Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 October 2019
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0027785

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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
08 October 2019	10:30hrs to 17:45hrs	John Greaney	Lead
09 October 2019	09:00hrs to 16:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspectors spoke with a number of residents during the inspection. Residents said they were well cared for and that the staff were kind and helpful. They said they felt safe and said staff were available when they needed assistance or used the call bells.

Residents commented positively about the equality and variety of food. They said that the choices at meal times were very good and that they were given adequate quantities. All residents spoken with said their rooms were comfortable and that they had a choice about what they did and where they spent their time during the day.

Residents said that they knew how to make a complaint and said they knew the staff well and felt that any problem they raised would be addressed. All residents spoke highly of the staff describing them as very committed and caring.

Capacity and capability

There was a clearly defined management structure and clear reporting arrangements to support the day to day operation of the centre. Overall care was provided to residents to a good standard and the inspector found that the management team and staff were committed to providing a quality service for residents. Some improvements, however, were required in the area of governance and management. This was possibly attributable to the sudden absence of the previous person in charge, the resulting absence of a formal handover to new management personnel and a temporary vacancy in the post of clinical nurse manager.

The person in charge was recently appointed to the role and it was evident that she had a good clinical knowledge, was knowledgeable of individual residents and their needs, and was involved in the day to day management of the centre. The requirements of the regulations are that the person in charge have at least three years experience in a management capacity in a health and social care area. A review of the employment history of the person in charge, however, indicated that this requirement was not met.

The person in charge reported to a regional manager, who visited the centre once or twice weekly. The person in charge and regional manager were also in daily contact through phone calls and emails. There were formal regional management meetings that were attended by persons in charge from other centres in the region. The results of audits, key performance indicators and quality improvement issues

were discussed at these meetings.

There was a comprehensive programme of audits on issues such as food hygiene, person centred care, infection prevention and control and medication management. Where required improvements were identified action plans were put in place to address these improvements. Some improvements, however, were required as records were not always available to underpin the findings of the audits. There was an annual review of the quality and safety of care covering the twelve month period to April 2019. The reviewed incorporated the views of residents.

The inspectors observed good communication between staff and residents and staff were seen to be caring and responsive to residents needs. The centre had appropriate policies on recruitment, training and vetting of new employees. Improvements were noted in recruitment practices in relation to obtaining references for new employees from previous employers. However, photographic identification was not present in all of the sample of personnel files reviewed.

Complaints were recorded electronically. A review of the complaints log indicated that complaints were recorded and investigated. It was noted, however, that one complaint was inappropriately recorded and therefore the complaints officer was unaware that the complaint existed. The procedure for closing off complaints also required review.

There was a comprehensive programme of training and all staff had attended up-to-date training in mandatory areas, such as responsive behaviour and fire safety. A small number of staff were overdue attendance at training on safeguarding residents from abuse and manual handling. There was an induction and supervision procedure in place for new staff.

Regulation 14: Persons in charge

There is a person in charge that is a registered nurse and has the required experience in care of the older person. The observations of the inspectors and discussions with the person in charge indicated that she had significant clinical knowledge and experience and had an in depth knowledge of individual residents and their needs. A review of the employment history of the person in charge, however, indicated that she did not have the required three years experience in a managerial position as specified in the regulations.

Judgment: Not compliant

Regulation 15: Staffing

A review of the staff roster and the observations of the inspectors indicated there

were sufficient numbers and skill mix of staff to meet the clinical needs of residents. There was, however, a requirement to review staff in the context of meeting the social care needs of residents. While there was an activity coordinator present in the centre from Monday to Friday, this person was at times limited to providing activities in the sitting room, while at the same time being responsible for supervising residents. This limited the opportunity for residents in other parts of the centre to have access to activities and also had an impact on the activities being undertaken due to the need to supervise all residents in the sitting room.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and staff were facilitated to attended training relevant to their role. Most staff had attended training in mandatory areas such as fire safety and responsive behaviour, however, a small number of staff were overdue attendance at training in safeguarding and manual and people handling. Some nurses were also overdue refresher training in medication management.

Judgment: Substantially compliant

Regulation 21: Records

Records were well organised, stored securely but easily retrievable. A review of a sample of personnel records indicated that most of the requirements of Schedule 2 of the regulations were in place. All staff had Garda vetting in place prior to commencing employment in the centre. There were comprehensive employment histories with satisfactory explanations for any gap in employment. Of the four files reviewed, however, one did not had photographic identification. This was rectified prior to the completion of the inspection.

The inspector reviewed a sample of medication administration and prescription records and noted that not all contained photographic identification.

Judgment: Substantially compliant

Regulation 22: Insurance

A records of insurance against loss and damage to property was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of authority and accountability. The findings of this inspection, however, indicate that some improvements were required in relation to governance and management and this was predominantly due to the unexpected absence of the person in charge. Because of this, there was no formal handover period whereby the new person in charge would be inducted into the role. This sudden change also resulted in the absence of a person to fill the role of clinical nurse manager, a post that previously assumed some managerial responsibilities to lessen the burden on the person in charge. A person had been identified to assume the role of CNM in the days following this inspection. It was recognised that a new administrative management position had recently been created to allow the person in charge concentrate on clinical management and the positive impact of this was beginning to take effect. However, on this inspection findings indicated there was a need for succession planning to ensure that there was a smooth transition should the person in charge be absent for an extended period. This is supported by the findings in relation to complaints management, the absence of records of residents' meetings, and the absence of records to support the findings of audits.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included all of the information specified in the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that included the facilities and services provided in the centre.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities outlined and all were Garda vetted.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records of incidents indicated that notifications required to be submitted to the Office of the Chief Inspector were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

A notification was submitted as required when the person in charge was absent from the centre for a period in excess of 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place outlining the system in place for managing complaints. The procedure was on prominent display in the centre and identified the person responsible for managing complaints and an appeals process. The policy and procedure required review to reflect the new person responsible for managing complaints in the absence of the previous person in charge. While it was evident from discussions with the person in charge that complaints were welcomed and addressed, a review of the complaints log indicated that details of the investigation and outcome of the complaint were not always adequately recorded. It was also found that one significant complaint was inadvertently recorded by a member of staff under concerns rather than complaints. As a result, the complaints officer was unaware of its existence and hence the complaint was not investigated.

Judgment: Not compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

A notification of procedures and arrangements in place for the management of the centre in the absence of the person in charge was submitted as required.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents' needs were being met through good access to health care services and care was provided based on a person-centred care plan. Residents' quality of life could be enhanced through increased access to activities for all residents in the centre.

The inspector saw that residents' healthcare needs were met through timely access to general practitioner (GP) services. An out of hours service was also available. There was evidence of regular medical reviews and referrals to other specialist services, as required. There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

There was good access to allied health services. A physiotherapist visited the centre for approximately three hours each week to carry out individual assessments and also to lead on group exercises. There was access to other services such as speech and language therapy, dietetics and occupational therapy on a referral basis. There was system in place to ensure that residents that qualified for various national screening programmes were facilitated to attend for screening.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency levels, moving and handling, nutritional assessment and risk of pressure ulcer formation. Care plans were developed based on the assessments and these were predominantly personalised. The care plan for one resident did not address end of life preferences even though it was recognised that this resident considered to be approaching end of life. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for residents.

The role of activity coordinator was shared between two members of staff, one of whom facilitated activities each day from Monday to Friday between 10:00hrs and 16:00hrs. The activity coordinators demonstrated a commitment and enthusiasm for their role. Observations of the inspectors indicated that many residents had limited

access to activities and a review of staffing was required to ensure that the programme of activities was accessible to residents on both floors and that one-to-one activities were facilitated for the significant number of residents that spent a lot of time in their bedrooms.

Medicine management practices were reviewed and policies were in place to support practice. There was a system in place to ensure that all medicines were reviewed on a regular basis by a general practitioner(GP). A review of prescriptions identified that not all of the required identifying information was contained in each prescription.

Significant improvements had been made with regard to fire safety since the previous inspection. A full review of fire compartment doors had been undertaken and works completed to ensure they would be effective in containing fire and smoke in the event of a fire. There were adequate procedures in place to ensure that fire safety equipment was functioning appropriately and that emergency exits were not obstructed. While there were regular fire drills, the scenario simulated required revision to ensure that it adequately prepared staff to evacuate all residents in a compartment in a timely manner.

Residents nutritional status was kept under review. Food appeared to be nutritious and staff paid particular attention to ensuring that modified consistency food was attractively presented and appetising in appearance. Residents had a choice of food at mealtimes and there was access to drinks and snacks between meals.

Regulation 11: Visits

There was open visiting and visitors were seen to come and go throughout the two days of the inspection. There were adequate facilities for residents to meet with visitors in private away from their bedrooms.

Judgment: Compliant

Regulation 13: End of life

Most residents were accommodated in single rooms and therefore residents had the option of a single room as they approached end of life, should they wish to have complete privacy. Family and friends were supported to remain with residents as they approached end of life. There was access good to palliative care services.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was bright and clean. There were sitting rooms and dining rooms on both floors. The dining room on the first floor could accommodate a maximum of 12 residents at one time. On the second day of the inspection it was observed that all residents that wished to dine in the dining room were unable to eat there and two residents that would normally eat in the dining room had their lunch in the sitting room. The provider was requested to review mealtimes in the context of accommodating all residents to eat in the dining room.

The centre was generally in a good state of repair throughout, however, there were areas that required painting due to scuff marks on walls and doors. The provider was also requested to review the décor in the context of the use of memorabilia and colour schemes to create a more homely environment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents nutritional needs were met to a good standard. A choice of food was available at meal times and requests for alternatives to what was on the menu on a particular day were facilitated. Catering staff were familiar with each residents wishes and needs and prepared food accordingly. Modified diets were colourful and appetizing in appearance. Residents requiring assistance with their meals were assisted by staff in a dignified manner. Snacks and drinks were provided between meals and in the evening.

Judgment: Compliant

Regulation 26: Risk management

There were measures in place for the management of risk. There was a risk management policy and associated risk register. Identified risks were discussed at quality and safety meetings and measures were put in place to mitigate risks identified. There was a designated smoking room that was ventilated to the external air by natural and mechanical means. Residents that smoked had a risk assessment conducted to ascertain risks and determine the level of access to cigarettes and lighter. There was a smoking apron in the smoking room, however, it had cigarette burns and the provider was requested to review in order to determine the source of the cigarette burns and to determine if any additional supervision was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was clearly evidenced that there was a positive focus on fire safety. All staff had undertaken training in fire safety and staff spoken with were knowledgeable of what to do in the event of a fire. There were daily and weekly checks carried out to ensure that fire exits were not obstructed and that the fire alarm functioned appropriately. While there were frequent fire drills, most of these simulated the evacuation of one resident rather than an entire compartment. This is particularly significant as two of the fire compartments accommodate thirteen residents and previous fire drills indicated that further practice was required to ensure that residents could be evacuated in a timely manner in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were reviewed and predominantly complied with recommended practice. A secure fridge was provided for medications that required specific temperature control. Medications that required strict controls were safely managed. A number of staff were overdue attendance at medication management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment completed to ascertain if the centre could meet their needs. Comprehensive assessments were completed following admission and care plans were then developed following these assessments.Most care plans reviewed provided good guidance on the care needs of residents on an individual basis. A care plan was not always in place for residents that were identified as approaching end of life.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to general practitioner (GP) services, and out-of-hours medical cover was provided. There was evidence of ongoing support from the mental health services. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services, and occupational therapy (OT) services. A physiotherapist attended the centre on a weekly basis. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Overall, residents were well supported and positive behavioural plans were in place. Where residents had known responsive behaviours, there was a care plan in place. However, additional work was required to ensure that where possible, triggers were identified and appropriate interventions were consistently recorded in the care plans. It was not always clearly recorded why PRN (as required) psychotropic medications were administered and it was not stated what alternatives were trialled prior to the administration of psychotropic medication. Never the less, staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Staff had received training to manage responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. Most, but not all, staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse. The provider had clear processes in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about how the centre was planned and run through residents' meetings and also through relative surveys. Records available indicated that there was a one year gap between meetings, however, the inspectors were informed that there were meetings in the intervening period but records were not available due to the unexpected absence of the person in charge. From available records it was evident that issues in relation to the quality of life of residents in the centre was discussed at these meetings and changes made in response to the feedback.

There was a programme of activities that was facilitated by activities coordinators. It is accepted that the unexpected absence of one of the activity coordinators on one of the days of the inspection impacted on the availability of activities on that day. A full review, however, is required to ensure that activities are available to residents on both floors. This includes both group and one-to-one activities. A significant number of residents spend time in their bedrooms each day but time is only set aside on a Friday morning for one-to-one time. Also, support should be provided to ensure that activities are facilitated on both floors and that there are adequate supervision arrangements in place to allow the activity coordinator to focus on activities.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not 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 34: Complaints procedure	Not compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Killarney Nursing Home OSV-0000685

Inspection ID: MON-0027785

Date of inspection: 09/10/2019

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: During the absence of our Director of Nursing we have appointed a Person-In-Charge and also a Clinical Nurse Manager. The person-in-charge is also supported by a full-time General Services Manager who is responsible for the provider regulations and all non-clinical aspects of the nursing home. A formal handover to the new management team has taken place which has also outlined the division of responsibilities. The Healthcare Manager also visits the home on average twice weekly. Weekly KPIs are reviewed and detailed monthly nursing home management meetings are held to review all aspects of the nursing home and all potential risk areas.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The activities coordinators have dedicated and protected time to ensure activities are available for all residents irrespective of their location and not limited to specific areas of the home i.e. the communal areas. Care assistant duties have been reviewed with greater focus on the social needs of the residents. The induction framework for new care assistants has been revised to include 6 hours induction with the activities coordinator to improve integration of the care team.	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The outstanding training in Manual and People handling and Safeguarding is completed. A training planner is in place to ensure that all mandatory training is scheduled and completed within the prescribed timeframe.
The PIC will ensure that all new employees will attend mandatory training during their induction period.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The staff member's photocopied identification has been replaced by a certified identification. Only certified identification will be accepted from new employees, this will be monitored by the PIC and GSM.

The PIC has reviewed the medication and prescription records, the missing photographs are now in place. A daily review of all resident's medication documentation will be monitored by all RGN's and reviewed by the PIC.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure a smooth transition in the absence of the Director of Nursing a senior staff nurse has been appointed to the role of Clinical Nurse Manager. This will support the Person-in-charge in her role. The PIC is orientating her to the clinical management role focusing on management systems and documentation.

The newly appointed GSM supports the PIC with responsibility for all non-clinical aspects of the home including risk management, HR management, training and supporting all support staff. She also liaises with residents and families with particular focus on the

social care needs of the residents.

The systems for complaints management, resident meeting minutes an audit findings have been reviewed in the home and action plans put in place to ensure conformance to company policies.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All staff have been advised to document all complaints in the appropriate complaints log.
Complaints are now discussed daily during the mid-day handover and reviewed weekly by the PIC.
All complaints are reviewed during the monthly managers meeting.
All high severity complaints are escalated to the HCM in line with the complaints policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In order to prevent congestion in the upstairs dining room the seating arrangement was reviewed to provide extra seating spaces, also, residents are offered the choice to attend the larger downstairs dining room if they so wish.

The final phase of the 2019 refurbishment plan is almost complete with input from residents on preferred décor for bedrooms and the dining rooms.

The 2020 refurbishment program will focus on the outstanding décor requirements.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The damaged smoking apron has been replaced.

All smokers have individual risk assessments and care plans to ensure their safety. These assessments and care plans are reviewed quarterly or more frequently if required.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drills are now more frequent, and scenario based. Scenarios are mixed and the number of participants varied. Actions from the drills are reviewed and addressed by the GSM and PIC

Focus on the evacuation from the largest compartment of 13 residents is on-going to ensure safe evacuation of all residents in a timely manner. The latest drill which was a night time simulation where 12 residents were evacuated from the 13 bedded compartment by 3 staff members, took 6.5 minutes to complete. Weekly fire drills are planned to further improve staff knowledge and competence as well as reducing the evacuation time.

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:
A review of all end of life care plans has been undertaken, the PIC is addressing the outstanding end of life care plans to ensure that the residents wishes are respected.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Clinical documentation is audited by the PIC to ensure appropriate interventions are used prior to PRN administration of psychotropic medication, staff have been advised of the importance of documenting the identified triggers and appropriate interventions/alternatives trialed prior to the administration of PRN psychotropic

medication. This is now documented and highlighted in the resident's progress notes and reviewed by the PIC.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents meetings are held at least quarterly, the last meeting was held on 19th November. Meeting notes and action plans are available to all residents.
Actions and concerns from the meetings are discussed at the monthly managers meeting. All concerns are logged as complaints according to our complaints policy.
Feedback on outstanding issues will be presented to all residents as soon as required and discussed prior to the commencement of the next planned meeting.

The revised healthcare assistants and activity coordinator schedule will support more focused one-to-one activities for residents choosing to remain in their bedrooms. This will be monitored by the Snr healthcare assistant and the GSM.

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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Yellow	31/03/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/12/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	25/11/2019

	have access to appropriate training.			
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	31/03/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	25/11/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	31/03/2020
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.	Substantially Compliant	Yellow	25/11/2019

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, 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.	Substantially Compliant	Yellow	20/12/2019
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	25/11/2019
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	25/11/2019
Regulation 34(1)(f)	The registered provider shall	Substantially Compliant	Yellow	25/11/2019

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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	31/12/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	25/11/2019
Regulation 9(2)(b)	The registered provider shall provide for	Not Compliant	Yellow	20/12/2019

	residents opportunities to participate in activities in accordance with their interests and capacities.			
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 organisation of the designated centre concerned.	Substantially Compliant	Yellow	20/12/2019