



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ballinamore Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Tully, Ballinamore, Leitrim
Type of inspection:	Announced
Date of inspection:	24 July 2018
Centre ID:	OSV-0005290
Fieldwork ID:	MON-0022398

About the designated centre

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

Ballinamore Community Nursing unit is a purpose-built facility that provides accommodation for 20 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that care is focused on a person centred approach where each resident is treated with dignity and respect. This centre is a modern building and is located in the town of Ballinamore. It is a short walk from the shops, library, church and business premises. Bedroom accommodation consists of 18 single and one double room. All rooms have fully accessible en-suite facilities. A variety of communal accommodation is available and includes sitting rooms, a dining area, a prayer room and visitors' room. The centre has a safe well cultivated garden area that has features such as bird feeders, flowers and shrubs to make it interesting for residents.

The following information outlines some additional data on this centre.

Current registration end date:	30/11/2018
Number of residents on the date of inspection:	20

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
24 July 2018	09:30hrs to 17:30hrs	Geraldine Jolley	Lead
25 July 2018	08:30hrs to 15:00hrs	Geraldine Jolley	Lead

Views of people who use the service

The inspector spoke with nine residents and reviewed 10 feedback questionnaires returned to HIQA. Residents said they were very happy living in the centre and said that they enjoyed the comfort of their spacious rooms and surroundings. They said that they liked being near the town and when they wanted to go out staff took them to shops, cafes, the library or wherever they wanted to go. Residents liked the variety of activities and mentioned the exercise groups, gardening and bingo as activities that kept them entertained. Some residents commented that more activity would be welcome as sometimes there was not enough to do. Residents said they liked the garden as it was safe and was just the right size to walk around and see the flowers and shrubs.

The care provided by staff was described as a positive feature of the service. Residents said that staff were kind, very approachable and worked hard to ensure they were comfortable and happy in the centre. They told the inspector that staff had created a lovely relaxed atmosphere. Residents were supported to remain independent and in contact with the local community. They described the contacts they had with local schools through the intergenerational project and said they were informed about community events. Food choices were described as varied and residents on specialist diets said that they were provided with meals that suited their needs.

Capacity and capability

This operation and management systems in the centre were well established and a high level of compliance had been achieved with one exception where the procedures in place did not ensure that required documentation, specifically vetting disclosures for all staff were not available on site. This was remedied in a timely way when an immediate action plan letter was issued following the inspection. The inspector observed that the overall governance, management and oversight of the delivery of the service was good and there were systems in place to review the quality of the service provided to residents. An annual report for 2017 had been completed. Improvements identified included better access to dietetic services, more technology to assist residents and ensuring access to community groups such as Active Age. These matters had been addressed. The inspector saw that staff were working with community organisations to extend the opportunities for social outlets available to residents and had engaged staff in varied roles to support this initiative.

There was a clearly defined governance structure with distinct lines of authority and accountability. Residents and staff said they could raise any concerns regarding the quality and safety of care delivered and felt their views were listened to and considered. The organisation of the service and the delivery of care was observed to be in keeping with the centre's objectives as described in the statement of purpose.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. Staff were observed to engage with residents in a person centred and respectful manner. The person in charge is appropriately qualified and experienced and has kept her skills and knowledge up to date by attending courses and training events. Residents said they knew her well as she went around the centre when on duty and talked to everyone.

Residents told the inspector that their experience of raising issues was positive. Four residents said that when they had raised concerns or expressed views on food, the response to call bells or their care these matters had been resolved by staff or the person in charge. The inspector was satisfied that residents' complaints and concerns were listened to and acted upon in a timely manner.

The required documents that inform residents about the service and the policies to guide staff practice and ensure the safe operation of the service were available. Some needed minor revisions to ensure the information was accessible and fully meet the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application form and fee for registration renewal were submitted as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was knowledgeable about her responsibility as the person in charge. She had kept her skills and knowledge up to date by attending training courses in management and on clinical topics. She had a significant interest in ensuring the centre was homelike for residents and had ensured that painting, decoration and furnishings achieved a relaxed and attractive environment for residents. She had systems in place to ensure that staff were appropriately supervised and that they had access to

training to support them in their varied roles.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number of suitably skilled staff on duty to meet the needs of residents. Agency staff were employed to cover some shifts and recruitment to fill vacant positions was underway.

Judgment: Compliant

Regulation 16: Training and staff development

Staff conveyed enthusiasm and positive attitudes about their roles and contribution to the staff team. They were clear about the standards expected and valued the support they were given to learn and develop.

A culture of learning for staff was promoted through training and professional development. An induction procedure was in place to ensure that staff were familiar with the building, care practice and procedures. Training had been provided on a range of topics that included dementia care, responsive behaviours and hand hygiene. The training record confirmed that all staff had completed training on the statutory topics of moving and handling, fire safety, safeguarding and Children First.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was fully complete.

Judgment: Compliant

Regulation 21: Records

The required records were maintained and were generally of a good standard. The

daily records of each resident's health and condition completed by nurses required improvement as they did not always reflect the range of input from staff to ensure residents' overall well-being and focused mainly on aspects of physical care.

The required schedule 2 documents were available for all staff with the exception of vetting disclosures which were held in another location and could be made available on request. The inspector saw disclosures for a number of staff during the inspection. A compliance plan that requested disclosures must be available on site for all staff was issued following the inspection. This was responded to in a timely way by the provider representative and person in charge who confirmed on 8 August 2018 that all disclosures are now kept on site. .

Judgment: Not compliant

Regulation 22: Insurance

There was insurance arrangements in place to support the operation of the service.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate resources available to ensure the safe delivery of care and the effective operation of the service. Aspects of the service were reviewed regularly and where improvements were required these were addressed. The inspector saw that the environment had been made more comfortable for residents by the use of homelike touches and signage had been put in place to help residents find their way around the building.

An annual report on the quality and safety of care had been completed for 2017. Residents views on their experience of living in the centre were sought regularly. Their opinions were used to prompt reviews of aspects of the service such as the social activity programme and daily routines. The inspector noted that the report reflected the cooperation that had been fostered between staff, the multidisciplinary health teams and community groups to ensure that residents experienced a varied lifestyle that had a positive outcomes for their health and well-being.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents had a contract that described the fee to be charged and the resident's contribution.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that had been updated on 30 May 2018. It contained all the required information and was available in large font to improve accessibility.

Judgment: Compliant

Regulation 30: Volunteers

The provider representative and person in charge supported the contribution of volunteers who wished to become involved with the service. People wishing to volunteer were appropriately vetted before taking on their roles.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and the nurses on duty were familiar with the Incidents that had to be reported and the time-lines that applied. An incident of staff misconduct notified to HIQA was reviewed and appropriate actions were found to have been taken by the provider representative and person in charge to ensure risk was minimised and to prevent further incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that residents' complaints and concerns were listened to and addressed in a timely manner. The record of complaints and residents'

comments confirmed this. A complaints policy was in place and was displayed prominently. Complaints are reviewed by the consumer affairs officer for the area each month.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures were available to guide staff. The risk management policy required review to include the measures in place to manage the specific risks described in regulation 26- Risk Management and include abuse, aggression and violence and self harm.

There was a safeguarding procedure to guide staff on how to manage incidents or suspected incidents of abuse. While this contained a range of information on the procedures to be followed the inspector formed the view that a more accessible guide that would prompt staff on the immediate actions to take, who to contact and the areas to consider to ensure all residents are protected should be available in addition to the detailed procedure.

Judgment: Substantially compliant

Quality and safety

Residents' health and social care needs were met through appropriate staff deployment, good access to doctors and allied health professionals and the availability of a varied social activity programme however some improvements were required to the latter to ensure that all opportunities for social care were facilitated effectively. The modern well laid out environment also contributed positively to how care was delivered and residents' quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. There were good descriptions of residents' backgrounds and lifestyles recorded to inform how care was delivered. Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. Residents told the inspector that staff asked them daily about their health and ensured they were reviewed promptly if they were unwell. There were varied assessments completed including falls risk assessments and where risk or vulnerability was identified, there were care plans that described the measures to be taken by staff to promote health and prevent deterioration.

Residents' and family members were informed about the admission procedure and

were given information about the centre to help them make decisions about moving to residential care.

The daily life patterns and interests of residents were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests available to enable staff plan care in a person centred way. Residents said that they enjoyed taking part in new activities such as painting and going on outings to local places such as Lough Rynn.

There were staff allocated to provide social care daily however the inspector observed that some opportunities to engage with residents were not used fully. For example while many residents read national and local papers during the morning other residents were not engaged in any activity and an opportunity to discuss the news among the group for example was missed. Residents said that they enjoyed the group and individual activities. In the morning there was usually an exercise, prayer or craft group. Residents said that they would like more activity particularly the opportunity to go out as they enjoyed the trips they had been on earlier in the year.

The building is a modern design, with plenty of natural light throughout and is maintained to a high decorative standard. There were features that enhanced the accessibility of the environment for people with mobility difficulties, dementia or sensory problems. Hallways were wide and unobstructed and there were pictures of local scenes to provide interest for residents as they walked around. There were several communal rooms that residents could use during the day. There was an oratory that residents used for prayer and to spend time quietly. There was access to a safe outdoor garden where flowers and shrubs had been planted and some residents were taking a great interest in how the plants were developing and viewing them regularly. Residents' rooms are single or double occupancy. Rooms viewed were organised according to residents' preferences and were personalised with pictures, books, plants and ornaments belonging to residents.

There were systems in place to keep residents safe and protected from harm and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed regularly and call bells were accessible to residents in all areas. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for all new staff and fire training was scheduled regularly.

There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place and all had received training and information on this topic during the last three years. The person in charge and persons participating in management had completed advanced training and were the designated persons to assess and manage an incident of abuse.

Regulation 10: Communication difficulties

Communication problems were described in care records. Staff were familiar with residents who had problems and could describe the actions they took to help them communicate as well as possible. They took time to explain procedures, the times of meals and the varied activities. The positive responses and interactions of very frail residents or people with dementia was acknowledged in a positive way and recorded as a "butterfly" moment.

Judgment: Compliant

Regulation 11: Visits

Residents were free to see visitors at any time and there was a visitor's room where residents could entertain their visitors away from the communal rooms and their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents told the inspector that their personal clothing and possessions were well cared for and that laundry was returned without delay.

Judgment: Compliant

Regulation 13: End of life

There were care plans and information outlined by residents and family members to guide staff on the individual choices of residents in relation to their end of life care. Cultural and religious views were described and where residents had palliative care needs the interventions required to ensure residents' comfort were in place. Residents could remain in the centre for end of life care and palliative care services were engaged to support staff when needed.

There was adequate space and facilities in the centre to ensure that family members could remain with residents at end of life or when they were very ill if that was their

wish.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents and ensured that residents could access all areas without difficulty. Bedroom layouts were arranged according to residents' preferences. Privacy and dignity could be promoted and respected as all rooms had ensuite facilities, call bells and adequate storage for clothing and personal belongings. Toilets and bathrooms could be locked to ensure privacy.

Communal rooms were well furnished, attractive and comfortable spaces. The presence of a sink unit and fridge in the main sitting room detracted from its use as a sitting room and the overall comfort level. These facilities were used to ensure residents had access to cold drinks and were also needed during activity sessions and were regarded as essential in this area.

The centre had very good natural light and was decorated in attractive colours. There were good dementia design features such as signage that was distinctive and meaningful and helped residents locate the varied facilities and their rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

There was good emphasis on ensuring residents had a varied and interesting diet that reflected their choices. Residents told the inspector that meals were good and that they had a choice of main meals and desserts every day.

Residents who needed help at meal times were supported appropriately with staff taking time to explain what was being served and if it was to their liking. Staff sat by residents and chatted to them throughout the meal ensuring that meal times were social occasions and an opportunity for residents to chat together. Risk of poor nutrition was assessed and monitored and referrals were made to speech and language and dietetics services for specialist advice. An action plan in the last report highlighted that access to dieticians did not meet residents' needs. This was addressed and a service was now available as needed.

Judgment: Compliant

Regulation 20: Information for residents

Residents were provided with a range of information about the service. This included a resident's guide. While this described the service and facilities well it would benefit from review to make the information more accessible and easier to read. Residents said they had been provided with information on how to complain, on visiting arrangements and contracts of care.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw documents that confirmed that when residents were admitted or discharged that an exchange of information about their care needs, medicines and health problems was provided to staff taking over their care.

Judgment: Compliant

Regulation 26: Risk management

There were risk management and risk assessment procedures in place to ensure the safety of residents, staff and visitors. A quality and safety group meets regularly to review the register that describes risk areas and to plan improvements. The inspector saw that good practice was encouraged in areas such as cleanliness, security and the prevention of infection. The centre's staff were presented with an award for the high take up of the influenza vaccine among the staff team.

A falls prevention programme was in place and there were reviews of incidents including falls and near misses so that a prevention plan could be put in place to prevent further incidents. This had been highlighted for attention in the action plan from the last inspection.

Judgment: Compliant

Regulation 27: Infection control

The standard of cleanliness was good with all areas visibly clean and free from dust. Staff could describe the cleaning routine and how they managed laundry to prevent

cross contamination.

Judgment: Compliant

Regulation 28: Fire precautions

Staff could describe the actions they are required to take in the event of fire. They said that training sessions and fire drills ensured that they were familiar with the emergency procedures, fire zones and evacuation method if needed. The fire records indicated that fire drills had taken place in February, April and May this year and included a night time drill. After each exercise a review is completed and this highlights where improvements are needed. There has been a sustained improvement in response and evacuation times the records indicated.

Fire equipment is tested and serviced regularly according to records viewed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines are stored securely and the supply is checked regularly. Drugs that require special precautions are stored separately and checked twice a day by two staff. The register that contains the record of the supply and use of controlled drugs was viewed and was up to date.

All medicines are prescribed individually for residents. The nurses conveyed good knowledge of the medicines in use. Audits of storage and administration practice are regularly undertaken and where needed improvement plans are put in place. For example an audit completed in May highlighted that the maximum dose of "as required" medicine had not been described and on two occasions medicines had not been signed for when administered. These issues were remedied as a result of the findings.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had a care record that outlined their health conditions, personal care needs, backgrounds and social interests. There was good emphasis on ensuring that

staff knew residents as individuals and to support this a life story/ my plan of care was completed with the resident and family members. Dementia care needs and how memory problems impacted on daily life was described in some records in a meaningful way however this was not consistent across the sample reviewed. Some records informed staff about the ways memory problems impacted on residents and described if they recognised family, friends or were orientated to where they lived now but meaningful information was not available to guide staff in all records.

Reviews of care were completed at the required intervals and included the views of the resident and others about their care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to the range of primary care services they needed based on their assessed health needs. Additional treatments or assessments were arranged as required. The centre had established contacts with specialist teams for old age psychiatry, gerontology and palliative care to ensure changing care needs or behaviours associated with dementia were managed appropriately

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed changes in behaviour had care plans to direct staff interventions. The inspector saw examples of staff supporting residents appropriately and ensuring their anxiety was kept to a minimum by explaining what was going on and deferring an intervention until later when the resident was less anxious.

Residents had a high level of staff contact throughout the days of the inspection the inspector observed. Frequent contact was made with residents who spent time in their rooms and no resident was left unattended for long.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents and ensure their well-being. All staff had attended training to ensure they were up to date with current guidance in this area. Staff conveyed they had a good knowledge on factors that contributed to abuse and the types of abuse incidents that can occur.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were free to exercise choice in how they spent their day and the inspector saw that daily routines were flexible and took residents' preferences into account.

There was good emphasis on promoting independence and on ensuring residents were supported to convey their views and to live in a way that was in keeping with their lifestyles and choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinamore Community Nursing Unit OSV-0005290

Inspection ID: MON-0022398

Date of inspection: 24/07/2018 and 25/07/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff have received training in updating in recording of holistic care needs. The daily records now reflect resident's holistic care ranging from physical, social, psychological and spiritual needs	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Action Cards have been developed to prompt staff on immediate actions to take in the event of a Safe Guarding Incident. Actions cards reflect The Safe Guarding Vulnerable Adults Policy and local arrangements.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Residents guide has been reviewed to make information more accessible and easier to read. The brochure format now includes photographs of the unit and the font for the reviewed document continues to be in Georgia 14 font as recommended by Age Friendly Ireland. All residents are now being issued with this guide.	
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: All care plans are currently being reviewed to demonstrate meaningful information to give particular attention where appropriate, to Residents Dementia Care and Memory Problems needs.	

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 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Substantially Compliant	Yellow	10 th September 2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Red	08 th August 2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	9 th October 2018
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31 October 2018