Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	The Rock Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Carrickboy, Ballyshannon, Donegal
Type of inspection:	Announced
Date of inspection:	07 February 2018
Centre ID:	OSV-0000623
Fieldwork ID:	MON-0020732

About the designated centre

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

The Rock Community Nursing Unit is under the management of the Health Service Executive (HSE). It is situated on the outskirts of Ballyshannon town and provides a service for the catchment area of South Donegal and North Leitrim. It became a nursing unit in 2004 and has 22 beds. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service. The service promotes independence, health and wellbeing and aims to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected. With empathy, kindness and a holistic approach, we will address the physical, emotional, social and spiritual needs of the residents in our care. The needs of the individual are paramount in all decision making, while recognising the importance of involving family and friends. Accommodation includes single, twin and multi-occupancy rooms. Well maintained domestic style, dining and sitting room space is available. An accessible outdoor garden is available.

The following information outlines some additional data on this centre.

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	22

How we inspect

To prepare for this inspection the inspector or 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
07 February 2018	10:00hrs to 17:00hrs	Mary McCann	Lead

Views of people who use the service

Inspectors spoke with nine residents and reviewed questionnaires returned by eight residents and relatives. Feedback was positive about the activity programme, opportunities to get out in to the courtyard, quality of meals and the staff team who were described as kind and helpful. Visitors also stated they were given a warm welcome and offered refreshments.

Throughout the inspection, residents were seen to be treated with dignity and respect, choices were being respected, and staff were working to ensure residents' needs were met. The activity programme was seen to engage a range of the residents with reminiscence sessions, reading the local newspaper, sing alongs, music and quizzes taking place on the day of inspection. Some residents were enjoying sitting in their bedrooms and having some quiet time reading magazines.

All residents spoken with were complimentary of the service provided and the staff. They told inspectors they were well cared for, the staff were very good to them and staff were polite, courteous and friendly. They confirmed that they felt safe in the centre and if they had a worry or a concern they would speak to one of the staff.

Capacity and capability

The provider had a clear governance framework in place which oversees and assures the delivery of quality and safe services. This included a management structure, clear assignment of defined roles and responsibilities and clear accountability arrangements. Where there was a delegation of functions and or responsibilities, a system was in place to ensure that those persons were competent and capable to carry out the functions delegated to them. Staff spoken with were aware of their responsibilities.

Previous inspections of the centre demonstrated a good standard of care and the last inspection which took place in May 2017 was a dementia thematic inspection, where dementia care was found to be of a good standard. The provider and person in charge had ensured that three of the four actions from the previous inspection were addressed and the action in regard to the premises is in the process of being addressed. This will see the amalgamation of the Rock Community Nursing Hospital and the Sheil Community Hospital. This is due to commence construction in 2018.

An annual review of the quality and safety of care delivered to residents had been

completed. The annual review outlined the service provided, audits undertaken and results and feedback from residents' and relatives' surveys. It outlined the improvements made in 2017; however, it required a more robust quality improvement plan where any deficits or improvements planned were documented with a timeline attached to them with details of personnel responsible for their enactment. The provider representative has not changed since the last inspection and was described by the person in charge as interested in the provision of and committed to ensuring a good service was provided with positive outcomes for residents.

Notifications of serious incidents were submitted to HIQA in line with the regulations.Where serious incidents and other adverse incidents for example bad weather had occurred, the inspector found that the effective governance arrangements (such as a comprehensive auditing system, coupled with a robust system for reviewing incidents and near misses and learning from these) ensured that when something went wrong, staff and the provider were able to assure HIQA that they could maintain the safety and welfare of residents. Regular quality and safety meetings took place to discuss incident and accident and risk management procedures.

The person in charge had ensured that staff had received appropriate mandatory and other relevant training to ensure they had the required skills and knowledge to meet the specific assessed needs of residents. The availability of senior staff, who displayed a commitment to ensuring quality and safety for residents, on almost all day shifts led to good management systems that supported accountability and appropriate support, and ensured supervision arrangements were in place.

While the centre was well resourced with access to a range of allied healthcare services,general practitioner (GP) services and the support of a palliative care team as required. Communal areas were supervised at all times and there was additional staff in the day room in addition to the activity person to ensure the activity person was not disrupted while completing activities. However, from a review of the staff rosters, residents' care records including dependency needs, and feedback from residents, inspectors were not satisfied there were sufficient staffing levels at all times to meet residents' assessed needs. From 8:15pm the staffing levels reduced to two members of staff, a nurse and a care assistant. Nursing staff had duties such as administration of medication and some residents required two staff members to assist with activities of daily living. Consequently, at times staff may not be available to support residents' needs. Staff confirmed that some residents were still up at 8:15pm and a staff member was available to supervise in the day room.

The policy for the management of complaints provided a clear procedure and named the person in the centre responsible for managing complaints, and the oversight arrangements. The procedure was on display in the centre and residents and relatives who gave feedback to the inspectors confirmed they understood the process and felt any issues raised would be addressed. This was also confirmed in residents' and relatives' questionnaires.

There were good recruitment practices for staff and opportunities to complete

training courses to ensure staff had the relevant skills to meet the needs of residents. Many staff had completed training in the delivery of care to residents with dementia and in other areas for example nutritional care, end-of-life care and wound care to ensure they were trained to meet the needs of residents.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration of this centre to the Chief Inspector. This was signed and dated by the provider representative who is the services manager for older persons in Co. Donegal, and contained all of the information set out in schedule 1 of the registration of designated centre for older people regulations 2015.The fee for the application to renew registration together with the statement of purpose and floor plans of the centre has also been submitted.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The application stated that there had been no change to the particulars supplied in the previous application. The fee for the application to renew registration together with the statement of purpose and floor plans of the centre has also been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced and fulfilled the criteria required by the regulations in terms of qualifications. Recent training completed included risk

management, safeguarding, dementia care, successful aging, hand hygiene, manual handling and fire safety.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels after 8:15pm, until all residents are in bed required review as there was only two staff on duty from this time. The centre is spread out over two separate areas so when residents require two staff in one area there is no staff available in close proximity to the other area.

Judgment: Not compliant

Regulation 16: Training and staff development

Training was regularly delivered in mandatory areas such as safeguarding, manual handling and responsive behaviour. Additional training was provided for staff that was in keeping with their role and the profile of residents. Catering staff had received training in the relevant areas of food and environmental hygiene.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents' contained all information required by schedule 3 of the regulations and was maintained up to date.

Judgment: Compliant

Regulation 21: Records

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored and maintained securely.

The Garda Síochána (police) vetting available on staff files was not the original vetting and was a letter of confirmation from the HSE Garda liaison office stating that the staff member had Garda vetting completed.

Judgment: Compliant

Regulation 22: Insurance

Valid insurance was in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

A quality management system was in place which included a comprehensive audit schedule with reviews of accident and incidents, falls, infection control, medication management and care documentation. While the inspector could see that deficits identified had been addressed, there was no formal quality improvement plan enacted post audits to show the timescale from the deficit was identified to when it was addressed, and dates for re-auditing to ensure sustainable improvement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A contract of care which detailed services provided and fees payable was available

for each resident. Services incurring additional costs were also set out, such as hairdressing and taxi fares

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre. While it contained all the matters as per Schedule 1 of the regulations, it failed to provide adequate detail in some areas for example, a description of each room in the centre, its capacity and function. Additionally, further detail was required with regard to procedures in place regarding associated emergency procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and quarterly returns had been notified to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' complaints were listened to and acted upon in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were in place.

Judgment: Compliant

Quality and safety

Residents received care in a homely, warm environment which was clean and tidy. Regular environmental and safety audits were completed to ensure the safety and comfort of residents. There was a relaxed atmosphere in the centre and residents had good input into how they spent their days.

Residents were encouraged to maintain their interests and independence. Residents had regular access to the services of a GP, and other health care professionals as required. There was evidence of individual residents' needs being met and a good level of compliance with the regulations and standards with the exception of premises issues and the impact this has on the privacy and dignity of residents.

Staff respected residents' privacy and dignity as best they could. Bedroom doors were closed when personal care was being undertaken and care in progress signage was in place. Residents were treated as individuals and person-centred care plans ensured that residents received the care they required. Staff were observed to speak in a pleasant, kind and respectful way to residents. Relatives spoken with confirmed that this was always the case.

While residents were encouraged to personalise their bedroom area, this was difficult in the multi-occupancy rooms due to the lack of personal space. Additionally, where residents wished to rest in bed or have a lie in this was difficult with other residents and staff accessing the multi-occupancy rooms.

A pre-admission assessment was completed prior to admission to assess residents' care and support needs to ensure that the centre had the necessary resources to meet their needs. The nutritional care needs of residents were assessed and corresponding care plans put in place to meet the assessed need. Residents told inspectors they enjoyed the food, and food and fluid monitoring charts were in place according to clinical need. Residents' healthcare needs were met. A GP visited the centre as required and an out-of-hours GP service was also available. A range of allied health professional services were available, including speech and language therapy, physiotherapy, occupational therapy, dietetic services, psychiatry of later life, chiropody and optical services.

Staff had recorded background personal information on residents which would foster good communication and make residents feel secure and decrease their anxieties. A culture of promoting a restraint-free environment with evidence of alternatives such as low-low beds and or alarm mats was in place. Records indicated that restraint was only used following a risk assessment. Most staff had received training in relation to dementia care and the management of responsive behaviour. A person-centred positive behaviour support plan was in place for any resident who displayed responsive behaviours (how people with dementia or other conditions may

communicate or express their physical discomfort, or discomfort with their social or physical environment), to ensure a consistent approach when working with residents.

Residents were supported to take part in a range of activities. These were organised according to residents' interests and preferences. Some mentioned that they enjoyed the variety of activities taking place in particular the bingo, music and art and crafts sessions. Mass was available monthly. To ensure consultation with residents there were regular resident meetings and regular consumer meetings, which included relatives.

Staff had received training in the protection of residents and knew how to support residents and respond to abuse appropriately. Residents told inspectors they felt safe in the centre and if they had any concerns they would report them to any of the staff. This was also documented in residents' questionnaires. Staff were available at all times in the communal areas. This was of significant importance to residents and enhanced their safety and wellbeing as it ensured staff were always available to residents who were immobile and unable to leave their chairs or unable to summon assistance of staff due to their cognitive impairment.

The provider had put systems in place to manage risks, and ensure that the health and safety of all people using the service was protected. The management team were aware of the importance of promoting safety, consequently an up-to-date safety statement and an emergency plan was in place which detailed arrangements for a place of safety should evacuation be deemed necessary.

Individual risk assessments for service users had been undertaken with plans put in place to address risk identified, for example clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post un-witnessed falls to monitor neurological function. Good falls prevention measures were in place including low-entry beds, crash mats and alarm sensors mats. The centre had an evidence-based falls prevention programme in place and all staff had attended training in falls prevention strategies. The programme included the completion of regular comfort checks for residents. Inspectors saw that these were occurring and were documented.

The centre was clean with all staff were trained in good hand washing techniques and hand sanitisers were available throughout the centre.

Regulation 10: Communication difficulties

A communication assessment formed part of the initial comprehensive assessment. Care plans were in place detailing the communication needs of residents. A pictorial guide was available to assist residents with communication

Judgment: Compliant

Regulation 11: Visits

Unrestricted visiting was in place. A private visitor's room was available if residents require same. There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Relatives spoken with confirmed that they were always made to feel welcome.

Judgment: Compliant

Regulation 12: Personal possessions

An individual wardrobe and locker with a locked drawer was available to each resident. Clothing was laundered regularly on site. An inventory was completed and a labelling system was in place.

Judgment: Compliant

Regulation 13: End of life

Where a resident was approaching the end of their life the resident had a care plan in place which was based on their assessed care needs. Inspectors were satisfied that appropriate end of life care was given to residents. Where decisions had been made with regard to advance care decisions these were recorded. Support and advice was available from the local palliative care team. Staff had undertaken training in end of life care.

Judgment: Compliant

Regulation 17: Premises

A restrictive condition is attached to the registration of this centre. This condition states that 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector in April 2016'. The reconfiguration must be completed by December 2021.

There was no availability of a shower close to male residents' bedrooms. Consequently, male residents had to walk or be assisted along a long corridor to access a shower. Adequate toilets were available for residents. Residents remain accommodated in multi-occupancy rooms. Screening curtains were in place in all shared rooms and 'care in progress' signage was in use.

Judgment: Not compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Individual nutritional care plans were in place. These identified nutritional needs, including advice of specialist personnel for example the dietician and/or speech and language therapists. Food preferences were details and residents told inspectors these were respected.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide which included a summary of the services and facilities offered to residents was available. This guide also provided information with regard to the terms and conditions of residing in the centre, the complaints procedure and

arrangements for visits. It was available in an accessible format.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records showed that where a resident was discharged from the centre, a safe and orderly discharge was planned and appropriately managed. When a resident was transferred to hospital or another designated centre or place all relevant information regarding the resident was provided to the receiving care centre. On return to the centre, all relevant information was obtained to ensure the safety and welfare of the residents was protected.

Judgment: Compliant

Regulation 26: Risk management

The centre was not completing regular missing persons drills to ensure that staff could respond effectively to quickly locate any resident who left the centre unknown to staff. A missing person box with torches and high-vis jackets was available. Missing person profiles were available for all residents. Other risks were identified during the inspection including the storing of protective gloves in an open dispenser along the corridors which could be accessed by residents with dementia and pose a risk of choking.

Judgment: Substantially compliant

Regulation 27: Infection control

Appropriate infection control procedures were observed in each unit including hand sanitising gels and protective equipment. Staff had received training in hand hygiene. The centre was clean and odour free.

Judgment: Compliant

Regulation 28: Fire precautions

A procedure for the safe evacuation of the centre in the event of fire was prominently displayed. Inspectors found recorded evidence of the completion of fire evacuation drills. Some improvements were required in relation to the recording and completion of fire drills. Additionally, no drill had been undertaken with night staffing levels or in the area where the greatest number of residents would require evacuation to ensure the adequacy of staffing levels to safely evacuate residents in an emergency.

Records showed that fire fighting equipment and the fire alarm were serviced regularly. All staff spoken with knew what to do in the event of a fire and was confident they would be able to safely evacuate. Fire evacuation plans showing the building layout and nearest evacuation route were displayed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were comprehensive policies and procedures in place to ensure that each resident received the medication prescribed for them in accordance with the instructions of their GP. Medication charts were clearly written and all medication documented was signed by the GP. Medicines were stored securely in accordance with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was completed on admission which included assessments in nutrition, falls, manual handling and skin integrity. These assessments informed the care plans which clearly described the care to be delivered. Arrangements were in place to evaluate care plans every four months. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Judgment: Compliant

Regulation 6: Health care

Access to allied health professionals such as dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology physiotherapy and psychiatry of later life was available.

Residents had access to regular review by the GP.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A person-centred positive behaviour support plan was in place for any resident who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), to ensure a consistent approach when working with residents.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable steps to protect residents from abuse. Staff had undertaken training in recognising and responding to abuse and policies and procedural guidelines with regard to safeguarding were in place. Staff stated they would report any suspicion or allegation of abuse and ensure it was investigated. Residents who confirmed that they felt safe and well cared for.

Judgment: Compliant

Regulation 9: Residents' rights

Social care assessments and personal calendars which detailed areas of interest and pastimes prior to admission to the centre. These were used to inform the activity schedule. A daily activity schedule was displayed and residents stated they were happy with the activities provided. Sonas (a therapeutic programme for residents with dementia), and an exercise programme also formed part of the activity schedule. Daily and regional newspapers were provided.Residents continued to maintain links with the local community. Some residents went home for visits while others attended special family occasions. Residents had access to an independent advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Rock Nursing Unit OSV-0000623

Inspection ID: MON-0020732

Date of inspection: 07/02/2018

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: H.I.Q.A. findings were referred to Service manager and Industrial relations officier to laise with unions to form PSA in introducing a new twilight shift for the unit. These discussions are ongoing. In the interm Agency will be used to provide a twilight shift until rosters are re-arranged.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Monthly audits are undertaken within the unit. Going forward all action plans will be posted on audit reports with timescale for correction and date for re auditing .Copy of all individual recommendations will be sent via Saturn messages to individual nurses and printed with action plans for quality improvement.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement Of Purpose has been reviewed to incorporate specific details for all residents areas within the unit to include accessible toilets,showers and communal areas.	

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
NF40 Notifications (See Factual Accuracy)

The PIC will ensure all notifications are submitted as requested. Due dates posted on notice boards in PIC office and noted in daily dairy

Regulation 17: Premises	Not Compliant

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

Estates have been informed of HIQA recommendations to provide a shower for male residents. Funding approved given for Shower. This will be completed by 30/09/2018.

New Community hospital to be built and completed for December 2021

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
All staff will have further training on the Missing Person policy incorporating training drills using the checklist search grid for this unit.

All doors in the unit are fitted with a security keypad.

The Danicentre is the only product available to store gloves ,aprons in a safe accessible way for staff to manage infection control.The Infection control committee are seeking national advice and have asked companies to consider how these centres can be made safer for residents with dementia .Individual risk assessments for residents with dementia will be undertaken where this risk has been identified and appropriate safety plans put in place.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire safety and fire evacuation training is ongoing within the unit.

Night staff will have night duty specific training drills and evacuation and these drills will be recorded in the fire register.

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 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.	Not Compliant	Orange	30/06/2018
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.	Substantially Compliant	Yellow	30/06/2018
Regulation 03(1)	The registered	Substantially	Yellow	30 May 2018

	provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Compliant		
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Red	30 APRIL 2018