



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Willowbrook Nursing Home
Name of provider:	Galteemore Developments Limited
Address of centre:	Borohard, Newbridge, Kildare
Type of inspection:	Announced
Date of inspection:	07 August 2018
Centre ID:	OSV-0000112
Fieldwork ID:	MON-0022159

About the designated centre

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

Willowbrook Nursing Home is situated in Borohard near Newbridge town. The centre is in a rural setting and is accessed from the main Newbridge to Naas road. There is access to a bus stop directly outside the centre. The centre consists of an old house which has been extended over time to accommodate 57 beds which cater for male and female residents over the age of 18. The centre provides long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

Bedroom accommodation consists of 23 twin rooms and 11 single occupancy rooms, some of which are en-suite. Access to the first floor of the old building is via a stairs or a stair lift.

There is a dining room, sitting room, two day rooms, smoking room and spacious reception area. In addition to this, there is a hairdressing room, shared toilet/bathroom/shower rooms, therapy room, nurses' office, administrative offices and training room. There is access to a secure garden for residents and ample parking at the front and rear of the building. There are facilities for staff including a staff room, shower room and bathrooms. The kitchen is in the main building. Separate and adjacent to the main centre are the laundry/store room and the maintenance room.

The following information outlines some additional data on this centre.

Current registration end date:	27/01/2019
Number of residents on the date of inspection:	48

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 August 2018	09:00hrs to 17:00hrs	Sheila Doyle	Lead
08 August 2018	09:00hrs to 15:00hrs	Sheila Doyle	Lead
07 August 2018	09:00hrs to 17:00hrs	Liz Foley	Support
08 August 2018	09:00hrs to 15:00hrs	Liz Foley	Support

Views of people who use the service

Inspectors spoke with a number of residents during the inspection, those residents that could not express their opinion were represented by a family member. Residents and family spoke positively about the centre and felt safe and well looked after. Residents and family were complimentary about the persons involved in management and about all staff. One resident stated his quality of life had improved greatly since he came to the centre and felt this was due to the care and attention he has received.

Residents stated they had choice over how they spent their time and had access to daily activities, daily newspapers, regular physiotherapy, TV and radio. There was access to religious services and arrangements in place for community groups to visit the centre.

Residents were particularly complimentary about the food and stated there was a good choice of food and access to drinks and snacks on request. One family member stated they would like more privacy when discussing the resident's care. Another family member said that a private area for residents to make and receive telephone calls would be nice; on occasion telephone calls are facilitated in the reception area which does not afford privacy.

Residents knew how to make a complaint if needed. Residents stated they had choice over how they spent their day and felt their privacy and dignity was respected, with staff being courteous, and always asking ahead of entering bedrooms or delivering any support required. Twelve questionnaires were returned as part of this announced inspection, all of which were positive with particular positive emphasis on activities, exercise classes and the hard work of the staff.

Capacity and capability

Overall, a good service was being provided to the residents, but some improvements were required to ensure that recruitment practices were in line with the regulations, and the policy in place.

The person in charge was a registered nurse, worked full-time in the centre and had the required experience in nursing older people. Inspectors found that a robust organisational structure was in place. The person in charge assured inspectors that

Garda Síochána (police) vetting was in place for all staff.

Following a review of the staff rosters, residents' care records including dependency needs, and feedback from residents, inspectors were satisfied that there were sufficient staff on duty to meet residents' needs.

Since the previous inspection, there had been an increased emphasis on staff training and the majority of staff had received mandatory training. However, on reviewing the training records, a minority of staff had not received training on safeguarding vulnerable adults. This non-compliance is included under the section on quality and safety.

Inspectors found that the quality of care, and experience of residents was not sufficiently monitored, and reviewed on an ongoing basis. Inspectors saw that the annual review of the quality and safety of care was completed. However, this was not sufficiently detailed to reflect the national standards or any consultation with residents. An auditing schedule was in place, and inspectors saw that this included detailed action plans when required.

Improvements were required which reflected on the overall governance of the centre. These included:

- incomplete registration renewal application
- not maintaining records securely
- ensuring the annual review was sufficiently detailed to monitor the quality and safety of care
- fire and risk management issues discussed under quality and safety section
- meeting the regulatory documentation requirements for volunteers.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had not been made to HIQA within the timescale. This was discussed with the management team who stated it was being submitted on day two of inspection.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection he demonstrated his knowledge of the regulations, the standards and his statutory responsibilities.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection.

Judgment: Compliant

Regulation 15: Staffing

Inspectors observed positive interactions between staff and residents over the course of the inspection. Staff had a good knowledge of residents' health and support needs, as well as their likes and dislikes. Nursing staff were available at all times, and there were sufficient staff to meet the needs of residents including household staff. At the time of this inspection, staffing levels were in keeping with the assessed needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed on inspection and the majority staff were up to date on mandatory training in line with the centres' policy. Shortfalls in training were being addressed and there was a comprehensive plan in place for future training. A needs analysis had been carried out. On the first day of the inspection, dementia training was being held in the centre.

Judgment: Compliant

Regulation 21: Records

Staff records were viewed by inspectors. There was no evidence of qualifications in any of the staff files and employment history was not consistently recorded.

There was unsecured storage of files in a part of the centre, this was also identified on previous inspections and not addressed within the agreed time frame.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors were satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

Improvements were required to ensure that the governance arrangements provided sufficient oversight to ensure non compliances were completed within the timescales agreed and risk and fire arrangements were sufficiently robust.

Improvement was also required to ensure that the annual review of the quality and safety of care delivered to residents was sufficient to ensure that such care is in accordance with standards set by the Authority.

Inspectors noted that the 2017 annual review was completed. Additional information and benchmarking against the standards was required in consultation with residents and their families. The review should then be made available to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose was not submitted in a timely manner before the announced inspection. The document was viewed during the inspection and does not meet the requirement set out in Schedule 1 of the regulations.

Judgment: Not compliant

Regulation 30: Volunteers

Volunteers worked in the centre and added to the residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Evidence was not available that the required documentation was in place for all volunteers. The person in charge assured inspectors that all had been vetted appropriate to their role and their roles, and responsibilities were set out in a written agreement as required by the regulations.

However, no evidence was available to support this for one volunteer.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Inspectors saw that all relevant details of each incident were recorded together with actions taken. A monitoring system was in place and all incidents were analysed for the purposes of learning.

Judgment: Compliant

Regulation 34: Complaints procedure

Although a complaints policy and procedure was in place, some improvement was required to ensure that the system was robust and transparent. Inspectors saw that some residents had made complaints regarding services at the residents' meetings. However, these were not logged in the complaints log or managed in line with the policy in place. In addition, inspectors noted that the outcome of the complaint or whether the complainant was satisfied, was not consistently recorded.

Judgment: Substantially compliant

Quality and safety

Overall, residents in the centre were well cared for. There were some proactive health and safety practices and accident prevention measures in place and there was a low level of accidents recorded in the centre. However, some improvements were required in relation to fire evacuation drills and fire evacuation routes. Hazard identification and controls also required improvement.

The provider had clear processes in place to protect residents' finances. When needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) although some improvement was required to ensure that

possible trends and triggers were identified through appropriate assessment.

Care planning documentation provided oversight of residents' needs and outcomes and residents' health, well-being and rights were safeguarded by the systems in place. For example:

- there was a very low incidence of restrictive practices with various alternative measures such as low low beds in use
- safe management of residents' finances with detailed record keeping was in place
- access to a varied nutritious diet
- safe medication management practices
- residents' needs were met through a range of nursing, medical and specialist health care service

Some improvement was required to ensure that all residents had the opportunity to enjoy the social aspects of dining.

Regulation 17: Premises

There was adequate communal space for residents to mobilise and carry out activities. Resident's bedrooms were personalised and there was access to a secure garden. A smoking room was available which was located close to the day room.

There was no direct access to a shower for residents in one area of the centre; these residents currently have to access the shower through reception and the day room. This was discussed with the provider representative who agreed to take action to address this.

The sluice room that services rooms 1-10 was found to be excessively hot and humid on the days of inspection with inadequate ventilation. Some areas of the centre, particularly rooms in the "old house" were found to be in disrepair. Inspectors spoke with the registered provider who outlined a plan for refurbishment of some areas of the centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a varied, nutritious diet and a choice of menu was offered at mealtimes. Inspectors were satisfied that residents with special dietary

requirements were provided with the appropriate diet.

Many residents stayed in the day room for meals. It was unclear if this was through residents' choice or just habit. These residents did not enjoy the same social aspect of dining as those who went to the dining room, nor were any place settings, trays or condiments in use.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors found some improvement was required to ensure that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

Inspectors saw that a fire escape in the upstairs portion of the centre directed residents to a roof top on route to the fire escape stairs. A section of this did not have any safety rail which posed a potential risk to residents. This had not been identified as a risk in the risk register. This was discussed with the management team and immediate action was taken to address the risk.

Inspectors read the risk management policy which met the requirements of the regulations.

There was a health and safety statement in place.

Judgment: Not compliant

Regulation 28: Fire precautions

Although fire safety procedures and servicing records were up to date, sufficient assurance was not available that appropriate evacuation procedures were in place for all residents. Inspectors noted that fire drills were carried out. However, these did not include any night-time scenarios when the number of staff available was greatly reduced. This was discussed with the management team and immediate action was taken to address this. Appropriate fire drills were organised to be carried out the week of inspection and the provider undertook to inform HIQA when these were complete.

Inspectors also noted that one fire evacuation route brought residents to an outdoor area that led to a locked gate. The key was stored in a different part of the centre. This was also discussed with the management team and addressed immediately.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available to staff and residents from the supplying pharmacy. One resident told inspectors that she rings the pharmacist for advice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. A secure fridge was provided for medications that required specific temperature control. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Actions required from the previous inspection had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

On admission to the centre, each resident's needs were comprehensively assessed. Risks assessments were completed for a number of areas such as falls and pressure area care. Each resident had a care plan completed. This identified their needs and the care and support interventions to meet their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Physiotherapy was available within the centre. The benefit of this service was evident, in particular regarding falls management and ongoing health promotion and maintenance of mobility. Chiropody, dental and optical services were also provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Overall, there were good supports and positive outcomes for residents with responsive behaviour. Staff had received training recently and they described some effective strategies that they use in practice to support residents with anxiety and responsive behaviours. While care plans were in place, it was noted that specific assessments were not completed following episodes of responsive behaviour to identify any possible trends or triggers.

Inspectors saw ongoing improvements in the use of restrictive practices. Detailed assessments were completed and safety checks were carried out when in use. In addition, regular equipment checks were carried out to ensure that bedrails etc were in good working order.

Judgment: Substantially compliant

Regulation 8: Protection

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 on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. Inspectors noted that a minority of staff had not attended training and this was being organised by the person in charge prior to the end of inspection.

This provider currently acts as a pension agent for some residents. Inspectors noted that these were managed in line with guidelines.

The centre managed some residents' pocket monies. Documentation such as signed receipts and details of each transaction were maintained. Balances checked were correct. The person in charge described how they were currently implementing changes to make the system even more robust.

Judgment: Substantially 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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Willowbrook Nursing Home OSV-0000112

Inspection ID: MON-0022159

Date of inspection: 07/08/2018 and 08/08/2018

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>The application has been returned to HIQA. A number of omissions such as signatures, copies of qualifications along with copies of the floor plans have been forwarded. The Statement of Purpose and Function was revised and also forwarded.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To comply with Regulation 21 the following actions have / will be taken;</p> <ol style="list-style-type: none"> 1. All staff have been given forms to detail qualifications. Staff have been requested to present copies of qualifications. 2. All staff have been given forms to ensure employment history is accurate. 3. The shelves containing the files have now been caged ensuring their security. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

<p>management:</p> <p>To comply with Regulation 23 the following actions have / will be taken;</p> <ol style="list-style-type: none"> 1. Governance meetings have taken place to ensure all non-compliances are addressed in an agreed timely fashion. 2. The 2017 annual review will be completed again. This time the review will be based on the HIQA Template of Regulation 23 (d). 	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated and reflects the information required as per the regulations.</p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>The vetting for the individual in question could not be located on the day of the inspection. It has now been located.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Concerns / complaints expressed and documented at the Residents Committee meetings will now be documented in the Complaints Log.</p> <p>Although the Complaints Log reflects whether a complaint has been resolved, the Log will now have added detail to reflect whether the complaint was resolved satisfactorily to all parties and in a timely manner.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A " sit-in shower " which is also suitable for residents with mobility problems will be installed. This will negate the need for some residents who have to pass through reception to access showering facilities.</p> <p>A new boiler and flue will be installed. This will greatly improve the ventilation to the sluice room that services bedrooms 1 to 10.</p> <p>Room 24 in the " old building " will be renovated to include new ceiling , flooring , wall structure and radiators.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A small number of residents have insisted on receiving their meals on trays. Some other residents are now taking their meals in the dining room.</p> <p>A small number of residents who feel uncomfortable in a crowded area are taking their meals in a quieter dining area. Same documented in care plans.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>A section of the roof top safety rail was not in place. This has been documented in the Risk Register.</p> <p>A safety rail has now been fitted.</p>	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Drills took place during the night shifts on August 8th, 13th and 15th and will be ongoing as with day shifts.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The ABC in relation to responsive behaviors will be introduced after all staff nurses have briefed on same.</p> <p>To further reduce the use of restraints half-rails are being sourced and will be trialed and introduced. Two further low low beds have been purchased.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Three staff members had not received training in The Safeguarding of Vulnerable Individuals. These three staff along with one other staff member had not received Annual Fire Safety training.</p> <p>Training for these staff members has been organized.</p>	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	27.08.2018
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the	Not Compliant	Orange	27.08.2018

	person who is the registered provider, or intended registered provider.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Yellow	23.11.2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	23.11.2018
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	20.08.2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and	Not Compliant	Orange	16.08.2018

	accessible.			
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	Orange	29.08.18.
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	21.09.2018
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	21.09.2018
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available	Not Compliant	Yellow	21.09.2018

	to residents and, if requested, to the Chief Inspector.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	10.08.2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	10.08.2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	27.08.2018
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	Not Compliant	Orange	15.08.2018

	followed in the case of fire.			
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.	Not Compliant	Yellow	23.08.2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	29.08.18
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Not Compliant	Orange	29.08.18
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a	Substantially Compliant	Yellow	29.08.18

	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 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Yellow	29.08.18
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31.09.2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	06.09.2018