



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Valentia House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0023507

## About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 47 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 40 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon; the Lawn Café and the dining room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	41
--	----

## 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
16 January 2019	09:30hrs to 17:30hrs	Vincent Kearns	Lead
17 January 2019	07:00hrs to 15:00hrs	Vincent Kearns	Lead

## Views of people who use the service

Residents spoken to gave very positive feedback about staff and were complimentary about the care they received and felt happy and safe in the centre. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. Residents said staff kept them informed and up to date about any changes to their health and social care needs. The returned residents questionnaires issued in the centre each year as part of the centre's ongoing quality improvement programme, clearly identified staff as being very supportive and caring to residents. Some residents said that the centre was like a home from home, that staff were friendly and it's was very comfortable and welcoming environment to live in. One resident said that visitors are always made to feel very welcome, tea or coffee are always offered to everyone. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents spoke positively about how they were able to exercise choice regarding all aspects of living in the centre. A number of residents were complimentary about the activities provided and felt that every effort was made to provide activities that suited their individual needs, interests, and capacities.

## Capacity and capability

Overall the centre was well managed with evidence of good governance and oversight arrangements in place. The centre had been owned and managed by the provider since 1977. The provider representative was an experienced manager who was based on site each day. The person in charge had been appointed in May 2018 and she had significant nurse management experience. The person in charge was providing suitable staffing to meet the needs of the residents. The person in charge was very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents with whom the inspector spoke agreed that she was well known to them and both residents and staff confirmed that she was an effective manager and readily available to provide support. The inspector noted that a number of the staff had worked in the centre for some time, and were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose. They had good oversight of the centre and were therefore well positioned to provide suitable and timely managerial support, when required. However, there were some improvements required. For example, improvements were required in relation to the recording of complaints, the

submission of notifications to the Office of the Chief Inspector and amending residents contracts in line with recent regulatory changes.

The provider representative and the person in charge were fully engaged in the governance and administration of the centre on a consistent basis. The inspector observed that the person in charge met with residents and their representatives each day, and knew all residents and their representatives well. The person in charge was also supported by an experienced assistant director of nursing and qualified nursing staff. There was also activities, administration, household and care staff who completed the care team. The person in charge met with staff regularly and minutes were maintained of these meetings. All staff spoken with praised the person in charge's leadership qualities and was described by staff as being very "hands on" in her approach, and that she was always resident focused in her decision making. Residents and their representatives clearly knew the person in charge well and were observed to be at ease interacting with her and all staff. Residents and their representatives were very complimentary of the care and consideration that she and her team afforded them.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to medication management, care planning and falls governance. Following completion of audits, there was evidence that the person in charge highlighted any issues to responsible staff for action. These arrangements gave assurance to the provider representative that improvements were being monitored, measured and actioned.

In relation to staffing, the inspector was informed that the centre had been trying to recruit qualified nursing staff for a number of months and only recently were successful with a number of new staff nurses having been recruited to the centre. The inspector observed that overall, there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to ensure on-going safe and suitable care provision. The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff. From a sample of staff files viewed, staff had generally attended suitable training however, some improvements were required in staff training. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

## Regulation 14: Persons in charge

The person in charge was appointed to this position in May 2018 and she was an experienced nurse manager with considerable experience in nursing older people. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. She had committed to continued professional development and had regularly attended relevant education and training sessions, including a post-graduate management training course and for example, she was a qualified dementia champion. The inspector found that she was well known to residents and staff. Residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. There were arrangements for the assistant director of nursing or the staff nurse on duty to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

## Regulation 15: Staffing

A registered nurse was on duty in the centre at all times. The inspector observed positive interactions between staff and residents over the course of the inspection. Staff demonstrated an excellent knowledge of residents' health and support needs, as well as their likes and dislikes. All staff were supervised on an appropriate basis. Staff spoken to demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector spoke to a number of newly recruited staff who confirmed that they had undergone a suitable induction and probationary period. There was also evidence of staff having completed annual appraisals with the person in charge. Records viewed by the inspector confirmed that, there was a considerable on-going training provided and completed by staff that was relevant to the care and support needs of residents. For example, staff had completed mandatory training in areas such as fire safety, manual handling and safeguarding. There were also numerous training dates scheduled for 2019. However, improvements were required in staff training for example, few staff had completed training in dementia care or

the management of challenging behaviours.

Judgment: Substantially compliant

### Regulation 21: Records

Overall, records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence that the provider representative and person in charge provided good governance and oversight of the service. There were adequate management systems in place to ensure that the service provide was safe, appropriate and effectively monitored. The person in charge and the provider representative were both available out of hours and staff gave specific examples of such managerial support being provided. The person in charge was supported on a daily basis by the assistant director of nursing who was an experienced nurse manager. There was an annual review of the service carried out in 2018 which informed the quality and safety of care delivered to residents in consultation with the residents and their families.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and the contracts appeared to be written in a clear, user-friendly way that outlined the services and responsibilities of the provider to the resident. They also included the fees to be paid, including any additional charges. However, some



improvement was required in relation to contracts. For example, the contacts of care reviewed did not contain details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that was made available to residents and it described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The statement of purpose also included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. However, some improvements were required in the statement of purpose to ensure that it included:

- More details regarding the services which are to be provided by the registered provider to meet residents care needs.
- More details regarding the description of the rooms in the centre, including their size and primary function.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

There was a comprehensive log of all accidents and incidents that took place in the centre. The Office of the Chief Inspector was notified as required every quarter. From a review of the incident records, the inspector noted that one recorded incident of potential abuse had been suitably managed by staff in accordance with the centre's policies and procedures. However, this incident had not been notified within three working days to the Office of the Chief Inspector, as required by regulation.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The policies and procedures for the management of complaints were seen to comply

with legislative requirements and the complaints policy was most recently reviewed in April 2018. There was an independent appeals process and complaints could be made to any member of staff. A number of residents spoken to were aware of the complaints' process which was on public display. On review of the complaints log there was evidence that most complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. However, not all complaints had been adequately recorded. For example, some complaints that had been promptly dealt with to the satisfaction of the complainant however, not all such complaints had been recorded in the complaints log. In addition, not all recorded complaint's recorded the satisfaction level of the complainant, as required by regulation.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The inspector reviewed the centre's operating policies and procedures and noted that the centre had site specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies were reviewed and updated at intervals not exceeding three years as required by Regulation 4. Staff spoken to were knowledgeable in relation to these policies and on going policy awareness was being provided.

Judgment: Compliant

#### Quality and safety

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom the inspector spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. From a review of residents' care records, the practice of staff, and feedback from residents; the inspector found that residents healthcare needs were being met in a timely way, and care provided reflected residents' preferences. Residents were safeguarded by effective procedures in the centre, and their rights were respected. From a sample of care plan records were reviewed, all were found to reflect the residents' individual preferences, information about their life before moving to the centre and a health history. In practice staff were seen to know the residents needs well, and were responsive to changes such as reduced intake of food, or changes in

mobility levels. Where residents were identified as being at risk of incidents or accidents, for example falls or developing pressure areas, contact was made with the appropriate healthcare professional and assessments were carried out. Where necessary health professionals outside of the service were contacted to provide support, for example tissue viability, speech and language therapy or a consultant psychiatrist.

There was a low level of use of any equipment or approaches that restricted residents free movement, for example bed rails or lap belts. The person in charge demonstrated how she and her staff endeavoured to keep any form of restriction to a minimum. They assessed residents to see their suitability for any intervention and always included whether alternative measures had been trialled and what was the least restrictive option available. Staff were clear about when restrictions could be used, and were able to explain clearly the checks carried out regularly to ensure the residents safety.

Overall there were suitable fire safety procedures and practices in place. For example, fire safety equipment was serviced on an annual basis and the fire alarm panel were serviced on a quarterly basis. However, some improvements were required to fire safety in the centre. For example, the emergency lighting was serviced annually and not quarterly, as required by regulation. In addition, not all staff had attended a fire evacuation practice drill in the centre.

Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and in other communal areas of the centre. Overall, there appeared to be a friendly homely atmosphere in the centre between residents and staff. Staff were seen to also be very supportive, positive and respectful in their interactions with residents. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Residents were also supported to make choices about how they spent their time, with a range of activities being offered in different locations around the centre, and for some residents attending activities off site. There was a comprehensive programme of activities carried out by an experienced activities coordinator who was seen leading activities in a number of locations. Residents were given choice in relation to what activities they would like to take part in, including physical options, mind based activities and religious observance. On the days of the inspection, the inspector noted that a variety of activities were on offer including various games and outings to local areas of interest. Some residents said that they particularly enjoyed these outings. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities. The provider used different ways to get feedback about the quality of the service. These included annual residents surveys/questionnaires about the service being provided, feedback from advocates and feedback from the regular residents meetings. Staff were also observed for example, checking with residents through the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like. Information was accessible for residents in the centre, with public notice boards in key areas, and access to the resident guide and other documents about the service including regular newsletters.

## Regulation 12: Personal possessions

There was adequate space for residents to store their clothes or personal memorabilia. There was adequate wardrobe space and each resident had access to secure lockable storage.

Judgment: Compliant

## Regulation 13: End of life

Overall, there was evidence of a good standard of end of life care and support provided. The person in charge outlined that appropriate access to the specialist palliative home care team was provided to residents requiring palliative care. There was an Oratory available for resident and visitor use and religious services were held regularly in the centre. There was a hospitality room for residents and their visitors use that was comfortably designed and suitably furnished. In addition, there were overnight facilities available to enable families remain overnight, if required. The person in charge outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs. The inspector found that staff were aware of the policies and processes guiding end of life care. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care.

Judgment: Compliant

## Regulation 17: Premises

The inspector noted that the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre was observed to be homely, bright, and furnished with many homely pieces of furniture and appeared clean throughout. There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms. Resident's bedrooms were personalised with photographs, pictures and ornaments. There was good signage for example, on corridors and numbers on bedroom doors. Overall, the premises had been generally well maintained and redecorated to an adequate standard. For example, there was on going redecorating and repainting evident in a number of areas including residents' bedrooms and corridors. However, some improvements was required in

relation to premises including:

- Some parts of the centre required repair or redecoration for example, the wood paneling in the ceiling at the entrance to the centre.
- To ensure that emergency call facilities are accessible from each resident's bed and in every room used by residents
- To ensure suitable storage in the designated centre as there were for example, hoists and wheel chairs unsuitably stored on corridors.
- To review the provision of heating throughout the centre for example, in the conservatory and the sunroom.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The inspector saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, orange juice, fresh fruit and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

### Regulation 26: Risk management

Overall, there were suitable arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as falls, and residents leaving the centre unexpectedly. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. However, some improvements were required in the hazard identification and assessment of risks in the centre. Risk assessments were required in relation to the storage of staff personal belongings in an unrestricted room. A number of exit doors had alarms installed. However, risk assessments were required in relation to a number of exit doors that were not suitably restricted to ensure residents did not leave the centre unexpectedly. This matter was immediately addressed by the provider representative with additional controls and monitoring checks implemented to mitigate these potential hazards.

Judgment: Not compliant

### Regulation 27: Infection control

The premises appeared to be generally clean and, overall there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards. However, some improvement was required in relation to the deep cleaning of some parts of the centre for example, there were some cob webs and dust on some windows and high surfaces.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Overall, there were adequate fire safety procedures in place. The centre was a non-smoking centre at the time of this inspection. There were suitable written personal emergency evacuation plan in place for each resident. Staff spoken with were knowledgeable about all residents' evacuation needs and which method of evacuation would be required for each resident. The fire alarm panel were serviced quarterly and the fire safety fighting equipment was serviced annually. Regular fire drills had taken place in the previous 12 months and there was a practice drill on the first day of the inspection. However, improvements were required in relation to fire safety in the centre including:

- Not all staff spoken had attended fire evacuation practice drills in the centre.
- The servicing of the emergency lighting was provided annually however, this servicing was required on a quarterly basis.
- Some bedroom doors which were fire safety doors had been wedged open and therefore in the event of a fire, preventing such doors from containing the smoke or fire in such rooms.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Medications were stored and managed in line with relevant legislation and guidelines.

Records relating to medication management were well-maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There were pre-admission assessments of prospective residents that were completed whenever possible, prior to admission. This gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Resident's had suitable access to GP's, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector noted that a small number of residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for individual residents who may have exhibited behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required. For example, there was regular supportive visits by the community psychiatric nurse in relation to supporting residents with anxiety and behavioural and psychological symptoms of dementia.

Judgment: Compliant

## Regulation 8: Protection

All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. There were suitable arrangements in place in relation to safeguarding residents valuables and finances. A small number of residents had received support in relation to small quantities of expenditure for example, hairdressing bills. The inspector noted that these arrangements were suitable and included double signatures and receipts to safeguard residents interests.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre and residents were facilitated to maintain their privacy and undertake any personal activities in private. Residents were supported to retain as much control of their own decision making as possible and residents confirmed that they were kept informed about their rights, including, civil, political and religious rights. The inspector observed that these rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents' access to the community was maintained for example, by access to local and daily newspapers, local parish letters, visits by local clergy, and local media and aids such as telephone and wireless Internet access. Residents were also supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0023507

Date of inspection: 17/01/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A Training schedule for 2019 is currently being compiled.</p> <p>All staff will be trained in Dementia Care and the management of Behaviour that Challenges throughout the year. Training will commence in March 2019.</p> <p>The PIC is commencing a Certificate in Gerontology in March 2019.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All new contracts of care will contain details of the "terms" relating to each bedroom.</p> <p>The contracts will contain the number of other occupants (if any) of that bedroom.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

<p>The statement of purpose will contain more details regarding the services which are provided by the registered provider, including chiropody services.</p> <p>The statement of purpose will contain more details regarding the description of the rooms in the centre, this will include size and primary function.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All incidents will be notified to the office of the chief inspector within three working days.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are now documented and dealt with in line with our complaints policy.</p> <p>All complaints now detail the satisfaction level of the complainant.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An improvement plan for 2019 has been drawn up.</p> <p>The wood panelling to the ceiling at the entrance to the centre will be repaired.</p> <p>Emergency call facilities have been installed in each room used by a resident.</p> <p>A new boiler has been installed upstairs, replumbing and replacement of pipes will commence in the summer of 2019.</p> <p>Two electric heaters will be installed in the conservatory.</p> <p>Equipment is now being stored in an undesignated room. Plans has been submitted for an extension to the existing building. Storage has been addressed in these 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 risk assessment has now been completed for the storage of staff personal belongings. All external exit doors are now suitably restricted to ensure residents do not leave the centre unexpectedly.</p> <p>The Dewing Wandering Risk Assessment tool is now used for all mobile residents.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A deep cleaning schedule is in place since July 2018.</p> <p>Environmental Hygiene Audits are carried out monthly by the PIC, an action plan is completed and feedback is given to the cleaning staff.</p> <p>Regular meetings are held with cleaning staff.</p> <p>Staff have received up to date training.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All staff will attend regular fire evacuation practice drills.</p> <p>The servicing of emergency lighting is now being carried out on a quarterly basis by Sharp Group.</p> <p>The bedroom doors will no longer have wedges holding them open. All wedges have been removed.</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
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	23/08/2019
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	30/09/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	08/02/2019

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	31/01/2019
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	31/01/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	22/02/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Not Compliant	Yellow	15/05/2019

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/03/2019
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	17/01/2019
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	Substantially Compliant	Yellow	17/01/2019



	person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
--	--	--	--	--