



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Bluebell Hill
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	31 July 2023
Centre ID:	OSV-0007992
Fieldwork ID:	MON-0040818

About the designated centre

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

Bluebell Hill is a full-time residential service that can provide appropriate quality care to individuals experiencing mid to moderate learning disability, and dementia. Bluebell Hill can accommodate 4 residents both male and female over the age of 18 years. The centre consists of a large single storey dwelling, situated outside a large town in county Sligo. Individual day service programmes or wrap-around services have been developed for residents in this centre. In addition, residents who required aging needs support were also supported appropriately in the centre. Each resident has their own bedroom which had been decorated to the residents taste and choice. There is also sufficient communal space for residents to entertain visitors and/or have privacy. Residents are supported 24 hours a day, seven days a week by a person in charge, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 31 July 2023	08:45hrs to 15:00hrs	Ivan Cormican	Lead
Monday 31 July 2023	08:45hrs to 15:00hrs	Nan Savage	Support

What residents told us and what inspectors observed

Inspectors found that the care and support which residents received was generally held to a good standard. Residents were supported by a staff team who knew their needs well and who were also kind and considerate in their approach to care. Although there were some areas of care which required adjustments, overall this was a positive inspection and the provider clearly demonstrated that welfare and wellbeing of residents was actively promoted.

The centre was a generously proportioned single storey building which was located within a short drive of a large town in the west of Ireland. The premises was well maintained and it had a bright and homely feel. Each resident had their own large bedroom which they had individually decorated with artwork and pictures of family and social events. There communal areas of the centre were very pleasant, warm, spacious and inviting. There was a large open plan kitchen/dining and living area where residents liked to relax and there was also a separate reception room where one resident liked to listen to music. There were various artworks and pictures of residents enjoying outings and social events such as birthday parties on display throughout the centre and it was clear that this was very much the residents' home. In the open plan area each resident had their preferred chair for relaxing and there were pleasant views of the surrounding countryside. Residents had also entered a rights themed art competition and they proudly displayed their entries in this area.

The centre had a very pleasant and homely atmosphere. This was an unannounced inspection commenced in the morning. Inspectors were informed upon arrival that residents were enjoying a sleep in that morning and they generally got up at their own preferred time. Residents who used this service required assistance with many aspects of life, including their personal care. Staff informed inspectors that generally residents enjoyed having a shower each morning and that they liked to choose their clothes for the day ahead. Inspectors observed that as residents woke staff were on hand to assist them. A very calm and patient approach to care was observed throughout the day and inspectors noted that residents responded well when the pace of care was in line with their needs. For example, one resident upon having their shower and making their way to the living area liked time to settle in and relax prior to having assistance with brushing their hair.

Inspectors saw that time was taken individually with each resident to assist them in getting ready for the day. Residents were very proud of their appearance and one resident smiled as one inspector commented on the beautiful dress which they were wearing. Staff explained that this resident loved to choose their clothes each day and that they enjoyed getting their hair done. Inspectors observed staff helping to style this residents hair and it was clear that they enjoyed and were familiar with this attention to their personal care.

Residents who used this service had their own communication style and they also required assistance with maintaining their nutritional intake. Inspectors observed

that a home cooked and nutritious breakfast of porridge and fresh fruit was prepared for residents. Staff had prepared this meal in line with resident's individual dietary needs and like all observed interactions, time was taken with residents for them to enjoy their meal. Staff sat with each resident as they had breakfast and they chatted with them and assisted them in a kind and friendly manner.

Residents relaxed throughout the morning of inspection and staff members said that due to the poor weather they planned to go out in the afternoon with residents. At lunchtime two residents went to run some errands with staff members and also to do some grocery shopping for their home. One resident remained behind with a staff member and they relaxed in the open plan area of their home. The staff member chatted to them frequently as the inspection progressed and they also assisted them with a foot massage. This resident also loved music and they retired to another reception room for a period of time to listen to their favourite songs. The staff member also explained that this resident had some sensory needs and they liked to play the music loudly.

As mentioned above, staff had a kind and considerate approach to the delivery of care. There were three staff on duty on the morning of inspection and they were observed to spend individual time with residents throughout the day. One staff member spoke with an inspector and it was clear that they had a good understanding of resident's individual needs and also of the services and resources which were in place to meet those needs. They also discussed their role and they explained that a consistent staff team was a critical component in the delivery of care.

Overall, inspectors found that residents received a good quality service and that they were actively supported to get out and about in their local community. Although there were some areas of care which required review it was clear to inspectors that the welfare and wellbeing of residents was to the forefront of care in this centre.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life. This inspection was facilitated by the nurse who was in charge on the day of inspection and they were found to have an in-depth knowledge of both the service and the residents' assessed needs.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required minor adjustments. The provider also had a schedule of internal audits which

assisted in ensuring that areas of care such as health and safety, fire safety and personal planning would be generally held to a good standard. The centre also had a quality improvement plan in place which condensed actions from both internal and external reviews and ensured that issues which were raised would be addressed accordingly.

The nurse in charge who facilitated the inspection had a good understanding of the service and also of the oversight arrangements which promoted the quality and safety of care which residents received. They explained that they, along with all nurses in the centre held the role of team lead when on shift and they each contributed to the oversight of care. When on duty, team leaders completed audits of care practices such as medications, fire safety and residents' finances. The nurse on duty explained that the person in charge held responsibility for the overall oversight of care and any trends in concerns identified from internal audits would be addressed by them

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as fire safety, safeguarding and also IPC (infection prevention and control) related training. Although there was an extensive programme of training in place the provider failed to demonstrate that fire training was completed for one staff member and that refresher training in areas such as manual handling and safeguarding were completed as required. A review of the rota also indicated that residents were supported by a consistent staff team. Although the rota demonstrated consistency of care, this document required some improvements to ensure that all staff members' full name and working hours were accurately recorded.

Although there were some areas which required attention, overall, inspectors found that this centre was operated safely and that oversight measures ensured that the residents were supported to enjoy their time in the centre.

Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the

inspector had a good understanding of resident's individual and collective needs.

Some improvements in regards to the rota were required to ensure that all staff members' names and also hours of work were it accurately recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A schedule of team meetings and individual supervision sessions were in place which facilitated the staff team to raise concerns in relation to care practices.

The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could care for the assessed needs of residents. Although this programme of training was in place improvements were required as one staff member had not completed fire safety training and some areas of refresher training had not been completed as recommended.

Judgment: Substantially compliant

Regulation 21: Records

A review documentation indicated that all required documents were generally maintained to a good standard. All required scheduled documents were in place and available for review.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and a person in charge held responsibility for the operation of the centre. All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified.

Although residents had a good quality of life, several regulations which were examined required further attention to ensure they were held to a good standard at all times. For example, internal reviews and audits had not identified issues in regards to information about complaints, the residents' guide, staff training and the centre's staff rota.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that had been kept under review by the provider, and was available to residents and their representatives. Inspectors reviewed the most recent version dated February 2023 and found that while it contained the majority of information set out in Schedule 1 of the regulations, some improvement was required.

Information was not included regarding the emergency procedures in the centre and changes to staffing arrangements had not been updated to reflect the current arrangements. For example, the statement of purpose stated that a staff member was working a 9am to 5pm roster Monday to Friday. Staff on duty confirmed this position was no longer in place. In addition, the whole time equivalent of staff required for the operation of the centre required further review as the provider failed to demonstrate that the submitted figure was inline with the centre's rota.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors reviewed documentation which indicated that all notifications had been submitted to the office of the chief inspector as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While the provider had a detailed complaints policy in place, this had not been reviewed since January 2020. At the time of inspection, the staff member in charge also checked their online system and was unable to locate a newer version of this policy. Inspectors noted that the complaints officer identified in the policy, was different from the details displayed in the centre and included in the Residents' Guide.

An accessible complaints procedure was not displayed prominently in the centre.

Inspectors reviewed the complaints register for the centre and found that no complaints had been received for this centre since the last inspection and this was confirmed by the staff member in charge at the time of inspection. There was a

record of compliments that had been received which related to the care provided and communications with family.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents were supported to enjoy a good quality of life and that they had good access to the local community and surrounding towns and areas of interest. Although, some areas of care which were inspected required adjustments; overall, residents were safe and their rights were promoted.

Residents who availed of this service had high support needs and they required assistance in relation to personal care, mobility and also with their dietary intake. Residents had personal plans in place which clearly set out residents' assessed needs and comprehensive care plans were in place staff to guide staff in all areas of care. Each resident also had an accessible version of their plan which outlined their personal goals. This version of their plan was embellished with photographs of their goal and included other activities which residents engaged in such as shopping and enjoying days out. The nurse in charge also explained that residents were in the process of visiting a new day service which they might decide to attend in the near future.

Records which were reviewed showed that residents enjoyed a good social life and they were out and about on a daily basis in their local communities. Residents enjoyed meals out in local restaurants and staff explained that they would always check with the venue to ensure it could cater for the residents' dietary requirements prior to attending. From the inspectors observations it was clear that residents enjoyed getting their hair done and they were very proud of their appearance. Staff explained that residents loved going to a local hotel for pampering days in the spa and a review of financial records indicated that this activity was promoted.

It was clear that the rights of residents was promoted. Inspectors observed staff kept residents informed as to how they were going to support them throughout the day. For example, as residents were preparing to get up for the day inspectors overheard staff asking residents if they were happy for them to assist them with their personal care. Staff also explained that breakfast ready for them whenever they wanted. Residents had also recently entered a rights competition and their art work was proudly displayed in the centre. Residents' rights was a topic which a staff openly discussed. A staff member explained that they had undergone rights training which affirmed to them that the centre had a culture of promoting rights. They explained that residents required a high level of support and staff strived to promote community inclusion and opportunities for choice and control in residents' daily lives.

Overall, inspectors found that the actions of staff and the oversight of the provider ensured that the welfare and wellbeing of residents was promoted. Although there

were some areas of care which required attention, it was clear that the quality and safety of care was promoted which assisted in creating a homely, safe and welcoming environment for residents to enjoy.

Regulation 10: Communication

Residents presented with non-verbal communication skills and each used specific methods to get their message across. These included positive and negative vocalisations, facial expressions and gestures. The staff team were observed supporting residents in a way that met the residents' individual styles of communication as outlined in their communication support plans. These approaches enhanced residents' participation and understanding of what was happening during their day while also enabling them to express their thoughts, feelings, needs and wants.

Judgment: Compliant

Regulation 12: Personal possessions

Residents required assistance with managing their finances and the provider ensured that detailed records were maintained of cash transactions which were completed on behalf of residents. Residents also had their own bedrooms which had suitable storage in place for residents' personal belongings.

Judgment: Compliant

Regulation 17: Premises

The premises was large, modern and it had a bright and homely feel. There were an ample number of reception rooms available for residents to relax and residents had free access to the centre's large open plan kitchen. Each resident also had their own bedroom which was decorated in line with their personal preferences.

The centre was well maintained internally and it had landscaped gardens and ramped access which made it accessible to wheelchair users. However, some improvements were required as a malodour which was present to the rear of the property detracted from the overall homeliness of the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' food and nutritional needs were assessed and used to develop personal plans that were implemented into practice. Staff adhered to the advice and expert opinion of specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. Processes were in place to appropriately monitor and evaluate residents' nutritional care.

Residents took part in grocery shopping. Suitable foods were provided to cater for each resident's assessed dietary needs and preferences.

Inspectors observed that the timing of meals were planned around the residents' needs and preferred routine. Residents were observed to have plenty of time to eat and drink, therefore, meals were unrushed and very relaxed. Staff supported residents in a respectful and dignified manner. They provide the minimum amount of support required so as to encourage as much independence as possible during meals.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in a user friendly format, about staff and residents' rights.

There was also a residents' guide and each resident had received a copy. The residents' guide contained most of the information required by the regulations. However, the guide did not include reference to the residents' contract of care.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by management of the centre. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

The provider also a risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis with risk assessments in regards to health concerns, choking and road safety in place on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Hand sanitising stations were present at entrance and exits and staff were observed to regularly wash or sanitise their hands. Some additional cleaning in regards to fridge door seals was also completed on the day of inspection.

Information in relation to IPC remained in situ and there was clear guidance in place to assist staff in the cleaning and sanitisation of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Then provider had fire safety equipment in place such as a detection and warning system, fire doors, emergency lighting and fire fighting equipment. All equipment had a schedule of servicing in place and staff were completing regular equipment checks to ensure that they were in working order. Fire drill records also indicated that both residents and staff members could safely evacuate the centre in the event of a fire.

Some improvements were required in regards to fire safety as two fire doors were not closing properly when activated.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Some improvements were required in regards to a protocol which guided staff in the

administration of a rescue medication as it failed to describe how a resident may present when they required this medication. In addition, this protocol did not include a clear timeline for the administration of the rescue medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. The outcomes of the assessment of need were being used to inform residents' personal plans and guide staff practice.

Each resident had an accessible person-centred-plan with their goals and aspirations for 2023. These included residents' goals and the actions required to achieve them. Residents were supported to set goals that were meaningful for them. For instance, plans were underway for one of the residents to attend a 4D cinema experience which stimulates the senses through synchronised moving seats and special effects. Some of the residents goal setting also included going to an animal sanctuary and having a night away.

Judgment: Compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and information on safeguarding was clearly displayed. Staff has also undertaken safeguarding training and there were no safeguarding plans required in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community to engage in areas of personal interest. Residents had their own bedroom which promoted their rights and information on advocacy was readily available in the centre. In addition, all staff members had undertaken rights training and staff who met with the inspector stated that this had a positive impact on the provision of care.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bluebell Hill OSV-0007992

Inspection ID: MON-0040818

Date of inspection: 31/07/2023

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The person in charge has ensured that there is a planned and actual staff rota, showing staff on duty during the day and night and that this is properly maintained. Completed • Person Completed in Charge clearly identifies the full name and shift time for each staff member in the Designated Centre. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The person in charge has ensured that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. • The Person in charge has a planned schedule for training which clearly identifies dates, for all staff with regard to Safeguarding, hand hygiene, studio 111 and Manual Handling training, the scheduled also includes refresher training Completed. • The remaining one staff member completed her fire training on the 16/6/2023 to ensure full compliance of this Designated center in Fire training 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The registered provider has ensured that management systems are in place in the Designated Centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and is effectively monitored. 	

- The Person in Charge has reviewed the Audit Schedule to ensure that all areas of the regulation is reviewed in debt with specific attention to complaints, rosters, residents guide and training. Completed
- The Person in Charge has developed an auditing calendar for each audit to be completed by staff across day and night duty. All audit undertaken will be reviewed by the PIC to ensure they are capturing areas for improvement. A Site specific audit tool is now in place for auditing SOP, residents guide, emergency plan and contracts of care. Complete and ongoing

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The registered provider has prepared in writing a statement of purpose containing the information set out in Schedule 1
- The Person in Charge has reviewed the Statement of Purpose in line with the Regulation and has ensured the information is in line with Schedule 1.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The registered provider has an effective complaints procedure for residents which is now in an accessible and age-appropriate format and includes an appeals procedure.
- The Person In Charge has displayed the Complaints procedure in a prominent area which is in an accessible format for the residents within this Designated Centre

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The registered provider has ensured the premises of the designated centre is of sound construction and kept in a good state of repair externally and internally.
- The Person in Charge has contacted the external provider around the existing malodour which was present to the rear of the property on the day of inspection , The malodour from the sewerage system has now been treated by the external contractor, with no malodour presently in this Centre
- The Person in Charge has now a plan around bi annual calls to the house from the external contractor to ensure the tank is emptied.

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

<ul style="list-style-type: none"> • The Person In Charge has ensured that the current Terms and Conditions are now reflected in the residents Contract of Care Completed 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The registered provider has ensured that adequate arrangements for detecting, containing and extinguishing fires is in place in this Designated Centre • The Person in Charge has ensured that both fire doors were inspected and are now are closing properly when activated. Completed 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Person in charge has ensured that the designated centre has appropriate and suitable practices relating to the ordering, receipting, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident. • The Person in Charge has ensured that all Nursing staff who were present on duty the day of Inspection have now completed their Medication for Nurses online Training. • A review of the status of all other nursing staffs medication management training has been completed by the PIC. Completed 19/8/2023 • The Person In Charge will review the rescue medication protocol with the ANP and arrange an appointment with the neurologist to clarify a clear timeline for staff to administer rescue medication 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	03/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/09/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	05/08/2023

	internally.			
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	16/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/08/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/08/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and	Substantially Compliant	Yellow	30/08/2023

	to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/08/2023
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	03/08/2023
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Substantially Compliant	Yellow	03/08/2023