



## Office of the Chief Inspector

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

Name of designated centre:	Nazareth House
Name of provider:	Sisters of Nazareth
Address of centre:	Fahan, Lifford, Donegal
Type of inspection:	Announced
Date of inspection:	24 June 2019
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0022800

## About the designated centre

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

Nazareth House is a designated centre registered to provide 24 hour health and social care to 48 male and female residents usually over the age of 65. It provides long-term care including care to people with dementia. Residents who require short-term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a single-storey building located on the main link road between Letterkenny and Buncrana and overlooks Lough Swilly. The building is attached to a convent and a church, both of which are in use. Accommodation for residents is provided in single (18) and double/twin rooms (15). 28 of the rooms had en-suite facilities. There is a range of communal areas and a safe and well-cultivated garden available for residents to use during the day.

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

Number of residents on the date of inspection:	48
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## 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
24 June 2019	10:15hrs to 17:30hrs	Manuela Cristea	Lead
25 June 2019	08:40hrs to 13:00hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

Residents who met the inspector spoke positively about the staff in the centre and the care that they received. Residents felt that staff were approachable and knew them well. Some residents mentioned that staff were very kind and helpful and go way over and beyond their duty to attend to their needs. All residents said that they were safe in the centre and they were very happy to live there. Feedback received from 10 residents' questionnaires completed in preparation for this inspection was also overwhelmingly positive in respect to care staff, services and facilities. The inspector also met several relatives throughout the day, who were unanimous in their views that the care provided was of a very high standard and that the care staff were committed to ensure the residents were experiencing a good quality of life in the centre.

Residents said that staff were kind and respectful towards them, and took care of their needs. They were complimentary of the food that they were served. Overall, residents were happy that the activities within the centre met their needs.

## Capacity and capability

Overall, this was a good centre with good governance and management structures in place to deliver service to the residents. All actions identified in the previous inspections had been acted upon. However, further improvements were required in relation to medicine management systems, infection control practices and premises to ensure compliance and maintain the quality and safety of the service. These will be addressed under each respective regulation and in the quality and safety section.

There were clear lines of accountability and authority in the centre. Policies and procedures were in place to guide practice and service provision. The person in charge worked full-time in that role since 2011. She demonstrated good knowledge of the regulation and commitment to ensure a quality and safe service was provided to the residents. She was supported by the registered provider representative from a governance perspective and a Chief Nursing Officer who visited weekly and provided support in clinical matters. The inspector saw minutes of these meetings which showed good oversight and robust service management. Some of the issues discussed at governance and management meetings related to staffing, resources, accidents and incidents, risk management, results of audits, complaints. Attempts to recruit a deputy to assist the person in charge were ongoing. The person in charge was well known to staff, relatives and residents who all commented on her commitment to the service. She conducted regular audits in various clinical matters such as falls, wounds, infection control, nutrition audits, use of restraints and overall

had good oversight of the quality and service delivered.

The inspector found that the service delivered to residents was in line with centre's stated objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of service in terms of equipment, facilities, catering arrangements and staff deployment. The views of residents were sought regularly, used to plan the way service was delivered and included in the annual report.

There were no staffing vacancies at the time of inspection. The inspector found that there was a sufficient number of staff on duty to meet the needs of the residents and that the staff available on the day matched the regular staff as scheduled on the roster. The skill-mix of staff could meet residents' assessed needs. Mandatory training had been completed by all staff and there was a large range of other relevant courses provided such as end of life care, falls management, infection control, decision-making and restraint, poly pharmacy, nutrition and wound care to name a few. Staff who spoke with the inspector on the day were knowledgeable of the training that they had completed. Staff meetings were held regularly and minutes of these were available for review. The person in charge undertook annual staff appraisals and evidence of these was reviewed by the inspector.

Communication with staff occurred regularly on a formal and informal basis. The inspector saw minutes from regular staff meetings and staff reported good morale and confirmed that they could raise issues readily with management and felt their views would be taken seriously.

Complaints were well-managed and there was good oversight of accidents and incidents. A detailed record was available for each accident and/or incident which had occurred since the last inspection, which had been reviewed and signed off by the person-in-charge.

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

An application to renew the registration of the centre was completed, as required.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers and skill-mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. Staff, residents and relatives were satisfied with the number and skill-mix of staff available to support them.

A sample of staff files were reviewed and were found to include the information

required by Schedule 2 of the regulations, including Garda Síochana (police) vetting disclosures. All nursing staff had evidence of current professional registration with the nursing board.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a programme of mandatory and relevant training on-going for all staff. Records indicated that all staff had completed up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

There was good oversight with performance management development systems in place and regularly reviewed. Staff induction, supervision, development and appraisal formed part of the recruitment process.

Judgment: Compliant

### Regulation 19: Directory of residents

The centre maintained an up to date directory of residents. Overall, it was well-maintained and contained all the required details on admissions, transfers, discharges and deaths of residents as required by Schedule 3. The inspector identified a few minor gaps in relation to residents' marital status. These omissions were immediately addressed on the day of inspection.

Judgment: Compliant

### Regulation 21: Records

Records reviewed were maintained well, information was accessible and there were secure storage arrangements in place for documents. Information governance arrangements were in place to ensure the centre used information ethically, respecting residents' confidentiality in line with legislation.

Judgment: Compliant

## Regulation 22: Insurance

The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.

Judgment: Compliant

## Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they were accountable. The inspectors observed that overall, the governance, management and oversight of the delivery of service was good. The provider had sufficient resources in place to ensure that care was delivered in accordance with the statement of purpose. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

There was an annual review of the quality and safety of care delivered to residents completed for 2018. This included consultation with residents and families.

Residents and relatives who spoke with the inspector stated that they were happy with the service provided and the level of consultation with them.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Residents had an agreed written contract which included details of the services to be provided, the fees to be charged and the room occupancy.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre.

Judgment: Compliant



<b>Regulation 30: Volunteers</b>
There were no volunteers working in the centre.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector of Social Services in a timely manner.
Judgment: Compliant
<b>Regulation 32: Notification of absence</b>
The provider and person in charge were aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
All of the policies and procedures required by the regulations were available within the centre, and had been reviewed within the last three years. These documents were accessible to staff.
Judgment: Compliant
<b>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</b>
The provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

Judgment: Compliant

## Quality and safety

Overall, care was found to be delivered to a high standard and there was evidence that residents enjoyed a good quality of life. The centre was clean, warm and tastefully decorated throughout. There was a homely and calm atmosphere, residents were familiar with the care staff and the call-bells were answered promptly. Residents were provided with good quality, nutritious food according to their choice and systems were in place for consultation with residents. There was evidence that any feedback from residents was acted upon by management.

Medicine practices in the centre required full review and stronger oversight as the management systems in place required improvement. Regular audits were carried such as antibiotic usage, psychotropic usage, controlled drugs and medicine audits. The pharmacist also conducted audits on a bi-annual basis. There had been no medicine errors reported however throughout the day the inspector found many gaps in medicine prescription and administration documentation. A comprehensive policy in medicine management was available and provided evidence-based guidance on best practice, however it was not always implemented. The inspector discussed the findings with the person in charge and registered provider representative as this had been a previous non-compliance identified in the last inspection. Whereas corrective actions had been taken to address the previous findings, this inspection identified the need for further improvement to ensure safe practices and compliance with the regulation.

There was good signage throughout the centre and the layout of the premises supported the movement of residents between their personal spaces and communal areas. There were sufficient number of toilets, shower rooms and assisted baths for the number of residents in the centre. There were several communal areas for the residents, which were bright and tastefully decorated. Each communal room had nearby toilet facilities available. The large dining room was inviting, suitably decorated and could comfortably accommodate all residents in one sitting. Residents had access to a large activity room, which contained various activity kits, board games and sensory stimulation equipment. A large dementia friendly sensory garden provided safe outdoor access and opportunities for activities to residents. It included an outdoor library and painted benches for residents to rest. There were raised flower beds and vegetable hubs where residents had planted cabbage and could tend to other plants. The centre also included a large chapel, as well as a well-equipped smoking room, kitchen, laundry facilities and a hairdressing room. A large quiet lounge, that could also provide alternative arrangements for visitors of residents at the end-of-life if required, was being refurbished.

All rooms were personalised and appropriately decorated and residents could bring personal items of furnishings. Recent refurbishment plans included painting and replacement of old wardrobes and bedroom furniture. All rooms had appropriate

storage facilities, however the inspector identified two rooms that required review in terms of layout and bed positioning. Further improvements were also required in relation to the storing and labelling of personal items in the shared en-suites.

Residents had timely access to a general practitioner (GP) and specialist services and therapies as required and arrangements were in place to meet each residents' assessed healthcare needs. Pre-admission assessment was completed to ensure the centre could meet residents' needs. The sample of care plans reviewed by inspector indicated that the care provided to residents was person-centred and met their needs.

There was information available on residents' backgrounds, interests and how they liked to spend the day. The centre was using electronic records. Whilst there was evidence that all care plans and risk assessments had been reviewed in the previous four months, there was no audit trail further back available to the inspector on the day to appraise that care planning and assessments were always reviewed within the four-month interval. The electronic system generated alerts and reminders when care plans were due to expire and prompted staff nurses to review them or alerted management once the care plans were out of date. The inspector conducted manual searches of the documentation, which showed that assessments and care plans had been reviewed in a timely fashion.

All residents' care needs were assessed using validated assessment tools and described in their individual care plans. Where risks were identified, the care plans described preventative measures to guide staff actions and prevent deterioration in health or incidents. For example, residents' risk of unintentional weight loss or weight gain was assessed on admission and monthly thereafter. Those at risk were assessed on a weekly basis, were closely monitored and appropriately reviewed by a dietitian. Tissue viability, dietitian and occupational specialists were available as required. There were no pressure sores in the centre at the time of inspection. The inspector reviewed wound care practices and found that they were informed by best available evidence and were implemented in accordance with national standards.

None of the residents in the centre had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) at the time of inspection. Staff were knowledgeable of residents' needs and integrated positive behavioural support strategies in their daily interactions. Person-centred behavioral care plans were available which provided clear guidance on residents' needs, their likes and dislikes, and their behavioral triggers where applicable. The inspector reviewed these residents' files and found the detail recorded was comprehensive. The inspector also observed staff engaging with residents throughout the day and found that staff were patient and respectful in their interactions and that a good rapport was evident.

The restraints levels was low and there was an ongoing commitment to reducing the number of bedrails. Regular training was provided and alternatives trialled prior to using bedrails. There was a policy and procedure in place to guide staff on meeting

the needs of residents with responsive behaviours.

Residents reported that they felt safe in the centre and there were good measures in place to protect the residents from abuse. Residents' rights, choices and wishes were respected. Religious Mass was available daily in the centre and residents who practised different faiths could also be facilitated. A key to me profile had been completed for each resident which informed their meaningful engagement care plan and daily activity participation.

The fire register was regularly updated. Staff were knowledgeable and all had completed training in fire safety. Evacuation procedures were displayed and the fire equipment was regularly serviced and tested. Fire safety drills documentation contained comprehensive information including the evacuation response time and the learning arising from each fire drill. Fire-fighting equipment was serviced annually and there were quarterly checks of fire alarms and emergency lighting. Routine checks were completed on unobstructed escape routes, automatic door close and that fire-fighting equipment was in place and intact.

### Regulation 10: Communication difficulties

All efforts were made to ensure residents could 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 a person-centred care plan in place. Where required, residents' specialist needs were met with one to one input provided to assist residents with communication difficulties.

Accessible call-bells were available in each rooms, toilets as well as communal areas.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents expressed satisfaction with their bedroom storage and facilities. Clothing was laundered regularly on site and a discreet labelling system had recently been introduced. None of the residents or relatives spoken with during the two days had any concerns regarding items going missing.

Judgment: Compliant

### Regulation 17: Premises

The centre was well-maintained, clean and welcoming throughout. The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. The centre was safe with appropriate handrails and grab-rails available in the bathrooms and along the corridors. The centre was well-resourced and ongoing refurbishment plans ensured a positive environmental experience for residents. The communal spaces displayed several large canvas prints of local scenery, which prompted reminiscence and many conversations about past experiences and memories.

Most bedrooms were personalised, had accessible call-bells and sufficient space to accommodate residents' personal equipment. Two bedrooms required review in terms of layout. In these rooms, the positioning of beds prevented safe access to residents' wardrobes. In one twin room, the storage facilities of one resident were located in the private bed space of the other resident in the room, which posed an infection control risk and impacted on residents' privacy.

In another twin room the positioning of the curtain railing did not ensure each resident had sufficient bed space to maintain their privacy, however the inspector was satisfied with the evidence available which demonstrated action already taken by provider to address these deficits. New curtains and curtain railings had been purchased and were due to be re-fitted in the coming days. All residents and relatives spoken with commented very positively about the premises and space available to them.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals, which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. There was a vibrant and social atmosphere in the dining room, with residents engaging in conversations and enjoying their meals. Assistance, to those who required it, was provided in a dignified, discreet manner. There were sufficient staff available to assist the residents. Each table was set with condiments, napkins and central flower arrangements. As a measure to control the noise levels a new dining room trolley had been purchased.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide, which included a summary of the services and facilities on offer was available to each resident. Copies of this guide were available in each resident's room. Information leaflets on various topics were available in several locations throughout the centre.

Judgment: Compliant

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

All the relevant information was sent with each resident on transferring out of the centre, and received on admission into the centre. These were available to review in residents charts.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place and a range of procedures to guide and inform staff on how to manage varied risk situations. Risk was monitored and proactively managed. There was a risk register which was reviewed regularly and set out the control measures to mitigate most risks identified in the centre. An accident and incident log was maintained for residents, staff and visitors. The inspectors saw that the centre was free from trip hazards and that cleaning activities were undertaken safely. Moving and handling practices were noted to be safe and to meet good practice standards.

The hoists and the assistive equipment were regularly serviced, in working order and stored safely in the centre.

Judgment: Compliant

### Regulation 27: Infection control

Findings from previous inspection had been acted upon and overall the premises were clean including the bathrooms and toilet areas. However, the lack of shelving and inconsistent arrangements to separate and identify the personal toiletry items in respect of each resident in the shared bathrooms compromised infection control practices.

In most part the arrangements for waste management and segregation were satisfactory. The inspector noted that a black bag attached to a clean trolley on the

corridor to collect waste was not appropriate and this was acted on promptly by the person in charge. The inspector saw evidence that rubbish bins had been ordered by the end of the inspection.

Personal protective items such as gloves and aprons were available in each unit, and hand washing facilities were available throughout the centre. Staff were seen to adhere to good hand washing and infection control procedures. Staff who communicated with the inspector and were trained and knowledgeable in relation to the standards for the prevention and control of infections.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Staff spoken with on the day of inspection were able to tell inspector what action they would take in the event of a fire. The fire procedures and evacuation plans were prominently displayed and the fire-fighting equipment was regularly serviced and tested.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The medicine systems in place for ordering, storing, prescribing, dispensing and administration required full review.

Improvements were required in relation to medicine practices to ensure they aligned to best practice guidelines and the centre's own policy. Issues identified:

-some prescriptions did not contain all the necessary documentation required to administer medicine safely: the allergy status, the route of administration, clear indication of location (right/left), the maximum dosage for the administration of as required medicine

- eye drops that should have been stored in the fridge were stored at room temperature
- medicine prescribed for crushing was not dispensed in appropriate format
- several gaps and signature omissions in the medicine administration sheet
- high-risk injection medicine was not administered in accordance with local policy

Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines. The stock balance was checked twice a day, with two nurses

signing and dating the register at the change of each shift. There were procedures in place for the handling and disposal of unused and out of date medicines.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A range of validated assessment tools were used to assess each resident's abilities and needs. Care plans were subsequently developed to identify how the residents' care needs were to be met and reviewed on a regular basis.

Care plans were personalised and provided clear guidance on residents' needs, interests, wishes and preferences. The involvement of residents, relatives, allied health professionals and the GP were noted in the care planning process that was subject to regular reviews. The inspector was satisfied with evidence of regulatory requirements, however recommended further enhancement of the electronic system to support effective oversight of care planning and delivery.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare was being maintained by a good standard of evidence based nursing care with appropriate medical and allied health care support.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a policy in place in relation to the management of responsive behaviour, which contained comprehensive information to guide delivery of care. Relevant training including how to support residents with dementia and behavioural and psychological signs and symptoms associated with dementia had been provided to all staff.

Restraint usage was low and used in accordance with national policy as published on the website of the Department of Health, as a last resort when other alternatives were trialled.



Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that residents were protected from abuse.

The provider did not act as a pension agent for any of the residents in the centre. The inspector reviewed a sample of financial transactions for residents' pocket money and found that there were transparent records and the funds available matched the stated records.

All staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were clear and confident about the reporting process.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights rights, including, civil, political and religious rights were respected by staff throughout the centre. Advocacy services were available to residents where required.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. Residents' meetings were held regularly and the inspector saw minutes from these meetings. There was evidence that residents' views and feedback was acted on and used to improve the service. The inspector also spoke with visitors throughout the inspection, who were complimentary about the care and support provided by staff.

Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Links were maintained with local community through various events organised, fund raising activities and local schools invited to paint the garden walls. Residents were proud of the money raised and their fund raising achievements. Their art drawings were centrally displayed in the centre and available to purchase in respect of donations.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0022800

Date of inspection: 25/06/2019

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider, having regard to the needs of the residents, plans to provide premises which conform to the matters set out in Schedule 6.</p> <p>The two bedrooms referred to in the report have been reviewed in terms of layout. In these rooms, the positioning of beds will be changed to allow safe access to residents' wardrobes.</p> <p>The storage facilities of one resident which were located in the private bed space of the other resident will be relocated outside the other resident's private space.</p> <p>In the other twin room, the positioning of the curtain railing will be changed to ensure that each resident has sufficient bed space to maintain their privacy. New curtains and curtain railings had been purchased at the time of the inspection and were due to be re-fitted in the coming days.</p> <p>All of these works will be completed by 30/09/2019.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Director of Nursing and The Registered Providers Representative have completed an assessment and review of the premises, fixture/fittings and storage arrangements to promote robust infection prevention and control procedures to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</p>	

As a result of this assessment a decision has been made to purchase new personalised accessories to store each resident's personal items to achieve good infection control practices.

This will be completed by 31/07/2019.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The person in charge will ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre. The person in charge will also 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.

A full review of the medicine systems in place for ordering, storing, prescribing, dispensing and administration was completed on 09/07/2019.

As a result of this review a number of best practice measures will be implemented including the introduction of a new 'Drug Prescription and Drug Administration' record. The introduction of the new practice measures have been agreed following consultation with the Pharmacist.

With the introduction of the new systems, staff will be trained and mentored before and during the implementation phase. The new systems will be trialled for 3 months and during this period, the systems will be audited to ensure that they meet all regulatory requirements and best practice. Staff will have access to advice and support if required.

The issues identified in this report will be included in future audits to identify any actions to be taken and promote best practice.

The person in charge put in place on 26/06/2019 measures to ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.

The new 'drug prescription and administration' system will be fully in place by 31/10/2019.

## 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 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.	Substantially Compliant	Yellow	30/09/2019
Regulation 27	The registered 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.	Substantially Compliant	Yellow	31/07/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Not Compliant	Orange	26/06/2019

	supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	31/10/2019