Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aperee Living Tralee
Name of provider:	Aperee Living Tralee Limited
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 September 2023
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0038222

About the designated centre

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

Aperee Living Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with three single en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities. Communal areas comprise the large foyer with comfortable seating, two sitting rooms, Rose dining room, art room and oratory, and quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical and intellectual disability, psychiatry of old age, and residents with palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Monday 4 September 2023	09:30hrs to 17:45hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 68 residents residing in Aperee Living Tralee at the time of inspection. The inspector met many residents during the inspection to gain their insight into their experience of living in the centre. Residents and relatives spoken with gave positive feedback about the care they received and were complimentary about staff. While feedback was very positive from residents and relatives regarding services provided, concerns remained relating to the overall governance of the service due to the instability of senior management team, along with the lack of a separate residents' account for the protection of residents' finances.

On arrival for this unannounced inspection, the inspector saw a resident out walking in the sunshine with their visitors. They had called early as one visitor was getting a morning flight and was facilitated to visit and go for a walk with their relative before they departed.

The inspector was guided through the centre's risk management procedures, which included a signing in process and hand hygiene. An opening meeting was held with the person in charge and deputy person in charge which was followed by a walk-about the centre. The inspector saw that the fire works required from previous inspections were completed and re-decoration was ongoing in the centre. Bedrooms and corridors were seen to be newly painted; the corridor by the dining room and day room was being painted during the inspection and residents had chosen the colours.

Seven residents were seen to enjoy their breakfast in the dining room and staff present actively engaged with residents and provided assistance in accordance with their needs. Other residents were relaxing in the main foyer and day room. One relative was visiting their mother in the new day room. They said that staff and care were excellent. They complimented the weekend staff who had recognised a slight change in their mother's well-being, responded immediately and along with medical care, the resident was much better this morning; the relative said they very grateful for all that staff had done and had prevented deterioration in their condition. The relative said staff had taken them 'all under their wing' and were so supportive following the transition of their relative to long-term care.

Reading material such as the statement of purpose, residents' guide, inspection report, complaints' policy and annual quality report were displayed by reception. The certification of registration and main fire panel were also located by reception.

Morning care was delivered in a relaxed manner; staff were observed to knock on bedroom doors before entering and chatting with residents. Staff had electronic pads and were seen on corridors to update care records following completion of care delivered. Following personal care, residents came to the day room or reception area to relax. Residents read the news paper and chatted with their friends. The activities person chatted with residents and provided one-to-one engagement which

was followed with group activities in the day room.

The inspector spoke with residents in the dining room at lunch time and observed the mealtime experience. Tables were set prior to residents coming to the dining room for their meals. New colourful menus were displayed on each table with pictures and written information on the daily menu choice. Meals were pleasantly presented and served in a friendly and social manner. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining room to provide assistance.

There were plenty of activities taking place in the centre and a varied activity schedule was seen by the inspector. A large group of residents were seen to attend the music session in the afternoon. The activities programme was displayed on each corridor reminding residents of the activities programme of the day. Also displayed on each unit were the staff on duty for their unit and team leaders. Morning and afternoon snacks and beverages were offered to residents in communal areas and then staff went around to residents in their bedrooms offering refreshments. Another visitor spoken with in the afternoon was very complimentary of staff and the attention their relative received. The visitor took their relative out to their GP's surgery in line with the resident's wishes.

The smoking area was accessible via the activities room. This was a sheltered area outside the door of the activities room with seating, fire retardant aprons, call bell and a fire blanket as part of their fire safety precautions. The internal secure garden area was accessible through the oratory and activities room; additional garden furniture was procured that enabled 16 people to sit outside. Equipment such as hoists and wheelchairs were stored in the oratory and activities room. The room designated for storage near Skellig wing could accommodate a limited amount of equipment; this room remained un-finished as the internal walls were not plastered at the time of the inspection, but the compliance plan from the April inspection detailed that this was due for completion by the end of October.

The inspectors observed lovely person-centered interactions between staff and residents where it was obvious that staff knew residents well and visa verse. The person in charge and assistant person in charge were well know to the residents and were greeted by name by a number of residents. Visitors in and out of the centre throughout the day were warmly welcomed and staff knew visitors and greeted them by name.

Doors to clinical and sluice rooms were secured to prevent unauthorised access in line with best practice. One of the clinical rooms had a new compliant hands-free clinical sink installed since the last inspection. While a second sink was procured, this was yet to be installed in the second clinical room.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector continued to be very concerned about the registered provider's ability to safely sustain the business of the centre. This concern was heightened due to the continued poor safeguarding practices by the provider in relation to residents' own money held by the registered provider, which had not been addressed by the provider.

Nonetheless, since the previous inspection, issues relating to fire safety were resolved and an associated report was submitted from a suitably qualified fire expert following a risk assessment undertaken. The associated risk register was updated following completion of fire safety works. Other non-compliance from the previous inspection were also reviewed and the inspector found that actions had been taken in relation to some aspects of infection control, updating policies, and refurbishment of the premises was ongoing. Outstanding concerns related to storage facilities for equipment and time-lines for fire evacuation drills. Further concerns identified on this inspection included records to be maintained relating to staff employed in the centre, and recruitment of staff to ensure the service into the future.

Regarding residents' finances, the provider continued to be pension agent for a number of residents, and residents' finances continued to be in a company account, so concerns remained about the manner in which residents' funds were being managed. The registered provider had not adhered to previous commitments to establish a separate account to enable residents' monies to be maintained in line with legislation to safeguard their finances. That said, those working in the centre had taken what action they could to ensure that the account balance had not fallen below the value of residents' monies to ensure residents could access their funds when requested. Other remedial actions within the control of the local financial administrator were also taken. For example, timely return of monies to the estates of deceased residents, issuing monthly statements to residents and residents signing the statement documents; the administrator also discussed and provided information relating to finances with residents when appropriate. The SAGE advocate was accessed and supported some residents regarding their finances. Petty cash was maintained on site and the financial administrator had robust systems in place to safeguard these monies and residents' valuables; this included a comprehensive itinerary with photographs of personal possessions such as rings and watches.

Aperee Living Tralee was operated by Aperee Living Tralee Limited, the registered provider. The Chief Inspector continued to be concerned about the registered provider's ability to sustain a safe quality service as the governance structure was further depleted since the last inspection. The two regional managers previously in post to support clinical governance were no longer available as they were re-deployed as persons in charge within the Aperee Living group, so the management structure now comprised the registered provider and the chief operations officer. There was ongoing regulatory engagement with the provider including provider meetings, cautionary meetings and warning meetings in relation to governance and

management. The availability and accessibility of the registered provider to those working in the centre was very limited. On site, the management team comprised the person in charge, assistant person in charge (ADON), clinical nurse manager (CNM), care team and accounts manager. The inspector continued to be concerned that in the absence of strong governance, there was a continued over-reliance on the person in charge and the clinical management team to provide the governance and leadership for this service.

The duty roster was examined and showed that the person in charge and ADON worked full time. The CNM worked on alternate weekends providing managerial support; the person in charge and ADON operated an on-call rota to provide support to the service on weekends. While there were adequate staff to maintain the duty roster for the foreseeable future, assurances could not be provided that the registered provider had oversight of recruitment requirements to sustain the service into the future.

The complaints procedure required updating to reflect the new legislation. While the policy relating to residents' personal possessions and finances was updated since the last inspection, it could not be comprehensively implemented as a separate residents' residents account was not available.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff training was up to date for mandatory training.

Further training was scheduled in September to ensure training records remained current. Prior to staff commencing employment, safeguarding, manual handling, infection control and fire safety training was completed on-line initially and then in-house as part of the induction programme for new staff.

Judgment: Compliant

Regulation 21: Records

Staff files were examined and the registered provider was required to take action to ensure records were maintained in compliance with regulatory requirements as outlined in Schedule 2 as follows:

- there were gaps in employment history in two files examined
- there was one written reference each for three staff (two required by legislation)
- one written reference was not from the staff member's last employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

Significant concerns remained regarding the overall governance and management of Aperee Living:

- the governance and management systems in place for the Aperee Living group continued to be unstable and not clearly defined. With the exception of the chief operations officer, there was complete attrition of the senior management team. The two regional managers previously in post to support clinical governance were no longer available as they were re-deployed as persons in charge within the Aperee Living group,
- the provider, Aperee Living Tralee Limited, comprised only one director; the director was the person nominated to represent the registered provider. The availability and accessibility of the registered provider to those working in the centre was very limited,
- in lieu of the registered provider meeting their responsibility for the governance and management of this designated centre, there was an undue reliance on those who worked in the centre to ensure that residents were safe and well cared for. While the levels of regulatory compliance found on this inspection were a reflection of the dedication of the staff in the centre, they did not have the required authority for all aspects of the running of the centre; potential issues outside of their control were largely related to contracts at registered provider level and access to funds beyond those

normally needed for the day-to-day running of the centre,
- issues of serious regulatory concern, previously identified, relating to corporate management of residents' finances had not been addressed to ensure residents were safeguarded against financial abuse, as a separate bank account had not been opened to enable the separation of monies between the operation of the designated centre and residents' personal monies maintained in line with national guidance and legal requirement.

Other issues identified requiring action included**:**

- some correspondence such as some pension agent agreements continued to detail the name of the previous registered provider, rather than the current provider of Aperee Living Tralee Limited, with whom the resident had contractual obligations
- assurances could not be provided that the registered provider had oversight of recruitment requirements to sustain the service into the future as there were no staff with responsibility for recruitment.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were implemented into practice as follows:

- the policy in place for the management of residents personal possessions and finances was updated since the last inspection, however, it could not be comprehensively implemented as residents monies continued to be lodged to the operating bank account of the designated centre
- a 'written agreement between the resident and the registered provider regarding the management of the resident's accounts and finances' was not in place (as required in their policy relating to residents' personal possessions)
- the complaints policy required updating to reflect the changes required in Regulation 34, Complaints Procedure.

Judgment: Substantially compliant

Quality and safety

Residents were supported and encouraged by the care staff to have a good quality of life in Aperee Living Tralee. There was evidence of residents needs were being met through good access to healthcare services and opportunities for social

engagement.

The inspector was assured that residents' health care needs were met to a good standard. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, speech and language therapy, dental, optician, stoma care specialist, tissue viability and palliative care for example.

A sample of care documentation was examined; improvement was noted regarding assessment and care planning demonstrating some excellent individualised information to enable person-centred care. While validated tools were in place for assessment of residents' needs, occasionally, they were not updated to reflect the changed needs of residents. When relevant, a smoking assessment and care plan was in place. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

Residents had access to a meaningful activation programme over seven days per week. This included one-to-one activation in communal areas as well as residents' bedrooms, group activities, music and mass once a month. Staff were allocated to the day room in the evening times for social activation and supervision.

The person in charge and assistant person in charge knew all their residents well, chatted informally with them on a daily basis and formally as part of residents' meetings. The next residents' meeting was scheduled for Wednesday following the inspection where the main topic of conversation was the oratory and possibly re-designing the layout and wall displays. Residents meetings were facilitated regularly and issues were followed up in subsequent meetings.

Daily fire safety checks were comprehensively completed. Weekly door-releasing inspections were completed and actions were immediately taken when issues were identified. Fire equipment servicing records were available and up to date. Monthly fire safety checks were comprehensively completed.

Fire safety works completed since the last inspection included:

- completion of the remaining fire stopping works to the attic spaces to ensure the containment of fire
- upgrade and provision of partition walls behind nurse stations to provide fire containment for storage
- outstanding fire rated doorsets to the hairdresser's room were fitted
- servicing of fire rated door sets and internal fire rated screens had taken place
- the removal of inappropriate storage items from the boiler and electrical room
- arrangements for residents who smoke was in line with the smoking policy
- the exit door from a staff area could now be opened
- the ground was graded back to meet external pathways to enable

appropriate escape routes
- a smoke detector was fitted in the small hygiene room in the kitchen
- additional emergency lighting and signage were installed
- testing of general electrics and associated upgrade works had taken place.

While fire training was up to date for all staff and fire drills were completed as part of fire safety training, additional compartment evacuations were not completed routinely to be assured that this could be completed in a timely and safe manner.

Regulation 11: Visits

Visitors were observed throughout the day; they were welcomed to the centre by staff and staff actively engaged with and updated them on their relatives care.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had good access to personal storage space which comprised a minimum of a double wardrobe and bedside locker, most residents had a chest of drawers or drawers and shelving unit as part of their bedroom fitted furniture.

Judgment: Compliant

Regulation 17: Premises

While refurbishment was ongoing during the inspection, some upgrading remained outstanding:

- while additional garden furniture was procured that enabled 16 people to sit outside, this remained inadequate as the centre was registered to accommodate 68 residents
- there was inadequate storage space for equipment as equipment was seen to be stored in communal rooms such as the oratory and activities room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Breakfast and dinner were observed, and overall improvement was noted in the dining experience for residents as residents seated together at tables were offered choice and served together in line with normal serving. Residents gave positive feedback of the food and mealtime choices, and said they looked forward to their meals.

Care documentation showed that showed there was good oversight of residents and their nutritional needs, with monthly weights and validated assessment completed. Appropriate and timely referrals were facilitated to speech and language to enable best outcomes for residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters for times when a resident was temporarily absent from the centre to another care facility were maintained on site. These letters demonstrated that while most of the information relating to the persons' care and welfare was included in the transfer letter, known information relating to their infection status was not detailed to ensure that the resident would be cared for appropriately and the receiving facility could take the necessary precautions.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services as published by HIQA. The following infection control concerns were identified and required action:

- some clinical sinks had metal outlets and did not comply with current best practice guidelines regarding clinical sinks to mitigate the risk of cross infection
- a clinical hand wash sink remained outstanding in the second clinical treatment room to enable staff wash their hands before preparing medications, injections, and dressing for wounds for example.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures in place to ensure the safe evacuation of residents required improvement:

- The inspector reviewed the reports of the simulated evacuation drills. While regular fire drills took place in different areas of the building, the simulated time taken to evacuate the larger compartments of up to sixteen residents when staffing levels were lowest, remained excessive.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While validated tools were in place for assessment of residents' needs, occasionally, they were not updated to reflect the changed needs of residents and the additional supports required to enable safe care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care. Routine quarterly reviews by GPs included a review of their medication and assessment of residents responses to changes in prescriptions to enable best outcomes for residents. Residents had access to the tissue viability nurse specialist and stoma nurse specialist to support management and wound care when required. The nurse from the integrated care programme for older persons (ICPOP) was on site during the morning of the inspection to support a resident requiring specialist antibiotic treatment which negated the requirement for the resident to be admitted to acute care enabling better outcomes for the resident.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were not taken by the provider to protect residents finances and the management of pension arrangements in the centre did not ensure the protection of residents' monies as evidenced by the following findings:

- in line with national guidance and legal requirements, a resident/client bank account had not been set up to enable the separation of monies between the operation of the designated centre and residents' personal monies to safeguard residents' . This was identified on inspection in April 2023, following which, the provider had provided assurances that a separate resident/client bank account would be in place by 12 July 2023, however, this had not been finalised by the provider. Consequently, residents' monies continued to be lodged into the operational account of the centre and was not fully protected.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had access to an activities programme over seven days. The activities programme was varied and included entertainment from the community as well as in-house activation. Residents' meetings were facilitated by the person in charge and ADON and issues were followed up on subsequent meetings. Consideration was given to residents about the environment and their opinion and feedback was sought regarding the colour palate for refurbishment of communal areas as well as their bedrooms, along with upcoming refurbishment of the oratory and activities room.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aperee Living Tralee OSV-0000219

Inspection ID: MON-0038222

Date of inspection: 04/09/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Management have completed training with the administrative team on the requirements for all staff onboarding and staff currently working in the nursing home in relation to required documentation. A comprehensive review of all existing staff files has taken place to ensure compliance with Regulation 21.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: ***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.*** Current Governance and management systems in place is undergoing imminent change/ review to include addition of 4 Directors, a new Registered Provider Representative and additional PPIM's. Management restructure will include a process to provide robust review arrangements and oversight of the service provided in Aperee Living Tralee. On completion of the impending management restructure, all lines of authority and	

accountability, to include specific roles and responsibilities will by clearly defined, accessible and updated in the homes Statement of Purpose and Function.

In the interim of the above changes implemented, the Director of Nursing reports directly to the Regional Operations Manager who has now resumed their post as clinical lead.

The management team have commenced recruitment initiatives internally to ensure safe staffing within the service moving forward with support from the Chief Operations Officer of the company.

All pension agent records have been updated to reflect the name of the current registered provider.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The Policy in place for management of resident's personal property has been updated to reflect internal procedures in place to protect resident's finances until such a time as a client account is opened.

A written agreement between the resident and the Registered Provider regarding the management of the resident's accounts and finances s now in place.

The Complaints policy has been updated to reflect the changes required in regulation 34: Complaints Procedures.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Additional garden furniture will be purchased to ensure adequacy in relation to the maximum occupancy needs of the centre.

Management are ensuring that the amount of equipment stored in communal rooms is reviewed and alternative locations are under consideration.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The National Transfer Document Template has been implemented to ensure information relating to the infection status of resident is included when any residents are transferred off site to another healthcare facility.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Existing clinical sinks with metal outlets had been modified to reflect current best practice guidance. A second clinical sink has been installed in the second clinical room to enable staff to wash their hands before preparing medications, injections and dressings for wounds.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The frequency of simulated evacuations drills have increased to improve simulated time taken to evacuate residents from the largest compartments.	
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: Meetings have been held with nursing staff to ensure awareness of the importance of	

ensuring assessments and care plans are updated to reflect any changes in resident's condition.

Regulation 8: Protection	Not Compliant

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

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Internal accounts person monitors all residents monies in the business account to ensure that residents monies remain protected until such a time that a client account is opened by the registered provider.

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 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.	Substantially Compliant	Yellow	31/12/2023
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.	Substantially Compliant	Yellow	09/11/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Not Compliant	Orange	01/12/2023

	the statement of purpose.			
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	01/12/2023
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	30/12/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	25/09/2023

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	01/10/2023
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	01/11/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	01/11/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and	Substantially Compliant	Yellow	09/11/2023

	implement policies and procedures on the matters set out in Schedule 5.			
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	01/12/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/12/2023