



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Valentia Hospital |
| Name of provider: | Valentia Community Health & Welfare Association Company Limited by Guarantee |
| Address of centre: | Farranreagh, Valentia Island, Kerry |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 September 2019 |
| Centre ID: | OSV-0000571 |
| Fieldwork ID: | MON-0021156 |

About the designated centre

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

Valentia Hospital centre is located at the end of a quiet road a short distance from the village of Knightstown on Valentia Island, Co Kerry. The centre is run by a voluntary organisation, Valentia Community Health and Welfare Association Ltd and it provides 24-hour nursing care for twenty two long-term residents and two beds are reserved to provide short-term respite care to two people. The centre serves the population of Valentia Island, Portmagee and the wider area of Iveragh Peninsula. The centre also provides a day service for the local elderly population on Monday, Wednesday and Friday.

Recent renovations resulted in the construction of a new wing comprising twenty single bedrooms and two twin bedrooms. The centre provides scenic views of the sea surrounding the island of Valentia. There is a secure outdoor area for residents to avail of, weather permitting.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 22 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-------------------|----------------------|--------------|------|
| 02 September 2019 | 11:30hrs to 18:00hrs | John Greaney | Lead |
| 03 September 2019 | 08:30hrs to 15:00hrs | John Greaney | Lead |

Views of people who use the service

The inspector met and spoke with residents throughout the inspection in various locations of the centre, including residents' bedrooms, sitting room and dining rooms. Feedback was positive about the overall service as well as the standard of care provided. Residents stated that staff were helpful, kind and considerate. They said that they could raise any issue with the person in charge and that anything raised was addressed.

Capacity and capability

The inspector was satisfied that there was a clearly defined management structure in place, with effective governance arrangements for the day to day operation of the centre.

The centre is operated by a voluntary board of directors and the board meet approximately every six weeks. Members of the board are from a variety of professional backgrounds, each offering different areas of expertise to the board. The person in charge is a registered nurse. The person in charge presents a report to the board at each of the meetings to keep them informed on issues such as staffing, bed occupancy levels and other issues of significance. The person in charge also reports to the registered provider representative on a weekly basis, as he is a local general practitioner (GP) and is frequently present in the centre.

There were systems put in place for monitoring the quality and safety of care provided to residents. There was an annual review of the quality and safety of care, that incorporated views of residents. There was a comprehensive programme of audits across a range of areas, including dementia care, privacy and dignity, medication management, activities, food and nutrition, health and safety and restraint. While there was an action plan associated with each audit, a review was required to ensure that it captured the findings of the audits.

There was evidence of consultation with residents through residents meetings. These meetings had lapsed and had only recommenced in April 2019. Since then three meetings had been held.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. There was also a fortnightly newsletter for staff to keep them up to date with relevant issues. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and residents' needs. Mandatory training was in place

and most staff had received up-to-date training in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours.

Duty rosters were maintained for all staff and during the two days of inspection, the number and skill-mix of staff working during the day and evening was observed to be appropriate to meet the needs of the current residents.

The inspector reviewed a sample of staff files, which included most of the information required under Schedule 2 of the Regulations. Evidence of registration for 2019 was seen for nursing staff. Garda vetting was in place for all staff and no staff commenced employment until all aspects of vetting were in place. References from previous employers were obtained for most staff, however, references for some staff did not make reference to their performance and were in the format of character references. The certificate of qualification for one member of staff was in a foreign language so it was not possible to validate that they had the required qualification for the role in which they were employed. A file was kept for volunteers that worked in the centre that included a record of Garda vetting.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence.

Regulation 15: Staffing

Based on a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were adequate to meet the assessed needs of the residents.

Residents generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. All felt there was enough staff available to meet their needs.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided to staff in the centre. Mandatory training was in place and all staff had received up to date training in fire safety and the safe moving and handling of residents. Most staff had attended training in safeguarding residents from abuse, dementia care and responsive behaviour, however, a small number of staff were overdue this training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was well maintained, contained all the requirements of legislation and was kept up to date.

Judgment: Compliant

Regulation 21: Records

Policies and procedures in accordance with Schedule 5 of the regulations were maintained and reviewed at a minimum of every three years. Records were stored securely and easily retrievable. While most of the requirements of Schedule 2 of the regulations were met, some references were in the format of character references and did not refer to performance in previous employments.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced to meet the needs of the residents living in the centre on the days of the inspection.

There was a clearly defined management structure with identified lines of accountability and responsibility for the management of the centre. Overall responsibility for the centre lay with a voluntary board of directors. The person in charge reported to the board at meetings that were held approximately every six weeks. The person in charge was also in regular contact with one of the directors of the board who signed off on the results of audits.

There was a system in place for monitoring and reporting on the quality and safety of care delivered in the centre. An annual review of quality and safety of care was completed each year. The review was underpinned by a programme of audits. While there was an action plan associated with each audit, it did not comprehensively address all of the issues identified through the audit. The action plan could be enhanced by the identification of who was responsible for implementation of the action, a time frame within which the action will be completed and a review of the action plan to ascertain progress towards completion.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There was a signed contract of care for each resident. The contracts included the fees to be charged, including fees for additional services, such as activities and hairdressing. The contract also included the room to be occupied by each resident and the number of other residents, if any, in that room.

Judgment: Compliant

Regulation 30: Volunteers

There were a number of volunteers involved in the provision of activities to residents. Each volunteer had their roles and responsibilities set out in writing and had a vetting disclosure in accordance with the National Vetting Bureau Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications required to be submitted in writing to the Chief Inspector were submitted in accordance with the regulations and within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure governing the management of complaints in the

centre. There was a notice on display outlining, for residents and visitors, the procedure for making complaints, the person responsible for addressing complaints and an independent appeals process. A review of the complaints log indicated that complaints were recorded and investigated. The log also detailed whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available and were reviewed on a regular basis. Staff spoken with were familiar with the policies that guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents had a good quality of life. Their rights, privacy and dignity and independence were promoted and protected. While there was evidence of good practices in the centre and care was person-centred, significant improvements were required in relation to fire safety. Some improvements were also required in relation to risk management.

Residents were consulted in relation to the day to day operation of the centre and there were no significant decisions made without the involvement of residents in the decision-making process. Residents were consulted both formally through residents' meetings and surveys, and informally through opportunistic chats.

The design and layout of the centre was generally suitable for its stated purpose. A new extension involved the construction of twenty single bedrooms and two twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. This provided a significant improvement in bedroom accommodation for residents as they were previously in multi-occupancy bedrooms. The extension also included a new entrance, a nurses' station and the extension of the sitting room. Residents had good access to secure outdoor space. There was a courtyard decorated with garden furniture and raised plant beds. This area provided scenic views over the sea and residents were seen to come and go freely during the two days of the inspection.

The original building housed the sitting room, two dining rooms, the kitchen, the staff room, two toilets and a linen room. These were in daily use. The remainder of this building was not in regular use and some of the rooms were empty and others were used to predominantly store unused equipment. Oxygen cylinders were also

stored in one of these rooms. Plans were in place to renovate part of this building to include the provision of a quiet room, a day care room and offices but works had not yet commenced.

Fire safety practices were reviewed and it was identified that significant improvements were required. This predominantly related to deficiencies identified in emergency lighting in the older part of the premises. A review was also required of the fire alarm system to ensure that it would give staff, throughout the whole of the premises, adequate warning in the event of the fire. Improvements were also required in records of preventive maintenance of emergency lighting. As a result of these concerns an urgent action plan was issued to the provider on the day following the inspection to address the concerns identified.

The centre provided a day service to local residents on Mondays, Wednesdays and Fridays for approximately five hours each day. On these days there was one staff member designated to organise activities. The programme of activities included Sonas, bingo, group exercises and one to one time. Activities on other days were predominantly provided by external people and these included live music, manicures and visits from a person that supports residents from a spirituality perspective. A small number of residents visited day centres both on the island and on the mainland. Plans were in place to avail of the bus, that carried people to the day service, to take residents on trips to local attractions and amenities.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required.

The centre reserved two beds for respite residents and most residents had availed of this service prior to becoming long-term residents. Prospective residents that had not previously been respite residents had a pre-admission assessment carried out to ascertain if the centre could meet their assessed needs. Most residents were admitted from home or were transferred from other centres. Comprehensive assessments were carried out on admission and these were reviewed at regular intervals. Care plans were developed based on these assessments and these were seen to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis. Improvements were required, however, in recording the preferences of residents in relation to end of life.

There were written operational policies on the ordering, prescribing, storing and administration of medicines to residents, which were adhered to by staff. Medication management practices observed by the inspector were in compliance with recommended guidance.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights

were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of food at mealtimes, including residents that were prescribed modified texture diets. The inspector saw staff assist residents with their meals in a discreet and sensitive manner. Residents were complimentary about the quality of food, the choice available and the quantities provided. Mealtimes were seen to be social occasions and residents were seen to interact with each other throughout the meal.

Measures were in place to protect residents from being harmed or suffering abuse. Most staff had attended training in safeguarding residents from abuse and staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There were adequate measures in place to safeguard residents' finances. The provider was not pension agent for any resident and did not retain money for safekeeping purpose for residents.

There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider all other options prior to its use. There was evidence that alternatives, such as low profiling beds and alarm mats were in use to minimise the use of restraint.

Regulation 13: End of life

There were adequate measures in place to support residents as they approached end of life. Family and friends were supported to remain with the resident. Most residents were accommodated in single rooms, so the option of a single room was usually available to support the resident and family to have privacy at end of life.

Judgment: Compliant

Regulation 17: Premises

The centre was set back a short distance from the main road on the outskirts of Knightstown, Valentia Island. The site overlooked the peninsula and there are scenic views of the bay. The new section of premises are well laid out and finished to a high standard. Works to upgrade the pre-existing section of the premises were planned but had not yet commenced.

All residents bedroom accommodation is located in the new wing of the building. There is bedroom accommodation for 24 residents in 20 single and two twin rooms. All rooms are bright with natural light and many bedrooms overlooked the local landscape and sea. Corridors were spacious and fitted with natural light wells. Walls were decorated with large photographs of local landscapes and landmarks to facilitate orientation within the space. All bedrooms were fitted with an overhead

hoists and included a wheelchair accessible en-suite shower and toilet, contrasting grab rails and a wash-hand basin.

There is a secure outdoor area that was attractively decorated with garden furniture and brightly coloured raised plant beds. The area offered scenic views and had seating for residents to sit outside when the weather was amenable. This outdoor area is readily accessible and residents were seen to come and go throughout the two days of the inspection.

While the older section of the premises was largely unused there were plans to renovate it. The corridor in this section was dark and uninviting. Renovation plans included the construction of a quiet room and the inspector was informed that this was due to commence in the coming weeks. Improvements were also required in the two twin bedrooms as there was inadequate screening between beds to support the privacy of residents when receiving personal care, particularly for the resident accommodated in the bed closest to the door of the bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy, a safety statement and a risk register. Some improvements were required in relation to the oversight of risk in the centre. for example:

- oxygen was stored in a storeroom in the older section of the premises. While there was a sign on the door identifying that oxygen was stored in this room, the provider was requested to get advice from a suitably qualified person in relation to identifying safe storage for oxygen

- oxygen was not included on the risk register and the policy on the use and storage of oxygen was lacking in detail
- there was evidence that residents were smoking immediately inside the door of the old entrance to the building. This was an unsafe area as it was not ventilated either by mechanical or natural means; there are electrical panels in this area; and it is not possible to provide any level of supervision to residents while they are smoking in this area
- window restrictors were not in place on any windows in the centre, which could pose a risk to residents with a cognitive impairment that may attempt to leave the centre via a window.

Judgment: Not compliant

Regulation 27: Infection control

There were adequate measures in place for infection prevention and control. The centre appeared to be clean throughout and there was an adequate system in place for housekeeping staff to ensure that the centre was maintained to a good standard. There were adequate hand washing facilities and hand gel dispensers throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

While there were systems in place for the management of fire safety, significant improvements were required. There were daily and weekly visual checks of areas including the fire alarm panel, the sounding of the fire alarm, the inspection of fire safety exits, and the inspection of fire safety equipment. There were gaps in the records for these checks demonstrating that they were not carried out in accordance with the schedule in place.

Significant improvements were required in relation to emergency lighting. The provider and person in charge could not confirm that there was adequate emergency lighting in the older section of the premises that included the sitting room, dining rooms, kitchen, staff room or the corridor leading from the old entrance. Some emergency exit signs over doorways were not lit. Records were not available in the centre on the days of the inspection to indicate that emergency lighting had preventive maintenance carried out in accordance with the relevant standards.

While fire drills were conducted, these were not conducted in accordance with the recommended frequency and the most recent fire drill was conducted in

December 2018. The record of the fire drill could be enhanced to include more detail of the scenario simulated, the time it took to evacuate and any recommendations as a result of the drill.

There were two separate fire alarm panels located in different parts of the centre, one for the older section of the premises and one for the new wing. The inspector was not assured that systems were in place to ensure that the safety of residents would not be compromised through having two distinct fire alarm systems in the centre.

There was no signage on display indicating where you are in the centre in relation to the closest emergency exit.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by the inspector were in compliance with relevant guidance. Residents prescriptions were review regularly by each resident's GP. Medication was stored and disposed of in compliance with professional guidance. All staff nurses had completed a medication management training module.

Medicines were stored securely. Medicines requiring special control measures were counted at the end of each shift and whenever they were administered. The fridge temperature was monitored and recorded

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and updated regularly in consultation with residents. Care plans were individualised to residents wishes and needs, and supported positive outcomes for residents. Care plans did not reference discussions that may have taken place with residents around preferences for end of life care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated residents

were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics following referral. There was a system in place to ensure that residents that qualified for the various national screening programmes, such as BreastCheck, CervicalCheck and BowelScreen, were facilitated to avail of these programmes.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre and staff treated them kindly. Staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There were no barriers to residents, relatives or staff reporting suspicions or allegations of abuse.

There was evidence of a reduction in the use of bed rails and where these were in place, there was a risk assessment conducted prior to the use of bed rails and there were safety checks conducted at regular intervals while bed rails were in place.

There were adequate records in place in relation to residents' finances. The provider was not pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected and supported. Some improvements, however, were required to enhance the day to day lives of residents.

Residents had control over their daily routine, such as when and where to have their meals, what time to get up in the morning and when to go to bed. Residents were treated with dignity and respect and all interactions by staff with residents were conducted in a respectful manner.

There were procedures in place for consulting with residents in relation to the day-to-day operation of the centre. Meetings were held with residents to ascertain their input into the day to day operation of the centre. However, there was a period when these meetings had lapsed but had recommenced in April 2019. The system of consultation could be enhanced by the inclusion of an agenda to ensure that residents were consulted about all areas relevant to them at each meeting. The system could also be enhanced by the maintenance of records indicating that whatever issues were raised were brought to the attention of management and addressed.

There was a programme of activities and plans were in place to improve access to activities in the local community through the use of transport currently used to transport people to the centre to avail of day care facilities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Not 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 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0021156

Date of inspection: 03/09/2019

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Annual training schedule is currently in progress over the autumn months and all staff will have up to date training on Safe Guarding Residents of Abuse, Dementia Care and Responsive Behavior by November 20th 2019</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have developed and new formulated template to be filled out for all new appointments, to cover character references and performances in previous employments 30th of October 2019</p> <p>Any foreign employees taken on in the future will be asked to provide an English version of their qualifications.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and</p> | |

management:

With the completion of all future audits we will form an action plan to address issues raised. We will assign a member of staff to be responsible to review that the action is completed within the prescribed time scale 11th October 2019

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Two new screens have been ordered for the two twin bedrooms to support the privacy of the residents 28th of October 2019

Work has commenced on the renovation and refurbishing the older section of the premises and the projected completion date is 31st December 2019

Regulation 26: Risk management

Not Compliant

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

We have taken advice from our oxygen supplier, our B2 Oxygen Cylinder are stored appropriately in the clinical room in the older section of the building

We have reduced our oxygen cylinders down to one B2 Oxygen cylinder.

The oxygen for the Residents will be delivered via an oxygen concentrator which is stored in the main building.

Oxygen risk assessment is now included in the Risk Register

A new policy on oxygen use/safety is completed and in operation.

Our smoking policy does not permit smoking in the building. We have had updated education sessions with both staff and residents who smoke to reinforce this policy

A new outdoor smoking shelter has been completed and a new protocol and recording system has been initiated to supervise residents while smoking and those engaged in outdoor activities.

Window restrictors are in place in all residential areas in the center. Completed.

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|--|-------------------------|
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A meeting was held with staff to address the recording of daily/weekly checks in relation to fire safety inspections. There is a member of staff assigned each day to complete and record this checking system. Completed</p> <p>Emergency lighting has been added to the older section of the building, to include the sitting room, dining room, kitchen, staff room and corridor leading from old entrance.</p> <p>All emergency exit signs over door ways are now lit. Completed.</p> <p>The contractor servicing the emergency lightening and fire alarm systems has been instructed to provide appropriate documentation associated with each servicing of this equipment in the future.</p> <p>Future fire drills will include a scenario. A record will be kept of the fire drill to include details of the scenario, time of evacuation and any recommendations to be addressed as a result of the fire drill.</p> <p>New fire sensors have been placed in the old section of the building enabling the fire alarm panel in the new building to control the entire building. Thus eliminating the need for the second alarm panel. Completed</p> <p>Signage: We are in the process of completing a signage system for each bedroom to show the nearest emergency exit by 28th October 2019</p> | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Residents care plans will include reference to discussions of End of Life Care 31st October 2019</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An Agenda has been formulated to ensure that all areas relevant to the residents will be</p> | |

discussed at each resident meeting.

Issues of concern will be documented and brought to the attention of management in order to address those issues. A record will be kept of this process and residents will be kept informed of the outcome of the relevant discussions. Completed

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 20/11/2019 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/12/2019 |
| 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 | 31/10/2019 |
| Regulation 23(c) | The registered provider shall ensure that management | Substantially Compliant | Yellow | 11/10/2019 |

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| | systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | | | |
| 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 | 11/10/2019 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Orange | 20/09/2019 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Yellow | 11/10/2019 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Substantially Compliant | Yellow | 11/10/2019 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, | Substantially Compliant | Yellow | 28/10/2019 |

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| | that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |
| Regulation 28(2)(ii) | The registered provider shall make adequate arrangements for giving warning of fires. | Not Compliant | Orange | 20/09/2019 |
| Regulation 28(3) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre. | Substantially Compliant | Yellow | 28/10/2019 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 31/10/2019 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the | Substantially Compliant | Yellow | 11/10/2019 |

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| | organisation of the designated centre concerned. | | | |
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