



**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:	Maria Goretti Nursing Home
Name of provider:	Maria Goretti NH Partnership
Address of centre:	Proonts, Kilmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	03 March 2021
Centre ID:	OSV-0000417
Fieldwork ID:	MON-0032213

About the designated centre

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

Maria Goretti Nursing Home is situated on a large site in the countryside with a view of the Ballyhoura Mountain range on the outskirts of Kilmallock town. The centre is a single-storey building which is registered for 61 residential places. The building is operating as a nursing home since 2000 with an extension added in 2004. Bedroom accommodation comprises 23 single rooms (2 of which are apartments), 9 twin bedded rooms, 5 four bedded rooms, all of which are fitted with a nurse call bell system and Saorview digital TV. Two of the rooms are described as apartments and comprise a single bedroom with en-suite facilities, a kitchenette and a sitting room. All of the bedrooms have en-suite with shower, toilet and wash hand basin facilities. Maria Goretti Nursing Home is committed to providing a high level of holistic person centred evidence based care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the centre. The centre can accommodate both female and male residents with the following care needs: general long term care, palliative care, convalescent care and respite care. All admissions to Maria Goretti Nursing Home will be planned following a pre-admission assessment. The residents care plan will be commenced within 48 hours of admission. There is 24 hour nursing care. The following are some of the allied health services available: physiotherapy, occupational therapy, wound care advice, chiropody, dietician and more. The centre employs an activities coordinator to arrange a programme of activities in collaboration with the person in charge and in accordance with the preferences and needs of residents. Maria Goretti Nursing Home is a multi-denominational care centre. The local catholic parish priests celebrate Mass in the centre every Friday. We operate an open visiting policy within Maria Goretti Nursing Home. To protect our residents we ask that all visitors sign in and out on entering and leaving and wait at the nurse's station to enable staff to announce their arrival and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Wednesday 3 March 2021	10:00hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre unannounced at 10:00hrs on the morning of the inspection. On arrival to the centre, the inspector was met by a staff member who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to entering the centre. An opening meeting was held with the assistant director of nursing (ADON) as the director of nursing (DON) has been carrying out a pre-admission assessment of a potential resident. After the opening meeting the inspector was guided on a tour of the centre by the person in charge as she had now completed the pre-admission assessment.

It was obvious from the walk around that the person in charge and ADON were well known to all residents as they stopped to talk to residents on the way around the centre. All of the residents who spoke to the inspector were complimentary of the service provided and described the staff as kind and caring. The overall feedback from residents was that the person in charge and staff were kind and caring and that they were happy living in the centre, which was homely and met their needs. The inspector met a large number of the residents throughout the inspection and spoke in more detail with six residents.

At the time of inspection there were no in-house visits due to Level 5 COVID-19 restrictions, except for on compassionate grounds. Window visits were facilitated and the inspector noted temporary shelters were in place outside windows in two locations to protect visitors from rain. The inspector was informed that not many visitors availed of window visits and no visitors were seen on the day of the inspection. As a result the inspector could not speak with any relatives. However, residents who communicated with the inspector said that they were kept informed about COVID-19 related issues. Residents said that they had access to newspapers and television and were following the current events, including the pandemic. Others mentioned that they missed their families, and while they were in regular contact through telephone calls, nothing can replace seeing family in person.

The centre is laid out in four units or wings. The main entrance leads directly to the Crocheta Unit which has four bedrooms, a staff room, an oratory, the kitchen and two dining rooms. This leads into a day room and off the dayroom are corridors leading to the three other units, Ballyhoura Way Unit, Church Way Unit and Abbeylands Unit. Resident accommodation comprises 21 single bedrooms, nine twin bedrooms and five four-bedded rooms. There are also two single bedroom apartments, each of which are self-contained with their own private sitting room and en suite bathroom facilities. One of the apartments has its own small kitchen, which is used by the resident living there.

The four bedrooms in Culchetta Unit are described as twin rooms on the Statement of Purpose and on the Floor Plans. However, it was evident during the walk around that one of these rooms is not adequate in size to accommodate two residents. The

PIC confirmed that this was pointed out by the inspector previously and the room has only accommodated one resident for a number of years. There were five four-bedded rooms in Abbeylands wing. On the walk around on the day of the inspection, three of these rooms contained three beds. Due to the design and layout of the rooms they would not be suitable to accommodate four residents. During the walk around, when the bedrooms were vacant, the inspector manoeuvred a hoist between the beds with the assistance of staff to ascertain if there was adequate space between beds. The inspector determined that it would not be possible to use a hoist without causing considerable disruption to the resident in the adjacent bed. In addition, in light of the COVID-19 pandemic, there was not adequate space between some of the beds to facilitate social distancing. The remaining two four-bedded rooms were larger in size and could comfortably accommodate four residents.

There are two dining rooms adjacent to the kitchen. The smaller dining room was previously used by residents for breakfast and on prior inspections residents were seen to arrive for breakfast throughout the morning. This dining room is now used by staff to allow for social distancing at mealtimes. The larger dining room, which was previously mainly used for lunch and tea, is now also used for breakfast but most residents choose to have their breakfast in their bedroom.

There was appropriate social distancing arrangements in place and there were several sitting areas available to facilitate this. There were two staff members in the role of activity coordinator. One of these was on duty on the day of the inspection and it was evident she was well known to the residents. The activity coordinator spoke with the inspector and described the programme of activities. Activity hours were recently increased and one or other of the activity staff was usually in the centre for six days each week and both staff usually worked on a Wednesday. The activity staff usually spent the morning meeting and greeting residents prior to commencing group activities. The inspector observed group activities in one sitting room and residents were completing arts and crafts projects themed for the forthcoming Mother's Day and St. Patrick's Day. A physiotherapist arrived to the centre at the same time as the inspector and he was seen to carry out one to one assessments with residents as well as group exercises in the afternoon. The physiotherapist visits the centre on two days each week.

The centre is set in a rural location and there were lovely views out to the countryside or to the internal garden. The centre was noted to be clean throughout. The inspector discussed the enhanced cleaning protocol with a member of the housekeeping staff. She described a system of daily routine cleaning, deep cleaning and frequent cleaning of high touch areas, such as hand rails. The centre has a sluice room, however, it does not contain a bedpan washer.

Residents told the inspector they were grateful to the staff for all the care they received during the pandemic and they were very relieved that they had received their COVID-19 vaccines.

The inspector observed that residents' choice was respected and control over their daily life was facilitated in relation to whether they wished to stay in their room or

spend time with others in the sitting rooms. The inspector observed that there were a number of areas where residents could sit and walk outside the centre. The garden to the side of the building had plentiful plants and shrubs, and one of the residents spend a lot of time tending to the garden when the weather permitted. Residents told the inspector that they enjoyed sitting out during the fine weather and garden furniture was available for their comfort.

Residents were complimentary about the food and the inspector saw that residents were offered choice and the food was wholesome and nutritious. The inspector saw frequent drinks and snack rounds during the day.

Capacity and capability

Overall there was an effective governance structure in place and accountability for the delivery of the service was clearly defined. There was a good system of oversight of the quality and safety of care delivered to residents through a programme of audits. Where issues were identified for improvement, there was an associated action plan identifying who was responsible for implementing required improvements. Improvements were required in relation to the submission of a completed application form for the renewal of the registration.

Maria Goretti Nursing Home is operated by Maria Goretti NH Partnership comprising four partners. Two of the partners visit the centre on a regular basis and one of these was previously the person in charge of the centre. The management structure, as described in the statement of purpose, identified the lines of authority and accountability for staff.

The person in charge has the required qualifications and experience for the role and works full-time in the designated centre. The person in charge is supported by an assistant director of nursing. Nursing management are well known to residents and staff and facilitated the inspection process. They were knowledgeable and in discussions with the inspector, committed to ensure residents living in the centre enjoyed a good quality of life and received a safe and high standard of care. At a governance level the person in charge was supported by members of the partnership that owned the centre.

The inspector acknowledged that residents and staff living and working in centre have been through a challenging time and that at the time of the inspection they had been successful in keeping the centre COVID-19 free. Staff attended for serial testing on a fortnightly basis and the management team had established links with the public health team and HSE lead for their area. There was a comprehensive COVID-19 emergency plan in place. A designated area had been set aside for cohorting residents should they develop symptoms or test positive for the virus.

Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff

were familiar with and aware of the ongoing changes to guidance from public health and the HSE.

Registration Regulation 4: Application for registration or renewal of registration

While an application form had been submitted to renew the registration of the designated centre, the form was incomplete. Only three of the four partners had signed the form. There was also a delay in all four partners signing the application renewal form at the previous registration renewal in 2018. Additionally, not all pages of the form were returned.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance, day-to-day operational management, and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of staff rosters and discussions with staff indicated there were adequate levels of nursing and care staff on day duty. At the time of the inspection there were 36 residents living in the centre and there was one resident in hospital. While there were adequate numbers of staff on duty at night time on the date of the inspection, there is a need to keep staffing under constant review as the number of residents living in the centre increased.

Judgment: Compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions.

There was evidence that newly recruited staff had received an induction with evidence of sign off on key aspects of care and procedures in the centre. A training matrix for other ongoing training was in place and made available to the inspector. Mandatory training in fire safety, moving and handling and safeguarding was in place and up to date for staff.

Judgment: Compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to the inspectors. Records were generally maintained in a neat and orderly manner and stored securely.

A sample of four staff files viewed by the inspectors were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting. The requirements of Schedule two were in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found effective governance and management systems were in place for oversight of the centre on a day to day basis. The person in charge is responsible for clinical management and supervision and is supported by an assistant director of nursing.

There were adequate systems in place for oversight of practice through ongoing audits and supervision of staff to ensure that staff were following the most up-to-date guidance. On the day of inspection, the inspector observed that staff were adhering to infection control guidelines including the appropriate use of PPE and adherence to good hand hygiene practices.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose required review to ensure it contained all of the required information. For example:

- there was insufficient detail in relation to the sanitary facilities contained in each of the bathrooms, including en suite bathrooms
- the sizes of rooms listed in the Statement of Purpose did not match the sizes detailed in the Floor Plans, including some en suite bathrooms, some bedrooms and the oratory
- not all rooms on the Floor Plans were listed in the Statement of Purpose
- more detail was required in relation to uniquely identifying bathrooms so that they can be cross-referenced with the Floor Plans

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy in place to manage complaints. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements.

Inspectors reviewed a sample complaints and found that complaints were recorded and each complaint was investigated. Improvements were implemented when it was identified that improvements were required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were in place as set out in Schedule 5. All policies were centre specific and had been reviewed in the last three years, in line with regulatory requirements. Relevant policies had been updated to reflect up-to-date guidance by the Health Surveillance Centre (HPSC) in relation to COVID-19.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre was providing a high standard of care and quality of life for residents. A review was required of some multi-occupancy bedrooms to ensure there was adequate space for the number of residents accommodated in each bedroom.

This inspection took place during the COVID-19 pandemic. The centre had remained free from COVID-19 since the beginning of the pandemic. The centre was clean and well maintained. A COVID-19 contingency plan included updated cleaning schedules and protocols. The cleaning schedule was in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

Residents health care needs were appropriately assessed and a comprehensive care plan was developed to address the health and social care needs of the residents. There was evidence of reviews by healthcare professionals such as general practitioners, occupational therapists, speech and language therapists, dietitians.

Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Some residents were observed in the communal areas of the centre while residents spent time alone in their rooms. Residents had access to television radios, newspapers, telephones and Internet connection.

Regulation 11: Visits

In line with government guidance visiting was prohibited to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visiting was permitted on compassionate grounds and this was not limited to residents at end of life but was based on individual assessments of need. Staff were committed to ensuring residents and their families remained in contact by means of window visits, telephone and video calls.

Judgment: Compliant

Regulation 12: Personal possessions

Additional wardrobe space had been provided in some of the bedrooms since the last inspection. There was a need to monitor storage space for personal possessions should the number of residents accommodated in the multi-occupancy bedrooms increase

Judgment: Compliant

Regulation 13: End of life

There were no residents at end of life on the day of the inspection. A review of care plans indicated that discussions had taken place with residents and/or their families in relation to treatment preferences should they become unwell.

Judgment: Compliant

Regulation 17: Premises

A review was required of multi-occupancy bedrooms to ensure the design and layout was suitable for the number of residents intended to be accommodated in each room. For example:

- bedroom 3 is listed on the Statement of Purpose and the Floor Plans as a twin bedroom, however, it does not meet the minimum bedroom floor space for two residents as required by S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. The inspector was informed that this room has only accommodated one resident for a number of years
- bedrooms 31, 32 and 37 are intended to accommodate four residents in each room. On the day of the inspection there were three beds in each room. Due to the design and layout of these rooms these bedrooms could not accommodate four residents and maintain adequate space between beds for social distancing purposes. Additionally, should there be a need to use assistive equipment, such as a hoist, this could not be done without disturbing the resident in the adjacent bed. Wardrobe space would also be limited in these rooms, should there be four residents in the room

A review was also required of sluicing facilities. While there was a sluice room, there was no bedpan washer. The inspector was informed that at the time of the inspection there were no residents using a bedpan or bedside commode. However, should a resident be unable to use the bathroom facilities and require the use of a bedpan or bedside commode, there were inadequate measures in place to ensure bedpans were decontaminated in accordance with infection prevention and control guidance.

Judgment: Not compliant

Regulation 26: Risk management

There were risk reduction records including the risk management policy and the person in charge was familiar with the risks identified in the centre. Risk assessments were seen to be completed and appropriate actions were taken to any

risks identified.

Judgment: Compliant

Regulation 27: Infection control

Staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks. Alcohol gel was available throughout and staff were observed to use appropriately. Hand hygiene notices were displayed and staff had attended hand hygiene training. The person in charge said they had received adequate supplies of PPE from the HSE.

The centre was observed to be clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High touch areas are now cleaned frequently and deep cleaning schedules have been enhanced.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Fire drills were conducted at regular intervals and simulated both day and night time scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and at regular intervals thereafter. Care plans were developed based on these assessments and generally provided good guidance on an individual basis on the care to be delivered to each resident. More detail, however, was required in relation to the monitoring the blood glucose levels of a resident diagnosed with diabetes mellitus.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care, including specialist and allied health services.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and that staff were kind and caring. All staff had attended up to date training in safeguarding residents from abuse. The provider was pension agent for four residents and adequate arrangements were in place for the management of these finances.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Advocacy services were available to residents and contact details were on display for independent advocacy services. However, while the provider had sought legal advice on behalf of one resident that had no family involvement in their care, they were requested to contact independent advocacy services for this resident to support them should they no longer be able to advocate for themselves or manage their own finances.

The requirement to maintain a social distance impacted on social activities in the centre. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and the inspector observed that there was space to facilitate social distancing.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Maria Goretti Nursing Home OSV-0000417

Inspection ID: MON-0032213

Date of inspection: 03/03/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Register Provider is currently in progress of managing same.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • Statement of purpose has been amended and updated which includes sufficient detail in relation to the sanitary facilities contained in each of the bathrooms, including en suite bathrooms • The sizes of rooms listed in the Statement of Purpose now correlate with the sizes detailed in the Floor Plans, including en suite bathrooms, bedrooms and the oratory • All rooms on the Floor Plans are now listed in the Statement of Purpose and more detail has been included in relation to uniquely identifying bathrooms so that they can be cross-referenced with the Floor Plans Completed: 15.4.2021	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Occupancy level in room 3 (twin) has now been decreased to single occupancy which is reflected in updated Statement of purpose and floor plans. • Rooms 31/32/37 occupancy level have also been decreased from (4 bed) to (3 bed) and this is reflected in the updated Statement of Purpose and floor plans. • The total maximum occupancy rate has now been decreased from 61 to 57. • A bed pan machine is currently being sourced and will be purchased and in situ by 30th of June 2021 <p>Completed by 30th June 2021.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The residents care plan in question has been updated to include regime for checking blood sugar levels.</p> <p>In relation to all other residents who have a diagnosis of diabetes mellitus their care plans have been audited to ensure that all current information including the regime for checking blood sugars, diet and compliance about same etc.</p> <p>Completed by: 12th April 2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>In relation to the one resident mentioned in the report, a referral has been sent to the independent advocacy group SAGE on 13/04/2021</p> <p>Sage contacted me on Tuesday 20/4/21 and will arrange an appointment to visit this resident, date to be confirmed.</p> <p>Completed: 13/04/2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Yellow	22/04/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Not Compliant	Orange	30/06/2021

	3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/04/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	12/04/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Substantially Compliant	Yellow	13/04/2021