



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Announced
Date of inspection:	09 and 10 May 2019
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0022863

## About the designated centre

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

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in nine single, four double and three treble bedrooms. The centre provides residential, respite and convalescent nursing care to 26 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	26
--	----

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
09 May 2019	09:30hrs to 18:30hrs	Una Fitzgerald	Lead

## Views of people who use the service

Feedback, both verbal on the day of inspection and through six residents' questionnaires, was largely positive about the care received by residents. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes.

The inspector spoke with eight residents about their experience of living in the centre. Residents said that they enjoyed a good quality of life and that staff were kind and caring to them. Residents described how they spent their day and said they were encouraged to be independent, to make choices for themselves and to be as mobile and active as possible. Residents described meals as varied, good quality and well presented. They said that there was alternative choices provided if they did not like the a meal option on a particular day.

Residents knew the provider/person in charge and informed the inspector that they would not hesitate to make a complaint.

## Capacity and capability

There were systems in place to ensure that the quality of care received by residents was of a good standard. The information requested by the inspector was made available in a timely manner and presented in an easily understood format. Overall the governance and management in this centre was well organised. This was an announced inspection following the receipt of an application to renew the registration of the centre. The provider representative is also the person in charge and has been operating the nursing home as a sole trader since 1994. This dual role is supported by a senior manager. The responsibilities and the lines of authority of both managers was clearly defined. The structure was understood by staff who knew who to report any concerns to.

There was good oversight of all aspects of the service that included complaints management, incidents, falls, restraint use, staff training and medicines management. The inspector found that audits completed were analysed and when required had an improvement plan put in place. The four action plans from the last inspection had all been progressed and completed.

Records indicated that staff are supervised in their roles and supported by the management team. Training records evidence full compliance with mandatory training. Additional training in dementia care, infection control and cardiopulmonary resuscitation (CPR) is also provided. Annual staff appraisals for all staff had been

completed in 2018.

The inspector spoke with multiple staff. Staff turnover was low which had a positive outcome for residents. The inspector summarised from the staff conversations had that the resident comes first. Staff were knowledgeable about the residents individual needs, likes and dislikes. Staff and resident engagement was observed to be patient and kind. Staff informed the inspector that they would not hesitate to bring any issue concerning a resident to the attention of the person in charge and had full confidence that action would be taken if required.

Overall the findings of this inspection indicate that the service was well managed and was consistently reviewed to ensure a safe service was provided to residents. The inspector was concerned that the privacy and dignity of residents in the multi occupancy bedrooms was compromised because of the design and layout of the rooms. For example; the inspector observed that residents could not always sit at their bedside or access their personal belongings at all times. This was highlighted by the inspector during the inspection. At the feedback meeting the provider committed to carry out a review of the utilisation of the space within the multi occupancy bedrooms. This issues is discussed further under the quality and safety section of this report.

#### Registration Regulation 4: Application for registration or renewal of registration

The information required to assess the application for renewal of registration was provided.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is also the provider representative and has been in position since 1994. The person in charge is a registered nurse with extensive experience. She had a strong presence within the centre and was known to the residents and families. She held authority, accountability and responsibility for the provision of the service.

During the inspection she clearly demonstrated that she had sufficient knowledge of the regulations and standards of the care and welfare of residents in the centre.

Judgment: Compliant

## Regulation 15: Staffing

There was a registered nurse on duty 24 hours. There were adequate staff, with a good skill mix, on duty. Staffing levels were kept under constant review. The current staffing levels were appropriate for the identified care needs of current residents.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an appropriate training and development programme for staff. All staff had received up-to-date training on manual handling practices, elder abuse training and fire safety training. In addition, the centre provided training in cardio pulmonary resuscitation (CPR), dementia care and end of life care.

All new staff had completed an induction programme. In addition, annual staff appraisals were conducted to monitor performance.

Judgment: Compliant

## Regulation 19: Directory of residents

The centre maintains a Directory of residents. All of the information required by Schedule 3 was entered into the register.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed staff files and found compliance with Schedule 2 regulation requirements.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The systems in place to ensure that the service is safe, appropriate and consistently monitored were reviewed. Overall, findings were positive.

The inspector found that a review of the design and layout of the multi occupancy bedrooms is required to ensure that residents privacy and dignity is not compromised. This non compliance is addressed under regulation nine residents' rights and regulation 17 premises. The provider had a strong presence in the centre and was know to all residents that the inspector spoke with during the inspection.

The 2018 annual review of the quality and safety of care had been completed. Further development is required to ensure that the annual review is completed in consultation with residents and their families.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was dated April 2019. Further review of the detail is required to ensure that the Statement of purpose is accurate and contains all of the information set out in Schedule 1. For example, a more detailed description of the rooms in the designated centre including their size and primary function.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The required notifications were provided when required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had effective procedures for responding to and recording complaints. There had been no complaints received in the centre in 2018. The complaints procedure was on display at the main entrance. The residents spoken with confirmed that they would not hesitate to make a complaint. In addition, they knew who they could contact to do so.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

All of the policies and procedures required by regulations were available within the centre, and had been reviewed within the last three years. These documents were accessible to staff.

Further review was required to ensure that the policies were reflective of current practice. For example, the medication policy stated that two nurses will check the administration of controlled medications. There is only one nurse on duty at night time.

Judgment: Substantially compliant

#### Quality and safety

The inspector found that the residential centre was providing a high standard of care, support and quality of life for residents.

The centre has effective arrangements in place to protect residents. The inspector spent time sitting and observing staff and resident engagement and found that the staff understood and demonstrated a strong person-centered approach to care.

The centre did not have an identified person allocated to oversee resident activities which meant the responsibility rests with all staff members in the centre. There was an activities programme and the inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment. Staff referred to the centre as the residents home and were respectful of this fact.

Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre.

A review of residents' care records, the practice of staff, and feedback from residents found that healthcare needs were being met in a timely way. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The inspector found good evidence of consultation between the clinical team, residents and where appropriate their relatives. The documentation in place was clear, comprehensive and easily understood. Residents spoken with were familiar with the content of their care plans.

The centre has residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a detailed, person-centred behaviour support care plan in place that clearly identified their support needs and informed prevention management strategies.

Residents were protected by safe medicines management procedures and practices. Staff administering medicines were patient and took time with individual residents. Medicines management in the centre was audited. Residents' medicines were prescribed and regularly reviewed by their doctor. One resident told the inspector that they had met with a pharmacist in person and had the opportunity to discuss all of their medications in detail.

The centre is registered to accommodate 26 residents as per condition seven of their registration. The inspector was concerned that the rights and dignity of residents in some of the multi-occupancy rooms was not respected. The limitations of the space available meant that residents could not freely access their own wardrobes and personal belongings at all times. For example; the inspector observed an instance whereby the residents personal dignity was compromised due to the limitations of the space for care staff to deliver care. The inspector also observed that the resident in the adjoining bed space did not have sufficient space to sit at their bedside. The provider committed to carry out a review of the available space within multi-occupancy bedrooms. The provider acknowledged the concerns of the inspector and committed to detail the actions that need to be taken in the compliance plan response to ensure that regulation 9 and regulation 17 are brought into compliance.

## Regulation 11: Visits

All visitors are requested to sign in at reception on entering and leaving the centre. There were no restrictions on visits. The inspector noted that five of the resident questionnaires completed by residents and family members highlighted that visitors are always made feel welcome and offered a cup of tea by staff.

Judgment: Compliant

## Regulation 12: Personal possessions

Due to the design and layout of the multi occupancy bedrooms the inspector observed that not all residents could access their clothes and personal belongings at all times.

Judgment: Substantially compliant

## Regulation 17: Premises

On arrival to the centre the inspector did a walk of the premises with the provider/person in charge. There are multiple communal rooms available for resident use. Handrails were available in circulation areas throughout the building and grab rails were present in toilets and bathrooms. The communal rooms had a variety of comfortable furnishings and were domestic in nature. The provision of side tables was beneficial to residents in sitting rooms to support them with magazines, papers, snacks and drinks. Many bedrooms were personalised with photos, memorabilia and artifacts. The centre has extensive gardens that are maintained to a very high standard.

There was no call bell facilities in the resident communal rooms. In addition, the call bell system when activated could be turned off from outside the resident bedroom. This meant that the staff did not have to enter the room to check the resident. This posed a risk to residents and was discussed at length with the management team. The compliance plan response will address this non compliance.

Accommodation is provided in nine single, four double and three treble bedrooms. The inspector observed that the residents privacy was compromised by the layout of some of the multi-occupancy bedrooms. For example;

- The screen curtain when pulled did not always meet which meant that the residents receiving care were at risk of exposure to other persons in the room.
- When direct care was delivered to residents in multi-occupancy bedrooms the limitations of the space impacted negatively on other residents in the room. For example; there was insufficient room for the neighbouring resident to sit at their bedside.
- One resident bedroom had a skylight but there was no window to look out.

In addition, the inspector observed that some remedial work was required and upgrade of some furniture. Areas that require attention included:

- Multiple bedside lockers were in a poor state of repair
- One communal bathroom was unclean on arrival. This was addressed immediately.

- Some resident armchairs were worn and had tears in the material

The overall upkeep was discussed with the provider who showed a willingness to address the concerns raised and will provide a schedule of work for completion in the compliance plan response.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the documentation in place for when a resident is temporarily transferred to another place of care. The inspector found that all relevant information about the resident was provided. The transfer notes were detailed and comprehensive.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy did not contain all of the requirements set out under Regulation 26(1). For example the risk on self harm was not identified.

The risk register was managed by the person in charge. Once a risk was identified it was entered onto the register and all additional measures in place to minimise the risk was then identified. Further development was required to ensure that the specific risk within this centre are included. For example; the risks associated with no resident call bell access in the communal rooms used by residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Quarterly servicing was completed. The fire alarm was checked weekly. Simulated fire drills were carried out that included night time conditions. All staff had fire prevention training and staff spoken with were clear on what action to take in the event of the fire alarm being activated.

On a walkabout of the premises the inspector observed that two of the bedroom doors did not completely close over and seal. This was addressed with the management and immediate action was taken to address the issue.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices. Medicines controlled under misuse of drugs legislation were stored securely and the balances were checked twice every 24 hours. Medicines management in the centre was audited. Residents' medicines were prescribed and regularly reviewed by their doctor. There were no reported drug errors or near misses within the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A comprehensive assessment of personal and social care needs was carried out by a registered nurse on admission. Based on the resident's assessed needs a care plan was prepared. The inspector found that overall care plans were person-centred and guided care.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were assessed and good practice was followed in the management of such behaviours to ensure the wellbeing and safety of residents.

The staff were promoting a restraint-free environment. There were systems in place

to assess if a restrictive practice, such as bedrails, was appropriate to support a resident. On the day of inspection there was a total of three residents with bedrails in place. The documentation in place met with regulatory requirements. All bedrails in use had been assessed and there was a consent form in place. Records reviewed evidenced a reduction in the number of residents that required bedrails in place.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

Residents were supported to engage in activities that aligned with their interests and capabilities.

The inspector observed that the current layout of some of the multi occupancy bedrooms does not always allow for the privacy and dignity of residents to be maintained at all times. Due to the limitations of available floor space the inspector observed that residents could not always receive care without this impacting directly on the residents in the bedspace beside them. In addition, residents could not always access their own clothes and belongings in their wardrobe without intruding on the other residents in the rooms.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0022863

Date of inspection: 09/05/2019 and 10/05/2019

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The design and layout of the multi occupancy bedrooms in question has been addressed. The floor plans have been submitted and this work will be fully completed by 30th September 2019.</p> <p>The 2019 End Of Year Annual Review due to be completed by 31st December 2019 will reflect more detailed inclusion of residents and families concerns. This will be available 31st December 2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The new revised Statement of Purpose now shows exact details of revised floor plans, room sizes and purpose.</p> <p>A copy of the Statement of purpose and revised floor plans were submitted to the Office of the Chief Inspector.</p>	
Regulation 4: Written policies and	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The Policy and Procedure on Medication Management has been revised and amended accordingly.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The plans to be completed by 30th September will include installing new wardrobes and storage space in the multi-occupancy rooms.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Some of the multi-occupancy rooms are being reconfigured to ensure all available floor space is utilized for each resident. Reconfiguration will include replacement of fixtures and fittings, furniture and redecorating in consultation with the residents occupying these rooms.  The revised floor plans show details of the proposed changes. In the interim period all screens are fully closing to ensure privacy and dignity.  The work is being carried out on a phased basis to ensure minimal disturbance to each resident.  The work will be completed on 30th September 2019.</p> <p>All communal rooms have, since inspection been fitted with call bell facilities.</p> <p>The bedroom with the skylight is only occupied by resident who is able to mobilize independently around room and all other areas of the nursing home.  Occupancy of this room is always discussed prior to admission.</p> <p>The other area of concern on inspection whereby call bells can be cancelled at the main bell board before entering the room has been addressed in the risk assessment Register.</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The absence of the risk of Self Harm is included in the risk register and had been submitted to the Office of the Chief Inspector in the original application for registration in April 2019.</p> <p>The risk of call bells lacking in communal areas was only identified on inspection 9th May and since that date has been fully rectified with all communal areas now fitted with call bell facilities.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Works are scheduled to be carried out and completed by 30th September to reconfigure the multi occupancy rooms ensuring maximum utilisation of floor space for each resident and easier access to personal belongings without intrusion on other residents.</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(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/09/2019
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	30/09/2019
Regulation 17(2)	The registered	Not Compliant	Orange	30/09/2019

	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.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/12/2019
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	24/06/2019
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	24/06/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the	Substantially Compliant	Yellow	24/06/2019

	information set out in Schedule 1.			
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.	Substantially Compliant	Yellow	24/06/2019
Regulation 9(3)(a)	A registered 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.	Not Compliant	Orange	30/09/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2019