



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Shannon Lodge Nursing Home
Name of provider:	Shannon Lodge Nursing Home Rooskey Limited
Address of centre:	Main Street, Rooskey, Roscommon
Type of inspection:	Announced
Date of inspection:	15 October 2019
Centre ID:	OSV-0000383
Fieldwork ID:	MON-0022805

About the designated centre

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

Shannon Lodge Nursing Home is a purpose built bungalow style facility located in the village of Rooskey, Co. Roscommon. It is a short drive from the N4 Dublin-Sligo road and a fifteen minute drive from the town of Mohill. The centre provides care for 36 residents with a range of care needs from low to maximum. The nursing home is organised over two levels. All resident accommodation is on the ground floor and the upper floor is allocated to office space and staff facilities. Residents' bedroom accommodation is comprised of 18 single and nine double rooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping, catering and activity staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
--	----

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
15 October 2019	09:00hrs to 18:30hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

Residents the inspector talked with during the inspection described the centre as a good place to live and said they were comfortable and well cared for at all times. Eight questionnaires returned also conveyed positive views of the services provided. Residents told the inspector that they considered that they were well cared for by all staff and several commented that staff ensured they could follow their usual routines. Residents described having varied activities to do each day and several commented that they were able to continue their interests such as reading the daily paper and knitting. Some residents said they also liked being able to go to the local shop, to the church and to the community centre where they met friends and neighbours. They described several trips they had made in recent months to local places of interest and said they enjoyed being involved in choosing where to go. Several residents said that daily life in the centre was organised to be enjoyable for them and commented that staff were always around to talk to and to help them.

The inspector spoke with nine residents. Staff were described as kind, caring and devoted to ensuring they were happy and content. Residents said that staff encouraged them to be independent and described how they were supported to maintain their abilities and mobility. During the summer for example they had spent time in the garden and had cultivated raised beds with plants and herbs. Every day they had varied activities to do and these included exercises to keep them mobile. The food provided was described as very good and many residents said the catering staff prepared alternatives if they did not want a large meal or something different from the menu of the day.

The inspector also spoke with resident's relatives. Their views of the service were also very positive. They said staff made efforts to know residents personally and adhered to their choices. They felt they were well informed about changes in their relatives' health and some relatives said that there had been great improvements in the general health and well-being of their loved ones since their admission. A general theme from conversations with residents and relatives was that staff made great efforts to ensure residents' enjoyed life, had opportunities to go out and keep in contact with life outside. The person in charge and the provider representative were well known to residents who said they were around regularly and were readily available to talk to if they needed them. They knew how to make a complaint and said they were informed of events in the centre so that they could arrange to attend.

Capacity and capability

There was a well organised governance and management structure in this centre.

This was an announced inspection related to the renewal of the registration of the centre. The management team consists of the provider representative, the person in charge and the clinical nurse manager. They had arrangements in place to ensure the service is delivered safely and to a high standard. There were systems in place to review the service and the quality of care delivered to residents and this included consultation with residents. The information requested by the inspector was provided promptly. Staff the inspector talked with understood the management structure, who they were accountable to and how to report concerns if they had any.

There was good oversight of areas that included incidents, falls, restraint use, staff training and medicines management. The inspector found that falls incidents were analysed and actions put in place to prevent further incidents. There is ongoing investment in the business and a programme of redecoration of bedrooms was underway. The two action plans from the last inspection had been completed.

The management team ensured that staff training had a high priority. Staff confirmed that they had training on the statutory topics of moving and handling, fire safety and safeguarding vulnerable people however the training record required review as it was difficult to determine training that had been completed in previous years to confirm that statutory training was completed within the required timelines. The person in charge revised the layout following the inspection and provided this to the inspector. Training on topics relevant to care practice and the safe operation of the service was also provided. The inspector saw that topics that included dementia care, infection prevention, restrictive practice and cardiopulmonary resuscitation (CPR) was included in the training schedule. There was an induction programme for new staff.

The inspector spoke with staff from varied areas. There was low staff turnover which resulted in residents having their care needs attended to by a consistent staff team. Residents said they liked having regular staff and said they knew them all well. The inspector found that person centred care was a priority for staff and management. Throughout the day the inspector observed that staff and resident engagement was meaningful, prompt and supportive to residents.

The person in charge had a full time role and together with the clinical nurse manager they were available to provide leadership and guidance to the staff team. Staff said a good team spirit had been fostered and that they all shared the same goal which was to provide good quality of care and make life comfortable for residents.

The inspector found that some fire control precautions required review to ensure that fire or smoke could be adequately controlled in a fire situation. Some doors did not have adequate door closures as these had caused a hindrance to some residents' independence however this compromised the fire safety arrangements. The provider committed to reviewing the arrangements and to providing suitable door closures during the feedback meeting following the inspection. The management of fire safety and the systems in place is discussed further under the

quality and safety section of this report.

The information required to assess the application for renewal of registration was in preparation. New floor plans for the layout of the centre were being drafted.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was being prepared by the provider representative to meet the required deadline.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitable qualified and experienced nurse. The person in charge has been in this role several years. She was known to the residents and families. She was knowledgeable about residents, their care needs and social care interests. She had authority, accountability and responsibility for the provision of the service.

During the inspection she conveyed that she had sufficient knowledge of the regulations and standards to ensure the service achieved a high level of compliance.

She updated her skills and knowledge regularly to ensure that she maintained her competence and could supervise staff effectively. During 2018 and 2019 she had attended courses on communication in healthcare, catheter care, infection prevention and control of infection, care of the older person, dementia and restrictive practice.

Judgment: Compliant

Regulation 15: Staffing

There was a registered nurse on duty 24 hours a day. There were adequate staff in a good skill mix on duty during the day and night. The current staffing levels were appropriate to meet the needs of residents effectively.

All staff interviewed were appropriately knowledgeable about their roles and were observed to have friendly meaningful relationships with residents. The inspector observed that staff greeted residents when they met and used all opportunities to

have chat and enquire about their well-being.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed evidenced that staff received training in safeguarding and safety, manual handling and fire safety regularly. The inspector found that training on other topics such as infection prevention and control, dementia care, cardio pulmonary resuscitation (CPR), and medicines management was also in place. Staff were supported and facilitated to attend training.

Staff were appropriately supervised and staff interviewed told the inspector that they were well supported by the management team. Staff were aware of their responsibility to maintain high standards in all their activities and said that they worked hard to achieve this.

All new staff were supervised through an induction programme.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained the required information.

Judgment: Compliant

Regulation 21: Records

The required records were maintained and were of a good standard. The training record required review as it was difficult to determine training that had been completed in previous years to confirm that statutory training was completed within the required timelines. The person in charge said that the format would be revised to make the information clear.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance was in place and was valid to 8 January 2020.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were systems in place to ensure that the service appropriately meets the needs of residents and is regularly reviewed. There is regular consultation with residents and their views are taken into account when planning changes. Regular monthly newsletters and reviews of the service are provided to residents. Documents are made available in large font to enable residents read them easily.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care that met legislative requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the services and facilities available. It required review to include how residents access the national screening programmes and the information on the layout did not convey the size of ensuite areas or their contents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notification were supplied as necessary.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents felt able to make a complaint if necessary and the procedure for doing so was prominently displayed. The person in charge maintained a complaints record which detailed the subject of the complaint, the investigation and how the matter was resolved. An appeal process was available. There were no complaints under investigation at the time of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures were available to guide staff.

Judgment: Compliant

Quality and safety

The centre has arrangements in place to manage risk and protect residents. The inspector found that some aspects of the fire prevention system related to regulation 28 fire precautions required review. The inspector identified that a number of residents' doors did not have adequate door closures which would compromise how fire or smoke spread was controlled during a fire situation. This was discussed with the management team during the feedback meeting. The provider said that door closures restricted some residents' independence but said he would immediately engage a fire safety expert to advise on this matter so that suitable closures and additional fixtures required that would not hinder residents independence could be installed.

The centre is purpose built. Corridors are wide and have handrails to support residents when walking from one area to another. Residents were observed to move freely around the centre. There is adequate communal space and a choice of sitting rooms where residents can spend time during the day. These rooms were busy during the day with varied activities in progress. The dining room is attractively decorated and provides a good environment for residents to have their meals. There is good space between tables, lots of natural light and home like furnishings that make the environment attractive for meal times. There is also an oratory and a visitors' room available for resident use. There is safe outdoor space where residents

can get fresh air and where they take part in gardening activities such as planting herbs and flowers. The standard of hygiene was good and residents said that their bedrooms are cleaned daily. The design and layout of the premises met the needs of the current residents. There was signage to guide residents around the building and to help them identify their bedrooms.

The person centred care approach that underpins the delivery of care ensures that residents receive care that enhances their physical and psychological wellbeing. The inspector saw that residents had good access to primary care services including allied health professionals. The inspector also saw that advice from allied healthcare professionals was followed by staff with good outcomes for residents. For example, a resident's with weight loss had been identified early and a plan put in place to stabilise the situation. The recommendations of speech and language therapists and dietitians were adhered to by staff. Catering staff could describe the range of specialist diets that were prepared for residents.

Residents' rights were protected and promoted. Privacy and dignity was respected and this was demonstrated by the positive attitudes and interactions of staff when relating to residents as well as the physical layout arrangements. Staff approached residents in a calm unhurried manner and were observed to be kind and thoughtful in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to guide staff actions if they had a safeguarding concern. Staff interviewed knew how to relay to management any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe and in the centre.

Residents had a varied activity programme that was coordinated by a dedicated member of staff with support from carers and nurses. Activities were available for people with cognitive impairments and this had a positive impact for those who participated. Residents' links with the community were actively maintained. There was access to local media, national newspapers and telephones. Residents attended local community groups such as the knitting club and meetings in the local community centre. There had been a number of outings organised to local places of interest and several residents said they enjoyed getting out and about and seeing places they were familiar with and some new locations. Resident meetings were held regularly and there was a high number of residents in attendance. A monthly newsletter was used to advise residents of activities, birthdays, outings, religious services, the appointment of new staff and the admission of new residents.

Regulation 10: Communication difficulties

Communication ability and areas of difficulty were outlined in care records. The inspector saw that individual and person centred approaches were described to ensure that staff could make the most of all interactions. Televisions were located where residents could see them and there was a large screen in one sitting area to enable residents view films and DVDs easily.

Judgment: Compliant

Regulation 11: Visits

All visitors are requested to sign in and out at the front door on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times. Visitors said that the arrangements and welcome they received contributed to positive relationships that benefited residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good storage space for clothing and personal items. There was secure spaces in lockers for items they wished to keep private.

Judgment: Compliant

Regulation 13: End of life

The inspector saw that care at end of life had been discussed with residents and family members. The thoughts and wishes of residents and contributions from family members about how they would like care to be delivered at this time was described. The inspector was told by staff that relatives and family members were supported to be with residents and that there was no restrictions on the time they could spend in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre is purpose built and registered to accommodate 36 residents. Accommodation is provided in 18 single and nine double bedrooms. The layout and design of the premises met residents individual and collective needs. The sluice area required additional equipment to be compliant. The centre was well maintained externally and internally. A programme of refurbishment was underway

and several bedrooms had been redecorated and supplied with new curtains, armchairs and bedlinen. The centre did not have a dementia specific unit and residents with dementia integrated with the other residents in the centre.

The centre was warm, comfortable and visually clean throughout. Heat, lighting and ventilation were appropriate.

The centre had several communal sitting rooms where residents could spend time during the day. There was a member of staff in these areas at all times to attend to residents and ensure their requests for assistance were met without delay. The sitting rooms had a variety of comfortable furnishings and were home like. Newspapers, magazines, activity materials and books were readily available in these areas.

Residents were supported to walk around as there were handrails in all hallways throughout the building, and grab rails were present in toilets and bathrooms. The furniture and equipment used by residents was in good condition, appropriate to their needs and serviced regularly. Equipment such as call bells, remote control devices, hoists and mobility aids were available to help promote independence which was noted to be a strong feature of care practice. Residents told the inspector that staff helped them to remain mobile by assisting them with walking and doing exercises. The inspector found that the privacy and dignity of residents was promoted in each bedroom by its layout. Many rooms were personalised with photos and personal items belonging to residents.

Residents had access to safe outdoor garden areas with seating, safe paving and flower beds. Residents were involved in planting raised beds and were observed to go out walking during the day accompanied by staff.

The sluice area required additional equipment as it did not have racking for bedpans or a handwash sink.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet. The inspector was told that residents were encouraged to talk about the food and to tell catering staff about changes they consider would enhance the menu. The chef told the inspector that he talks to residents every day about the food and will prepare additional meals if they don't like the dishes on offer or would like a lighter meal. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with instructions. Fresh drinking water, snacks and other refreshments were available throughout the day and were in accessible locations in sitting areas.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available and a copy of this was available in residents' bedrooms. It contained the information required under the regulations.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained the requirements set out under Regulation 26(1). The risk areas identified were reviewed by the person in charge. Actions were taken to reduce risk and the inspector saw that equipment was used safely, stored appropriately and that fixtures and fittings were in good condition.

Risks in relation to residents were documented. Missing person profiles referenced memory problems, dementia and relevant care issues.

Judgment: Compliant

Regulation 27: Infection control

The centre was visible clean and surfaces were free of dust. Cleaning staff described how they managed their cleaning duties and had a schedule for deep cleaning that ensured all rooms were thoroughly cleaned on a regular basis. They were familiar with the chemicals to be used for varied areas.

Judgment: Compliant

Regulation 28: Fire precautions

Staff were familiar with the fire safety procedures and with the best method to evacuate residents to ensure their safety. There were daily checks on fire exits and fire drills were completed regularly. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed emergency evacuation plan to guide staff in an emergency. Fire drills completed in September and October conveyed that staff knew what to do in the event of fire and

the location of fire extinguishers if needed. They could describe the horizontal evacuation exercise from one fire compartment to another. The fire alarm was checked weekly by staff.

The management of fire safety in the centre required attention in the following areas:

- There were some designated fire doors to residents' rooms that did not have door closures an arrangement the inspector was told was in place to enable residents to go in and out of their rooms freely. All doors were kept fully closed day and night. The inspector formed the view that this compromised the fire safety arrangements as in the event of a door not being closed the spread of fire or smoke would not be controlled. The provider representative said that this would be addressed immediately and a fire safety expert consulted to advise about door closures that would suit resident's needs and enhance the fire safety measures.
- The fire drills included the identification of high risk areas such as oxygen storage areas, the kitchen, and chargers however the dependency of residents in each compartment was not considered during fire drills which would contribute to staff knowledge on how to evacuate safely.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by nurses ensuring that safe medicines management procedures were in place. Residents' medicines were all prescribed and were regularly reviewed by their doctor. A blister pack system was in use. Nurses attended medicines management training regularly.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission and care plans were developed based on their assessed health and social care needs. There was evidence that residents or their representative were involved in the completion of care plans and in reviews of care. The care plans in place reflected the person centred care approach promoted by the person in charge and had appropriate information to guide care.

The inspector found evidence that reviews were completed within the required

intervals however evaluations of care did not describe the progress residents had made and did not reflect their quality of life in the centre. Many residents said that their health and social well being had improved however this information was not evident from their care plans when reviewed by the inspector.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to primary care services and treatment. Residents have access to a general practitioner (GP) who visits the centre three times a week and to allied healthcare professionals. There was good evidence within the sample of care records viewed that advice from allied healthcare professionals was acted on with good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents with fluctuating behaviours or behaviours associated with dementia had care plans in place that described the approaches staff should take to support them. The interventions in place were proving to be successful.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that staff were aware of how to identify, report and manage allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse. Garda vetting disclosures had been obtained for all staff employed and no staff commenced work before a disclosure was obtained the person in charge told the inspector.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights and

residents told the inspector that staff observed their choices and preferences. Residents also said they were treated with dignity at all times. There was access to an advocacy service to assist residents when required.

Staff were observed to be respectful, kind and enabling to residents at all times. Private space was respected and staff knocked on doors and waited for a reply before entering. Double bedrooms had appropriate screening in place.

Residents had opportunities to engage in varied social activities including activities outside of the centre. Many residents said they liked going to the weekly knitting group in the nearby village and to the local community centre. The activity programme was noted to be wide ranging, meaningful and to include outdoor garden activities. It is facilitated by an activity coordinator, a physical therapist and the staff team. .

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	
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shannon Lodge Nursing Home OSV-0000383

Inspection ID: MON-0022805

Date of inspection: 16/10/2019

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Training matrix has been updated with training dates inserted which verifies that mandatory training is completed by the identified due date. This has been submitted to our Inspector.</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 statement of purpose has been revised to include the specific size of individual bedrooms and ensuite bathrooms.</p> <p>There is a section now included advising and facilitating residents of the National Screening Programme</p> <p>The revised Statement of purpose has been updated to include resident's access to services through GMS.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

A bed pan and urinal bottle holder has been ordered and will be installed upon delivery.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following assessment new self closing fire devices have been fitted on required doors. The devices comply with the fire regulations EN1154 and EN1155.	
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 residents progress and careplans are discussed 4 monthly and at yearly family meetings The positive progress and quality of life will be included in the relevant careplans and a more transparent evaluation going forward. All nurses are aware of the care plan documentation and this will be audited throughout the year.	

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.	Not Compliant	Yellow	28/10/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/10/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/11/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for	Not Compliant	Yellow	24/10/2019

	staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	24/10/2019
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	24/10/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned	Substantially Compliant	Yellow	22/10/2019

	and containing the information set out in Schedule 1.			
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 that resident's family.	Substantially Compliant	Yellow	28/10/2019