



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home Limited
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	24 June 2019
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0022842

About the designated centre

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

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 57 residents. The centre is located close to the village of Boherbue and is situated on large, well maintained, landscaped grounds with ample parking facilities. The centre provides long-term, short-term, convalescence and respite care to both female and male residents over the age of 18 but primarily accommodates older adults. There is a large reception area just inside the front door, which is keypad controlled, and there are a number of administration offices close to the reception desk. For operational purposes the centre is divided into four units, Honeysuckle, Primrose, Daffodil and Bluebell. Honeysuckle comprises 14 single bedrooms; Daffodil comprises 13 bedrooms, of which three are twin rooms; Primrose comprises 13 bedrooms, of which three are twin rooms: and Bluebell comprises nine bedrooms, of which two are twin rooms. All of the bedrooms are en suite with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms, and entrance and exit to this part of the centre is controlled by an electronic keypad. There is a large sitting room and a number of small sitting rooms located throughout the centre. There is a large dining room and a number of smaller dining rooms in each of the units. There is also a large oratory available for residents for prayer or can be used by residents if they would like to have some quiet, contemplative time away from the rest of the centre. Outdoor areas comprise a large secure garden and two courtyards, one of which is accessible from the dementia unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 June 2019	09:30hrs to 17:45hrs	John Greaney	Lead
25 June 2019	09:15hrs to 15:30hrs	John Greaney	Lead

Views of people who use the service

Over the course of the two days of this inspection the inspector spoke to a number of residents and visitors. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the Office of the Chief Inspector. The feedback received from all was very positive and complimentary about all aspects of care and life in the centre.

Residents said they felt very safe and well cared for. Residents described it as homely but with the added security of knowing staff were on hand whenever they were needed. All residents spoken with confirmed that the person in charge and staff were approachable, helpful and obliging.

Residents spoke of their privacy being protected, particularly having their own room and en-suite bathroom. Feedback from residents and relatives was consistently positive about the varied activities. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

All of the residents spoken with reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had enough, offered seconds and plenty of drinks and snacks. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily.

Capacity and capability

Overall, there was adequate governance and management systems in place to support the provider have adequate oversight of the centre and to support staff deliver a good standard of care to residents. Some improvements were required, particularly in relation to recruitment practices.

The centre is owned and operated by Araglen House Nursing Home Ltd. On 01 April 2019, this company was sold, resulting in a change in the composition of the board of directors, with two new directors replacing the previous directors, who retired. The new directors are also involved in the ownership and operation of one other designated centre.

On the days of the inspection the management structure comprised the person in charge, who reported to the board of directors. One of the directors was predominantly based in this centre since the change in ownership. The person in charge was supported by two clinical nurse managers. The previous directors had

also maintained a presence in the centre to aid in the transition process.

A new governance structure was planned to come into effect in the days and months following this inspection. This involved the appointment of a chief executive officer, to whom the persons in charge of the two designated centres would report. One of the clinical nurse managers was being appointed as assistant director of nursing to support the person in charge. There would continue to be two clinical nurse managers to provide clinical oversight of the centre on a daily basis and to take charge of the centre on weekends.

Governance arrangements included regular management meetings that were attended by the provider, person in charge and human resources staff. There were also regular clinical meetings that were attended by the person in charge and clinical nurse managers to discuss issues relevant to residents' clinical care.

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 restraint, privacy and dignity, medication management, clinical documentation, food and nutrition, end of life care, and safeguarding. There was evidence of action taken in response to required areas of improvement. There was also evidence of discussion of the findings of audits at staff meetings.

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. Attendance at training relevant to care provision by staff was supported and facilitated. Training records indicated that all staff had attended training in mandatory areas, such as in responsive behaviour, safeguarding residents from abuse, fire safety, and manual and people handling.

Recruitment practices were reviewed, which included a review of a sample of staff personnel files. The requirements of Schedule 2 of the regulations were complied with on most occasions. However, this was not always the case, and improvements were required to ensure that all of the required documents were obtained, including Garda vetting, prior to any new member of staff commencing employment. The absence of Garda vetting for one member of staff was also a finding at the last inspection.

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.

Residents were supported to raise concerns. Complaints were recorded in the complaints log and records indicated that complaints were responded to and the outcome of the complaint was recorded, including the satisfaction or otherwise of the complainant. The procedure for managing complaints was on display in the centre.

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 further meeting after lunch to relate any significant findings that may have been ascertained during the provision of morning care. Regular staff meetings took place. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories.

Regulation 14: Persons in charge

The person in charge of the centre is a registered nurse and has the required experience in care of the older person. Residents knew the person in charge and it was evident that she was involved in the day to day operation of the centre.

Judgment: Compliant

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 and relatives 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. A number of staff were facilitated to become trainers so that a significant amount of training will be provided in-house.

Mandatory training was in place and all staff had received up to date training in fire safety, safe moving and handling, safeguarding residents from abuse and responsive behaviour. In addition to mandatory training, staff were also facilitated with training to support their professional development. All nurses had completed training on medication management. A number of staff had completed training in cardiopulmonary resuscitation, hand hygiene, end of life care, infection prevention

and control, food hygiene, and dementia care.
Judgment: 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
<p>All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to well maintained and generally contained the requirements of schedule 2 of the regulations. However, on one occasion, a member of staff commenced work in the centre in the absence of most of the requirements of this regulation. A Garda vetting disclosure was not obtained until approximately ten days following the commencement of induction and references were not obtained for a further five weeks. It was also noted that the second reference for some staff was a character reference rather than a reference related to their performance at work. Evidence of registration for 2019 was seen for nursing staff.</p> <p>Residents' records reviewed by the inspector were found to be in compliance with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.</p>
Judgment: Not 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 in place and all staff were aware of their roles and responsibilities. Recent change in ownership resulted in a review of the management structure resulting in the addition of two new roles. A chief executive officer, who will have oversight of this and one other centre and an assistant director of nursing to support the person in charge of this centre. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed. There was a comprehensive programme of audits, the findings of which were related to staff, predominantly at staff meetings.

Judgment: 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, however, it did not specify the number of other residents, if any, in that room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose available to residents and relatives. It accurately described the services available to residents and the size and layout of the premises. There was a need to update the statement of purpose to ensure it contained:

- more specific information on each of the bedrooms
- sanitary facilities available in the centre
- a revised organogram showing the new organisational structure
- arrangements for the management of the centre in the absence of the person in charge
- arrangements to meet the religious needs of residents.

Judgment: Substantially 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 robust complaints management system in place with record of each complaints recorded, the investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome.

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 were supported and encouraged to have a good quality of life by knowledgeable and caring staff. The inspector noted that residents appeared to be well cared and residents and relatives spoken with by the inspector provided positive feedback on the care provided and of life in the centre. Care was provided in a manner that respected the wishes and choices of each resident and facilitated them to have a significant degree of control over their daily routine.

The location, design and layout of the centre was suitable to meet the individual and collective needs of the residents living in the centre and was in keeping with the centre's statement of purpose. The centre was decorated and furnished to a high

standard throughout. There was ample communal space provided in a number of sitting rooms dispersed throughout the centre. Bedrooms were spacious and many were personalised with residents' personal possessions. Each bedroom was identified by a frame on the wall adjacent to the bedroom door. Each frame contained items of memorabilia that resonated with the occupant's interests, parish or occupation. There were a number of secure outdoor areas accessible to residents, however, these were not seen to be used over the two days of the inspection, even though the weather was amenable for residents to spend time outside.

Residents had good access to healthcare. Residents were facilitated with a choice of general practitioner (GP) and were reviewed regularly. There was good access to allied health and specialist services. A physiotherapist visited the centre for approximately three hours each week and an occupational therapist visited the centre every three weeks. Dietetics, speech and language therapy and wound care specialist were available on referral from a nutritional supply company. There was a system in place to identify residents that qualified for national screening programmes such as BreastCheck, CervicalCheck, RetinaScreen and BowelScreen, and residents were supported and facilitated to avail of these programmes, should they so wish.

Opportunities were provided to residents for social engagement. There were two staff responsible for the provision of activities, one of whom spent a considerable period of time in the dementia unit. Activities in this unit were predominantly one-to-one, as group activities were not always suitable. There was a range of activities available to residents, which included Sonas, baking, bingo, music, chair-based exercise sessions, nail care, and hand massage. Residents were taken on frequent trips to local attractions and amenities in a wheelchair accessible taxi, which included attendance at a monthly Sunday afternoon dance in a local village. Links were also maintained with the local community through visits to the centre by pupils from pre-school, primary school and secondary school, either to provide entertainment or just to spend some time with residents.

Measures were in place to protect residents from being harmed or suffering abuse. All 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. All residents spoken with by the inspector stated that they felt safe in the centre and would have no reservations in approaching any staff member, should they have any concerns.

There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. The inspector met and spoke with a number of visitors who indicated that they had open access to visit their relatives. There were a number of rooms available for visitors to spend time with residents away from the resident's bedroom, should they so wish. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents voted in the centre at the recent local elections and referendum. Residents' religious preferences were ascertained and facilitated. There was a large oratory in the centre that was available for religious services and also for residents to use for periods of quiet

reflection.

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 through regular weights. Residents were provided with a choice of food at mealtimes, including residents that were prescribed modified texture diets. Food was attractively presented and meal times were observed to be social occasions. Most residents ate their meals in one of a number of dining rooms. Some residents were provided with their meals on tables that were specifically designed to enable staff to assist them with their meals. However, due to the height of these tables, staff had to stand beside residents while assisting them. The inspector was informed that special stools were on order that would allow staff to sit beside residents but these had not yet been delivered.

There were systems in place to manage risks and to support the health and safety of all people using the service. Accidents and incidents were recorded and measures were taken to minimise recurrence through a review of each incident. There were adequate procedures in place for fire safety, however, there was a need for additional signage to be placed at more frequent intervals to indicate the nearest place of relative safety. An emergency plan had been developed an appropriate response was in place for common emergency situations.

The inspector observed the privacy and dignity of the residents was respected at all times. Staff were observed to knock on doors before entering bedrooms. Residents' consent was sought prior to any care interventions. Residents were seen to exercise choice in relation to where they spent their time, participation in the scheduled activities and when and where they had their meals. Residents had access to local and national newspapers, personal radios, and televisions.

A sample of care plans were reviewed for a selection of residents with varying needs. The plans were clear and provided staff with good guidance on how to meet the individual needs of each resident. There was a need, however, to remove historical data from care plans as some contained conflicting information on residents' current needs.

Regulation 11: Visits

There was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection. There were adequate facilities for residents to receive visitors in private away from their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Plenty of storage space was available for residents to store and maintain control over their own possessions. There were very good laundry facilities to allow for the segregation of clean and dirty linen. There were procedures in place for the return of clothing to residents following laundering.

Judgment: Compliant

Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the service provided to residents and their families. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents had been afforded the opportunity to outline their wishes in relation to care at end of life.

The centre were supported in the provision of end of life by the local palliative care team, to which there was good access. Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. There was a procedure in place for the return of possessions.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The centre was built on large well maintained grounds and is decorated and furnished to a high standard. There was ample parking facilities available on site.

Residents had access to adequate communal space, sanitary facilities and suitable outdoor space. Records indicated a programme of maintenance that included preventive maintenance of equipment such as beds, hoists and wheelchairs.

Judgment: 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 reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

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. While assistance was offered to residents in as discreet and sensitive manner as possible, some staff had to stand beside resident while assisting them to eat while awaiting the delivery of seating to allow them sit beside residents at mealtimes. Most residents had their meals in the dining room and mealtimes were seen to be social occasions allowing residents to sit with friends and to interact throughout the meal..

Judgment: Compliant

Regulation 26: Risk management

There were adequate measures in place for the management of risk. There was a risk register that was reviewed on a regular basis.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout and housekeeping staff followed a colour coded cleaning system. Appropriate infection control procedures and equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire. Fire

fighting equipment, emergency lighting and the fire alarm system had preventive maintenance carried out at recommended intervals. All staff had attended up-to-date training on fire safety procedures. There were regular fire safety checks to ensure that emergency exits were not obstructed and that the fire alarm and fire doors was functioning appropriately. There were regular fire drills that incorporated the evacuation of fire compartments and also a whole centre evacuation. Fire drills also incorporated night time staffing levels into the drill. While there were maps located at intervals throughout the centre to identify where the nearest place of relative safety was located, there was a need for additional maps at more frequent intervals.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of the medication management system found that there were policies, procedures and practices in place to ensure the safe management of medicines within the centre. Nursing staff were aware of the procedures relating to safe storage, administration and disposal of medicines. Controlled medicines were managed in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and at regular intervals thereafter. Care plans viewed by the inspector were generally comprehensive, personalised, and updated following assessment and review by nursing, medical, specialist and allied healthcare professionals. There was a need, however, to review the care plans as some contained historical information resulting in conflicting guidance on advice from allied health services.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard. Referrals to allied health professionals such as dietetics, speech and language therapist (SALT), physiotherapy, occupational therapy (OT), and tissue viability specialists

were made based on on-going review and assessment of residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of residents' individual needs and preferences. All interactions by staff with residents were seen to be conducted in a caring and respectful manner. All staff had attended training in responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia).

Judgment: Compliant

Regulation 8: Protection

All staff in the centre had received training in safeguarding of vulnerable adults. Staff spoken to demonstrated the awareness and ability to identify and respond to safeguarding issues. At the time of inspection, the provider did not act as a pension agent for any resident. In instances where small sums of money were held on behalf of residents, there were adequate records in place of transactions.

There were fifteen residents with bed rails in place while they were in bed. All residents using bed rails were risk assessed and the use of alternatives such as low beds, safety mats and sensor alarms, were discussed with the residents to reduce the risk of falling.

Judgment: Compliant

Regulation 9: Residents' rights

The rights and choices of residents were generally respected and supported. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and addressed. Residents were also consulted informally on a daily basis through informal chats with members of the management team.

A comprehensive programme of appropriate activities was available. The inspector saw a number of different activities taking place, including a tea party that is held on a monthly basis. Good links were maintained with the community, both through outings to local amenities and attractions and by members of the community being included in the activity schedule.

Residents were observed moving freely within the centre. The inspector noted, however, that even though there was access to the enclosed garden, this was not availed of over the two days of the inspection even though the weather suitable for spending some time outside.

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 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	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0022842

Date of inspection: 25/06/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We will ensure that all documentation as prescribed in Schedule 2 will be in place for all employees before the commencement of employment, and that, where obtainable, references for employees will be work performance related rather than character related	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: We are currently reviewing the Contract of Care in light of CCPC recommendations/guidelines, and will, during this review process, ensure that the new Contract of Care includes the number of other residents in the room (if any).	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: We will review and update the Statement of Purpose to ensure it contains; more specific information on each bedroom, sanitary facilities available, a revised organogram,	

arrangements for the management of the centre in the absence of the PIC and arrangements to meet the religious needs of residents.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will place additional floor maps throughout the centre.	
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: In order to avoid conflicting guidance, we will archive old entries/notes on EPIC to ensure that only relevant entries are visible on the main system.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The garden area is regularly used by residents who can come and go freely by themselves and/or with the activities team who use this space regularly as a part of their recreation programme. Residents are encouraged to use the area, however, the decision to use the gardens is entirely theirs. We will however, continue to encourage residents to spend time outside. During the inspection, a multitude of activities were ongoing in the centre and therefore may have given rise to the outdoor area not being used during this period.	

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 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.	Not Compliant	Yellow	15/07/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	20/12/2019

	centre.			
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	06/08/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/07/2019
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	01/11/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	15/07/2019