



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Announced
Date of inspection:	07 February 2018
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0020733

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 22 dependent people over the age of 18. The premises is a single-storey detached house. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and two assisted showers.

The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting providing views of the surrounding countryside. Rochestown Nursing Home provides accommodation for both male and female residents. It provides long-term, short-term, convalescent and respite care. All levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre promotes the independence of residents and provides a variety of activities suitable to residents' needs.

The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

Current registration end date:	25/06/2018
Number of residents on the date of inspection:	17

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	09:00hrs to 19:30hrs	Caroline Connelly	Lead
07 February 2018	09:00hrs to 19:30hrs	John Greaney	Support

Views of people who use the service

Inspectors spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of staff whom they considered to be approachable and helpful.

Residents were very happy with the level of activities provided and said there was always plenty of entertainment. They described a varied activity programme and schedule, with a high degree of satisfaction with what they did during the day. A resident who left the centre to participate in an independent living group programme also expressed their satisfaction.

The majority of residents reported satisfaction with the food and said choices were offered at mealtimes. A number said they enjoyed chatting to other residents during mealtimes. Residents spoke of their privacy being protected when seeing their general practitioner (GP) and choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Residents said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. A resident chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge and provider for follow-up. For example, the residents' committee had requested curry to be added to the menu and residents confirmed that this had been made available.

Capacity and capability

Inspectors were not satisfied that there was a clearly defined management structure currently in place. Inspectors found that non-compliance relating to the recruitment and vetting of staff had continued. This issue had been identified over the course of four inspections undertaken in January 2017, July 2017, and, October 2017.

Inspectors found that the governance and management of the centre was ineffective, and there was a lack of understanding of the regulatory requirements by the provider in relation to many aspects of the running of the centre. There was no clearly defined management structure and at that time the person in charge had limited supernumerary time to undertake her managerial responsibilities. The provider attended a series of meetings in the HIQA office and provided

a governance and management plan for the centre.

In response to the ongoing and persistent non-compliances noted, restrictive conditions were attached to the registration of the centre on 15 June 2017. Following ongoing interactions with HIQA, the provider had employed a governance manager, who commenced employment in August 2017, to monitor and review the quality and safety of care and services. There was also a new person in charge of the centre since 25 September 2017. The person in charge was supernumerary to the nursing complement, and there was always a nurse on duty in addition to the person in charge. However, the person in charge handed in her resignation a few days before this inspection with immediate effect. The governance manager, who had been working in the centre two days a week, had agreed to increase her hours of work to full-time to take on the role of person in charge on a temporary basis. An interview was conducted with her during the inspection. The inspectors were satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She provided in-house training for staff. However, due to these changes the governance plan submitted to HIQA could not be fulfilled.

Following the previous inspections and in the governance plan submitted to HIQA, inspectors were given assurances that issues with recruitment would be prioritised and rectified. However, a number of these issues had continued. All staff files were again checked on this inspection, and recruitment practices were found to continue to be unsafe. Although there had been some improvements in staff files overall, inspectors continued to identify gaps in vetting procedures. One staff member who had been working at the centre for numerous years still did not have Garda Síochána (police) vetting or references on file. There were a number of staff without two written references being attained for them, a recently recruited staff member had references from internal staff and not from their current employer. Gaps were seen in CVs and there was no photo identification for a recently recruited staff member. Therefore these files did not contain all the requirements of Schedule 2 of the regulations. The provider was again made aware that this was a major non-compliance and that lapses in the recruitment process could put vulnerable people at risk.

On the previous inspection, inspectors identified a lack of a comprehensive induction plan in place for new staff. The centre had since introduced a one-page check sheet but this did not demonstrate that staff had received a comprehensive induction to the centre. There was no evidence of probationary evaluations or appraisals taking place for new staff. Appraisals for longer term staff had recommenced since the last inspection and were seen in some staff files. There was also evidence that staff meetings had recommenced.

On the previous inspection, inspectors were concerned regarding the sustainability of the working arrangements of a number of staff who worked in the centre on a part-time basis with full-time jobs elsewhere. Although there was one newly recruited full-time nurse since the previous inspection, the remaining nursing staff were part-time. A review of the staff roster showed there could be a different nurse

on duty each day of the week, which did not facilitate continuity of care for the residents.

There had been an emphasis on staff training since the previous inspection and the majority of staff had received mandatory training. However, there continued to be a number of part-time staff and new staff who had not received official fire training, including the use of fire fighting equipment. A training matrix was made available to the inspectors which the provider had updated. This matrix continued to identify gaps in the provision of responsive behaviour training for a number of staff.

Improvements in complaints management were seen, with the complaints log now including details of the complaint, action taken and learning and improvements made on foot of the complaint. Each complaint was signed off and dated by the person in charge. Complaints made also formed part of weekly key performance indicator (KPI) data. The complainant's satisfaction with the outcome of the complaint was now recorded, as required by legislation.

Inspectors saw that the centre had some systems and processes, based on national standards, in place to manage and implement a programme of quality and safety.

Quality data and was gathered on a weekly basis in areas such as pain, pressure sores, physical restraint, psychotropic medication, falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents. Improvements had occurred in the auditing of the service since the commencement of the governance manager and this had led to some improvements in practices. An annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards for 2017. This review was made available to the residents, and a number of recommendations and actions from this review were actioned and informed a programme for improvement. There had been no significant incidents or adverse incidents since the last inspection and quarterly notifications had been submitted to HIQA as required.

Regulation 14: Persons in charge

There was a person in charge of the centre; however, she had only taken on the role during the inspection. Staff, residents and relatives were not able to identify her as the person who had responsibility and accountability but she said she planned to meet with all of them to inform them of her change in role.

Judgment: Compliant

Regulation 15: Staffing

Due to the reduction in resident numbers and the low dependency needs of the residents, staff reported that staffing levels allowed them to provide care to the current residents. However, the inspectors expressed concern about the number of part-time nursing staff working in the centre which did not provide continuity of care to residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Since the previous inspections, there had been an emphasis on staff training and the majority of staff had received mandatory training. However, some staff had not received official training in fire safety or responsive behaviour. There was no evidence that a comprehensive induction was provided to new staff and there were no records of ongoing supervision of new staff.

Judgment: Not compliant

Regulation 21: Records

There were a number of items missing from staff files, therefore they did not comply with Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 22: Insurance

The inspectors saw that there was up-to-date insurance in place against injury to residents and other risks including loss or damage to resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were not satisfied that there was a clearly defined management structure in place identifying lines of authority, accountability that details responsibilities for all areas of service provision.

The inspectors were not satisfied that the current governance arrangements were sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the recent changes to the management structure and to accurately reflect the age range of residents the service could provide a service to.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were, generally, notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 32: Notification of absence

Inspectors were notified of the absence of the person in charge at the commencement of the inspection and the completed notification was submitted to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedures in place ensure that complaints and concerns are listened to and acted on in a timely and effective manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were centre specific, recently reviewed and referenced the latest national policy, guidance and published research.

Judgment: Compliant

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

Inspectors were notified of the absence of the person in charge at the commencement of the inspection and that the governance manager was going to take on the person in charge role and assume all responsibilities on a temporary basis. The completed notification along with the prescribed documentation was submitted to HIQA.

Judgment: Compliant

Quality and safety

The provider had actioned a number of non-compliances identified on the last inspection, which had resulted in some improvements in quality and safety for the residents.

There was evidence of good consultation with residents. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated. A resident chaired the meetings, assisted by the administrator who maintained minutes of these meetings. Minutes were submitted to the person in charge and provider for follow-up, for example, residents suggested changes to the

menu and activity schedule, and these had been facilitated.

A busy activities schedule was planned for residents. On the morning of the inspection, inspectors saw residents enjoying mass in the day room, accompanied by talented voluntary musicians. Imagination gym, pub quizzes, exercise groups, karaoke, games, Sonas and other group activities were organised throughout the week. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Residents who spoke with inspectors were very happy with the level of activities provided and said there was always plenty of entertainment going on.

There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. Inspectors met and spoke with a number of visitors who indicated that they had open access to visit their relatives. There were a number of areas throughout the centre where residents could receive visitors in private if they wished.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated.

Inspectors found that the premises, fittings and equipment were generally of a reasonable standard, clean and well-maintained. The centre was homely and accessible. It provided adequate physical space to meet each resident's assessed needs. There were easily accessible and well-kept gardens and grounds, with plenty of seating available for residents' and relatives' use.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protecting the residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date policy in place regarding adult protection and the person in charge was aware of her legal obligations to report issues. She adequately described protection of residents as well as actions to be taken if an allegation was made.

There were some systems in place to safeguard residents' money. However, the provider said that pensions were still being paid into the nursing home account and not in a separate resident account. The provider deducted the money required for their care and generally returned the money to resident in block payments. This goes against the requirements of the Department of Social Welfare for the balance of payment to be lodged to an interest bearing account for the resident. It also requires that there should be clear separation between the resident's account and that of the service. This issue had been identified on previous inspections and although the provider had opened individual accounts for residents, the money continued to be paid into the nursing home account which is an ongoing non-compliance.

There was a centre-specific restraint policy dated November 2017 which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. Inspectors saw that no bedrails or other physical restraints had been used in the centre for a number of years.

There were written operational policies for the ordering, prescribing, storing and administration of medicines to residents. Inspectors reviewed a number of medication prescription charts which included the required information. Audits of medication management were ongoing and had resulted in some changes to practice, such as checking medication compliance aids at the start of each shift to ensure there were no issues with the packaging. Storage of prescription creams required review as inspectors saw a number of prescription items inappropriately stored which did not comply with the centre's policy or best practice guidance.

Inspectors saw that residents' healthcare needs were met through timely access to the centre's general practitioners (GPs). There was evidence of very regular medical reviews and referrals to other specialists as required. A chiropody service is provided to residents on a regular basis in the centre. Physiotherapy services were provided as required. Dietitian and speech and language services were accessed via a nutritional company. The inspectors saw evidence of referrals and reviews in residents' notes. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the service provided.

There were very good links with psychiatric services and community services for residents who required these services, and assessments and treatment reviews were seen in residents' notes. Psychiatry of old age specialist nurses visited residents who required review on a regular basis, and behavioural and medication plans were assessed and monitored for residents who exhibited behavioural and psychological symptoms of dementia. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals. Wound care was provided in line with special instructions of the tissue viability nurse, and the assessment and care plan was completed and updated in accordance with these recommendations.

Inspectors viewed the care plans of a number of residents. Residents had a comprehensive nursing assessment completed on admission, involving a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure-related skin injury among others. Pain charts in use reflected appropriate pain management procedures. Residents had a care plan developed within 48 hours of their admission based on their assessed needs. Care plans that detailed the interventions necessary by staff to meet residents' assessed healthcare needs are essential to direct care, particularly in light of the number of different part-time nurses working in the centre. Overall, care plans were comprehensive and person centred. However, one care plan had not been updated following changes to a prescription which could lead to errors in care provided

Improvements were seen in risk management and emergency planning. During the previous inspection, there were no contingencies in place for the loss of power which affected all aspects of the running of the centre and the safety of residents and staff. On this inspection, the centre now had contracts and agreements with two generator suppliers to maintain essential services in the centre in the case of a loss of power. The emergency plan had been updated and contained information to guide staff in all emergency situations.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors room. Inspectors saw visitors in and out during the inspection who confirmed they were welcome to visit at any time.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of space for residents to store and maintain control over their clothing and personal belongings. Each resident had a locked safe in their room for safekeeping of money or other valuable items. Many bedrooms were seen to be personalised.

Judgment: Compliant

Regulation 17: Premises

The premises were seen to be clean and well maintained with adequate communal and private accommodation. The premises was homely in appearance with safe outdoor space and rural views.

Judgment: Compliant

Regulation 26: Risk management

There had been improvements in emergency planning since the previous inspection, with a more comprehensive plan now in place to respond to major incidents and

serious disruption to essential services. This plan contained agreement and details of the suppliers of a generator in the case of disruption of power.

There was clear cautionary signage in place for gas cylinders stored behind a wire cage in the enclosed patio area and daily checks were completed by maintenance personnel. This had not been in place at the previous inspection.

Judgment: Compliant

Regulation 27: Infection control

Improvements were seen in infection control and the premises was found to be very clean. Good practice was seen in staff maintaining effective hand hygiene. Torn equipment had been removed or repaired and there were no urinals stored in residents bedrooms. However there was a nebuliser mask on top of a locker which was not covered in line with best practice which could lead to the spread of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As required on the previous inspection fire drill records now contained the names of staff in attendance and detail of what was done, any additional comments, learning and a record of time the drill took place. There was evidence that all new staff and a number of part-time staff had an induction in fire safety from staff from the centre to identify key information such as zones fire alarms, equipment and what to do in the case of fire. However, staff had not received official fire training and training in the use of fire fighting equipment.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Generally, good practices were seen in the prescription and administration of residents medications. However, a number of prescription creams were stored in a basket on the windowsill of a resident's bedroom. Two of the creams were identified as belonging to the resident but two further creams were labelled for two separate residents. One of these creams required to be stored in a fridge. This storage of prescribed medications requires review to ensure correct secure storage.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall assessment and care plans for residents were seen to be comprehensive and very person centered. Assessments were reviewed and updated on a quarterly basis. However, the inspectors saw that for one resident although the assessment was changed the care plan had not been updated to reflect changes in the residents prescription which could lead to errors.

Judgment: Substantially compliant

Regulation 6: Health care

The health care needs of residents were met in a timely manner with good access to GP and allied health professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that there were supports and comprehensive plans in place to respond to resident's responsive behaviours in a consistent and person centered manner. However not all staff had received responsive behaviour training and this is actioned under regulation 16 Training and staff Development.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and all staff had received up to date safeguarding training. However residents finances continued to require review as although the provider had opened individual accounts for all residents and the details had been forwarded to the pension office the pensions continued to be paid into the nursing home account. This is not in compliance with the requirements of the social welfare which requires the balance of payment to be lodged to an interest bearing account for the resident. It also requires that there should be clear separation between the residents account and that of the service.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence of resident's rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated. A resident chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge and provider for follow-up.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Not compliant
Regulation 9: Residents' rights	Compliant

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have employed two staff nurses on a full time ,permanent basis. One of them will have completed aptitude rest on 14th of July and other is awaiting her working visa,(Already has An Bord Altranais pin number)</p> <p>Both nurses will commence employment July 2018. This measure will improve continuity of care.</p>	
Regulation 16: Training and staff Both nurses development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed site specific fire training and training for responsive behaviour. All training certificates are in staff members files as requested. We have reviewed our induction plan and have implemented a more comprehensive & robust system including a probationary period. This includes appraisals, audits, and records of ongoing supervision.</p>	
Regulation 21: Records	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files have been audited and contain all documents required by schedule 2 of the regulations.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The management structure has been amended and there is now clear lines of authority and responsibility for improved reporting and management. The full time person is employed on a supernumerary basis only. All staff report to both the person in charge and the provider.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to reflect the recent changes.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The resident has been asked to store his nebuliser mask in the appropriate storage bag.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

All staff have received site specific appropriate fire training. This training is done in conjunction with our current induction fire training procedures. All certificates are kept in staffing files.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All prescription creams are stored in the appropriate manner.

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:

If resident shows any changes in there careplan this will be updated within 48 hrs as per nursing home policy.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

We have reviewed procedures regarding residents finances. The balance of all payments are now lodged on a weekly basis into personal individual resident accounts.

All receipts and records are kept of these transactions.

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	31 July 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01 May 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	26 th April 2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Not Compliant	Orange	01 May 2018

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	01 May 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.	Not Compliant	Orange	01 May 2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01 May 2018
Regulation 28(1)(d)	The registered provider shall	Not Compliant	Orange	01 May 2018

	make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01 May 2018
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a	Not Compliant	Orange	01 May 2018

	resident are stored securely at the centre.			
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 May 2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01 May 2018