Personal possessions

An individual wardrobe and locker was available to each resident. Residents' personal clothing was laundered on site, and none of the residents who spoke with

the inspector had any concerns in respect of items going missing. An inventory of residents' possessions was maintained.

Transparent arrangements were in place with regards to managing residents' finances with two staff signatures available for all transactions. Where residents had capacity, they also signed. At the time of inspection, a resident was being supported to set up their own bank account in order to manage their finances independently.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their general practitioner (GP) and, where required, the community palliative care team. This inspection found that the end-of-life care provided in the centre was of a high standard and met the residents' needs.

There was one resident at the end of life at the time of inspection, and the inspector observed staff ensuring that their comfort and dignity was maximised and that the residents' needs were holistically met.

Advanced care directives were in place and signed by the GP to ensure residents' end-of-life wishes were respected and to prevent inappropriate transfers to hospital.

Judgment: Compliant

Regulation 18: Food and nutrition

The food served was attractively presented and residents reported that they enjoyed their meals. The inspector observed that residents could take as much time as they needed over their meals and that they could choose to have their meals in a dining room or in another location. The dining area had a warm, domestic and inviting feel. Sufficient staff was available to assist residents at mealtime. Assistance was provided discreetly. A wheelchair accessible table was also available to support residents' independence at mealtimes.

All food was cooked on site, was wholesome and nutritious and available throughout the day. The dietary needs of residents were met. A supply of fresh drinking water and a choice of food was available. Food choices also extended to modified textured diets. If a resident did not like the food offered as per their choice, an alternative was quickly provided.

Recommendations made by dietary specialists were communicated to the chef and

implemented by staff.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available, which contained information on visiting arrangements, the procedure relating to complaints, a summary of the services and facilities available as well as the terms and conditions related to residing in the centre. The residents' guide required review to ensure it contained current information about facilities available in the centre. For example, it contained reference to a smoking room that was no longer available in the centre.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer and discharge information were available in resident' files and processes were in place to ensure that relevant and appropriate information about care and treatment was available and shared between services. Residents and relatives were involved in their discharging arrangements, and where required, advocacy services were used to support the decision-making process.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy, an emergency plan and an updated health and safety statement in place. The policy covered the identification and assessment of risk and the precautions in place to control identified risks, as specified by regulation. The inspector found that risks were appropriately managed and that each resident's safety and comfort was promoted.

Individual risk assessment was well-managed and there was evidence to show that, where an incident occurred, the learning was shared at organisational level, communicated to all staff and implemented in practice.

There were no obvious hazards or immediate risks identified while touring the premises. Accidents and incidents were all recorded in detail, trended and analysed and were being followed up by the management team at the quality improvement meetings and the quarterly health and safety meetings. Records showed that

equipment was serviced on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

As discussed under regulation 21, the records available on the day of the inspection did not provide satisfactory evidence that the daily fire safety checks and the weekly tests of the fire equipment were carried in line with the centre's fire safety procedures. As a result, the inspector sought immediate assurance that the fire alarm was in functional order and the alarm was manually activated on the day of inspection. The inspector observed that staff responded promptly to the fire alarm and implemented the fire safety procedures effectively.

Although there was no cohesive fire safety register in place, the inspector reviewed the documentation available and found that the quarterly, bi-annual and annual safety tests and the servicing of equipment, including the emergency lighting, had been carried out.

Staff spoken with were clear on what to do in the event of the fire alarm sounding. All staff had completed the fire safety training within the past year and had attended fire evacuation drills. However, although the policy referred to progressive evacuation by compartment, there had been no fire drill simulating a full compartment evacuation. Additional information submitted by the provider following the inspection, provided satisfactory assurances that in the event of fire, all residents within one compartment could be safely evacuated both daytime and night time.

Residents' personal emergency evacuation plans (PEEPs) were held in a folder at reception and the person in charge informed the inspector that this was reviewed and updated every six months. This arrangement required review, as the PEEPs did not contain the most up-to-date information in respect to each resident's condition and mobility needs. In addition, residents admitted on a short-term basis did not have a PEEP completed to ensure information was readily available to enable staff to safely evacuate the resident.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a recently updated medication management policy that included guidance in relation to the ordering, prescribing, storing, administration and the disposal of medicines.

Based on discussion with the nursing staff, observation of medicine administration practices and a review of the medication systems in place, the inspector identified a number of practice areas that did not reflect the local policy and procedures. For example:

- Medication not always returned to pharmacy when it was no longer required by the resident
- Medication to be administered in the crushed format was not individually identified to ensure residents always received medication in safe appropriate format
- Not all medications prescribed identified the route or time of administration to ensure safe practices in line with best guidance (for example, patches).
- The allergy status not always documented on the prescription
- Resident's unique identifier details were not always documented on the medication administration sheets in line with best practice.

Two independent local pharmacists carried out three-monthly medication reviews and the inspector was satisfied that they were facilitated to meet their obligations.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents received a good standard of care- in line with their needs and preferences for care and support. Each resident had a personalised holistic care plan prepared within 48 hours from admission which detailed their needs, preferences and choices. Regular nursing assessments, care planning and additional clinical risk assessments were reviewed and updated on a four-monthly basis, or sooner if the condition of the resident changed.

From direct observation, conversations with various staff and a review of the care planning records, the inspector was assured that staff were knowledgeable about the specific care needs of residents in their care.

Staff told the inspector that any changes in residents' conditions were promptly discussed with the residents or their families where appropriate. However, the consultation process required to be formalised in line with regulatory requirements, centre's own statement of purpose and local policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low level of responsive behaviours in the centre. This was due to a high

level of interaction between staff and residents with the potential to display such behaviours.

The person in charge maintained a restraints register which was kept under regular review. The number of residents using bedrails had remained consistently high over the past year, with more than a third of residents using them on a regular basis. The majority of these residents were located on the general unit. While there was evidence of individual risk assessments, care plans and use of alternatives such as low-low beds and floor mats, the inspector found that residents could benefit from a more proactive approach to ensure the centre worked towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

There were good systems and measures in place to protect residents from being harmed or suffering abuse. All residents reported that they felt safe in the centre. There was a visitors' signing book at the entrance.

Staff demonstrated good knowledge of what constituted abuse and they all had their mandatory training up to date. The person in charge confirmed that all staff had a vetting disclosure in place.

The provider was not a pension-agent for any of the residents in the centre. Small amounts of money were managed for some residents at their request. The inspector reviewed a number of transactions and was satisfied that they were managed in a safe and transparent way. Frequent checks of the balances were carried out to ensure they were correct. External financial auditing systems were also used to ensure the management of finances was appropriate.

Judgment: 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Aras Gaoth Dobhair OSV-0000311

Inspection ID: MON-0023478

Date of inspection: 04/02/2020

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All nurses have been made fully aware of their responsibility regarding carrying out daily fire checks and documenting the same.</p> <p>All medication charts now have residents name and date of birth.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Where appropriate a Nil return will be submitted by 31st July for the period January to June or by the 31st of January covering July to December on the NF40.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The updated complaints policy is available to view in the Reception Area.</p> <p>One of our Company Directors has been named as the person responsible to overview the Complaints process.</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Person In Charge will revise the Residents Information Booklet and ensure it contains all the up to date relevant information.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All nurses have been instructed to ensure that the daily fire checks are carried out and this is recorded in the desk diaries.</p> <p>A Fire Register is now in use.</p> <p>Fire Drills have taken place simulating a full compartmental evacuation for both day and night duty.</p> <p>Residents personal emergency evacuation plans are currently being reviewed and all respite clients are being included in this process.</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>Residents discontinued medication is returned to the pharmacy on a weekly basis.</p> <p>The medication Kardex has been re-designed to include a space for the GP to indicate if each individual medication can be given safely in a crushed preparation.</p> <p>The medication Kardex now includes time of administration for transdermal patches.</p>	

All medication Kardex now have the allergy status included for each resident.

All medication Kardex have name and date of birth documented on each page.

Regulation 5: Individual assessment
and care plan

Substantially Compliant

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

The Person In Charge is now formally documenting meetings with resident/representative to discuss their care planning and level of satisfaction with their care.

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 20(2)(a)	A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.	Substantially Compliant	Yellow	31/03/2020
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.	Substantially Compliant	Yellow	16/03/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	16/03/2020
Regulation 29(5)	The person in charge shall	Not Compliant	Orange	16/03/2020

	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.			
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.	Substantially Compliant	Yellow	16/03/2020
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered	Substantially Compliant	Yellow	16/03/2020

	provider concerned shall report that to the Chief Inspector at the end of each 6 month period.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	16/03/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	16/03/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/04/2020

	that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	30/04/2020