



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

Issued by the Chief Inspector

Name of designated centre:	Lexington House
Name of provider:	GN Lexington Property Ltd
Address of centre:	Monastery Road, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0007910
Fieldwork ID:	MON-0034248

About the designated centre

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

Lexington House is a residential care facility that will provide extended/long term care, respite and convalescence to adults over the age of 18 with varying conditions, abilities and disabilities. Lexington House can accommodate 92 residents, and is located in Clondalkin village. It is within walking distance of the main village and the amenities available. There are 82 single bedrooms and 5 double bedrooms, all of which have en suite facilities. 24-hour nursing care will be provided to all residents, which will be facilitated by a team of registered nurses with support from healthcare assistants. The overall nursing care will be monitored and supervised by the nursing management team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 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 22 September 2021	09:10hrs to 18:20hrs	Michael Dunne	Lead
Wednesday 22 September 2021	09:10hrs to 18:20hrs	Sarah Carter	Lead

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, the general feedback from residents was one of contentment living in the centre and satisfaction with the care and services provided. Overall the atmosphere in the centre was calm and relaxed. Residents looked well cared for and happy.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Visitors to the centre completed the same process throughout the day.

Inspectors spent time observing residents and staff engagement, and found it to be informal, relaxed and friendly. Inspectors observed interactions between staff and residents that were caring, pleasant and showed the staff's knowledge and understanding of the residents needs and interests. Care was discrete and unobtrusive, and privacy was maintained by closing doors of bedrooms and bathrooms as required.

Those residents who engaged with the inspectors said that staff were kind and caring and that they always ensured that your needs were attended to without delay. Residents spoken with also expressed their gratitude towards the staff and management for ensuring that they had access to the vaccination programme and that their health concerns were addressed in a timely manner.

At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in organised group activities, watching television and meeting with visitors. The garden area was also observed to be in use throughout the day by residents alone or accompanied by staff.

The quality of residents' lives was enhanced by the design and layout of the centre. There was clear directional signage throughout the centre, and benches were placed in alcoves along some of the longer corridors to allow residents to sit and rest as they moved freely throughout the centre. There were handrails along all corridors, and these had been discretely marked with a coloured tape to remind residents and staff about social distancing measures. Each corridor area had subtle colour schemes that varied from corridor to corridor, further assisting orientation.

The centre was located over three floors with lifts and stairs to facilitate access between these areas. Residents were living on two floors; the ground floor and the first. The third floor was unoccupied on the day of inspection. The layout of the premises enabled residents to spend time both in private and in a number of comfortable communal areas. The centre was clean and pleasantly decorated, with pottery, flowers and butterfly murals adorning many of the corridor walls.

Residents had access to a garden area, and the door was controlled by a code, which residents had access too. Bedroom windows which overlooked the courtyards were slightly darkened, which offered residents in those rooms privacy and a clear view into the gardens. Residents who lived on the first floor of the centre, had access to a safe balcony area from their bedroom.

Residents bedrooms were tastefully decorated and suitable for the needs of the residents. Rooms were of a sufficient size for residents to be able to store and retrieve their personal belongings without hindrance. Many residents had chosen to personalise their bedrooms with mementos, photographs and pictures.

There were facilities in place for recreational activities in each unit and residents had opportunities to participate in a variety of group activities every day. Throughout the day of the inspection, residents were observed enjoying activities in small groups. The activity programme ran over seven days per week.

Residents were each presented with a schedule of the days' activities each morning to allow them time to choose what to participate in if they so desired. Inspectors observed an exercise group and found that residents were positively engaged in this activity.

Residents' religious rights had been facilitated by a roman catholic priest who had held an indoor / outdoor mass, and a prayer group was also facilitated throughout the week. An oratory was available on site, but the Person in Charge reported that due to its smaller size, its use was limited during the COVID-19 pandemic.

Residents were given ample time to choose their meal preferences, as a menu was presented daily and residents could make their own choices about what they wished to eat. Residents spoken with said that they enjoyed the food on offer and that they could access alternative food should they not like what was on the menu. The person in charge informed inspectors that residents' feedback had been sought on the menu and food choices available. Due to the COVID-19 pandemic, the registered provider arranged for two mealtime sittings with residents able to choose which sitting they wished to attend. Inspectors observed mealtimes to be mostly a calm and relaxed occasion. Staff were observed to discretely assisting residents during mealtimes.

Overall residents expressed feeling content in the designated centre. The next two sections of the report will present findings of this inspection in relation to the governance and management arrangements in place, and on how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure in place which defined the roles and responsibilities of staff working in the designated centre. Overall this was a well-run

centre which demonstrated its capacity and capability to comply with the Health Act 2007. While there was a clear commitment on behalf of the management team to ensure positive health and social care outcomes for the residents some improvements were required in relation to governance and management, care planning, the directory of residents and fire safety precautions to ensure that positive outcomes were achieved on a consistent basis.

The designated centre was operated by GN Lexington property Limited t/a Lexington House and was registered with the Office of the Chief Inspector on 7 December 2020. The registered provider was actively involved in the running of the service and worked closely with the staff team on a daily basis. There was a person in charge in place who was supported to deliver quality services by a team consisting of clinical nurse managers, registered nurses, health care assistants, household, activity staff and maintenance personnel. The centre also had access to a physiotherapist employed as part of the team.

Of the 92 registered beds, 39 had been assigned to short stay transitional care where the registered provider entered into an agreement with the Health Service Executive (HSE) to provide services for residents requiring additional therapies, including a reablement service and a more structured convalescence service for residents post discharge from hospital. The registered provider had allocated the first floor of the designated centre to provide this service which was separate to facilities provided for long term residents. Inspectors found that records identifying admission and discharge data for short stay residents required improvement to ensure that they were accurate and reflected the actual move in and move out dates for these residents.

There were a range of management systems in place to monitor and evaluate care services delivered to the residents. It was evident that the registered provider was keen to deliver a quality service however improvements were required in the area of care planning to ensure that care plans reflected the assessed needs of residents residing in the designated centre both on a long term and short term basis.

Systems to manage fire safety in the designated centre were in place and were subject to regular oversight by the management team. Staff spoken with during the inspection were knowledgeable of their role in promoting fire safety in the designated centre and were confident that their fire safety training assisted in this process. There were personal emergency evacuation plans in place to identify how residents should be evacuated in the event of a fire emergency. Inspectors viewed a sample of simulated evacuation reports which provided the registered provider with assurances regarding their evacuation technique during the day however there were no simulated night time evacuations on file which would have provided further assurances regarding night time evacuations.

While there was a commitment on behalf of the provider to promote a restraint free environment, there were some restrictive practices observed during the inspection that were not reported under the notification process. These are described in more details under the quality and safety section of this report.

Inspectors found that there were adequate staffing resources to provide quality services to the residents. A review of training records indicated that there was a comprehensive training programme in place with training delivered to staff either through online training or through face to face training. The registered provider had developed an online training academy to promote staff competence and continual professional development.

Records seen during the inspection process indicated that complaints received were dealt with in a timely manner consistent with the centres complaints policy. The provider monitored complaints in order to identify trends and to identify to any learning which could improve services in the future.

There were systems in place to ensure that residents were consulted about the quality of services provided which included accessing residents views on a one to one basis or through resident meetings. The register provider indicated that residents views on the quality of services provided would be included in the annual review of quality and safety of care.

Regulation 15: Staffing

There were sufficient staff numbers with the required skill mix available to meet the assessed needs of the residents taking into account the size and layout of the designated centre

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records with the person in charge. Information reviewed indicated that all staff had attended mandatory training which covered fire safety, manual handling and safeguarding training. A range of supplementary training was also provided for staff to attend which included infection prevention and control training. This training was delivered through face to face or by accessing an online course. There was an induction programme in place to guide and orientate staff when joining the existing team. The registered provider had developed guidelines around staff appraisal to support and supervise staff in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

A resident's register was maintained, however in the version seen by inspectors some residents admission and discharge dates were unclear. This had come to the inspector's attention during a review of care plans, where a residents admission date on their care plan varied from the admission data in their medical file. This discrepancy was explained by the person in charge as resulting from the change in a residents status, for example if they were admitted for "short term care" and then stayed for "long term care".

Improvements were required in the systems of documentation around dates of admission to ensure changes to the funding model that determines the residents care did not obscure the length of time the resident was living in the centre or impact on the level of detail in their care plan. In its current format the residents register suggested residents were discharged, when the funding paying for their care had changed. Residents were not discharged from the centre, and remained living there.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that there were some improvements required to ensure that existing monitoring systems were effective in ensuring positive outcomes for residents on a consistent basis. For example:

- The oversight of care monitoring systems to include care plan audits failed to identify areas in which resident care interventions did not meet the required standard.
- Oversight arrangements around the collection and use of data regarding the status of residents who were admitted for short term care required review to ensure that residents needs were met.
- Management systems to monitor the effectiveness of simulated compartment evacuations did not identify or provide assurances that simulated night time evacuations were in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which was reviewed and updated by the registered provider. This was made available for inspectors to review post inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the Office of the Chief Inspector. However, the detail submitted specific to the use of restrictive practices was not accurately communicated in line with the requirements of regulation 31, Schedule 4 (2) (k) as it did not reference the use of sensor alarms used to promote resident safety.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which contained the requirements of the regulation and included details about registering a complaint, feedback once a complaint has been registered and an appeals process. A review of complaints indicated that the registered provider had received seven complaints since the designated centre was registered in December 2020. All complaints seen were investigated in line with the designated centre's complaints policy with the complainants' satisfaction recorded for all seven closed complaints.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life in the centre with their wishes and choices respected by the provider and staff. Staff were knowledgeable about residents care needs and personal circumstances.

There was evidence of good consultation with residents and the registered provider ensured that residents' rights were considered and promoted. However, improvements were required in care planning and records relating to the directory of residents.

Residents' needs were being met through good access to health care services and opportunities for social engagement. Residents had access to a physiotherapy service based in the centre, and a weekly geriatrician service, supported by the local hospital

A sample of residents' care plans were reviewed. Inspectors observed that the health, personal and social care needs of residents had been assessed prior to the resident being admitted to the centre and that subsequently a wide range of validated assessment tools were used to identify residents' care needs, including those on falls, nutrition, skin integrity and mood and behaviour. These assessments were used to inform the residents' care plans that guided staff on how to effectively support and care for residents, and determine the clinical risk of falls, skin integrity and residents at risk of malnourishment.

Residents came to the centre for a variety of reasons, some seeking long term care. Others were seeking short term care; respite from the care provided in their homes, or were discharged from a Dublin Hospital and were determined to be waiting for their application to a nursing home to be approved or for a care package to be finalised by the Health Service Executive.

The centres care planning policy detailed the process undertaken by staff to develop care plans. However in practice there were different documentation and processes in place, determined by the residents status as seeking "long term" or "short term" care. This dual approach to short and long term care plans was not supported by the care planning policy and procedures in use in the centre.

This dual approach to care planning practice showed the following:

- Some residents in receipt of "short term care", had a limited care plan compared with long term residents who were living in the centre for the same length of time.
- Some care plans were not updated to reflect a change in residents circumstances, i.e. health changes.
- Residents recreational and social needs assessments were incomplete and were kept separately from the care plans, which limited clinical staffs knowledge of residents recreational preferences and their plans.
- Residents preferences were not consistently recorded in their care plans.
- Residents care plans, who were in receipt of "short term care", did not include any detail of their discharge plans or updates about the status of their care. Communication with staff external to the nursing home who were involved in organising residents discharge plans was kept separately to residents care plans and medical files. This limited clinical staffs knowledge of residents circumstances and up to date discharge plans.

While several care plans had been regularly reviewed, the processes in place to ensure that the most up-to-date information was clearly evident in current care plans, needed improvement. The inspector was informed that in the event a care plan not been routinely reviewed by the allocated nurse, this may be due to the staff nurse being on leave. However current and updated care plans are needed to ensure that all staff caring for residents are clearly guided meet the residents current needs.

Information that documented that residents or their representatives had been consulted about their care plan, was not consistently recorded in resident care files.

The care environment was mostly restraint-free. A register of restraint usage was maintained, however it featured information on two pieces of equipment aligned with restrictive practices; bed and chair alarms; which had not been reported under the notification process. Inspectors observed practices throughout the centre of the use of bed wedges, low low beds and floor mats. In addition access doors were coded, and while codes were available for residents, some may find this challenging.

Residents who used chair or bed alarms had been suitable assessed, the equipment was checked routinely and there was sufficient resources in place to replace equipment if required.

Residents' rights were respected and residents were supported to choose how they lived their lives. Residents had access to advocacy and voting services. There was a programme of activities available to residents which residents told inspectors they enjoyed. Residents who required additional support to participate in activities were provided with this support by activities staff in attendance.

A choice of food was offered to residents at mealtimes. Dietary sheets, particular to residents, were stored in kitchen areas next to the dining rooms and on catering trolleys for catering staff to refer to. Inspectors spoke with kitchen staff who were familiar with residents' particular needs, likes and dislikes.

The premises was generally well maintained and suitable for the needs of the residents. Resident personal accommodation was found to be comfortable and suitable for the assessed needs of the residents. There were sufficient communal spaces for residents to access outside of their personal environments. A secure garden was available for residents to use.

Visiting was facilitated in numerous suitable communal and private areas within the centre and on the grounds of the centre. The management team had implemented a visiting system which maximised the residents and their relatives' safety and access to visits while minimising the risk of bringing COVID-19 into the centre. Residents spoken with expressed satisfaction with the arrangements in place. A visiting policy was not available on the day, but made immediately available following the inspection, and this clearly detailed processes undertaken to facilitate visitors and was in line with all current COVID-19 guidance.

Infection prevention and control strategies were in place and subject to regular review and update . There were plentiful PPE supplies freely available at regular points in communal areas. Sluice rooms were well maintained, clean and tidying. A risk identified on the day of inspection, where access to the hand washing sink and some bins were obstructed by equipment awaiting cleaning, was immediately addressed.

Regulation 11: Visits

The registered provider had arrangements and facilities in place for residents to

receive visitors. Inspectors observed that all visitors to the centre were requested to complete infection and prevention control measures in line with Health Prevention and Surveillance Centre guidance, which included hand hygiene, temperature checks and mask wearing.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors observed that the food provided was nutritious and visually appetising, and was clearly enjoyed by residents. A supply of fresh water was available in communal areas and in residents' bedrooms. A sufficient number of staff were seen to assist residents discreetly and in an unhurried manner during mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy met the requirements of the regulations and addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, accidental injury to residents, staff or visitors and the prevention of abuse. Records indicated there was good oversight of risks in the centre with the designated safety statement updated in august 2021.

Judgment: Compliant

Regulation 27: Infection control

There was good adherence to infection prevention and control measures by staff which inspectors observed throughout the designated centre. Staff had received regular infection prevention and control training and this supported their day to day practice of maintaining an infection free environment. The centre was visibly clean, with signage posted in prominent locations reminding and advising on good practice. There was sufficient supplies of (PPE) personal protective equipment and alcohol hand rub located throughout the building.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required to ensure adequate precautions were in place to protect residents against the risk of fire. Records relating to simulated evacuation's at night time were required in order for the registered provider to be assured that their evacuation technique was adequate during a time of reduced staffing resource.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care plans were person centred, there were areas for improvement to ensure that plans contained clear, consistent and up-to-date information about resident's needs. These gaps in records could lead to incorrect care and support being delivered, for example:

- A care plan did not detail the current medical decision and plan to meet a resident palliative care needs.
- Care plans developed for a short term resident who remained in the centre for longer than anticipated, did not have updates in their care plans that reflected this change in status or give sufficient detail regarding the plans and activities being undertaken to plan their transition home or to long term care provision.
- Residents personal preferences for example for a bath over a shower were not reflected in their care plan, however their preference was being upheld by staff when care support was delivered.

Judgment: Not compliant

Regulation 6: Health care

Inspectors observed that residents' health and well-being was maintained by a good standard of evidence based care and appropriate medical care intervention. Residents had timely access to a general practitioner (GP) and allied healthcare professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider was seen to be actively promoting a restraint-free environment. On review of the documentation inspectors found that each resident, displaying responsive behaviour, had a risk assessment in place with care interventions kept under regular review in multi disciplinary team meetings. In a small number of cases where residents were provided with a sensor alarm this had not been reported as part of the notification process, this is discussed further under regulation 31.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had a variety of activities to participate in throughout the day. They had access to telephones and newspapers and televisions. Residents had access to an advocacy service. The provider organised monthly residents' meetings to seek residents' views on the quality of service and their opinion on service changes, the minutes of these meeting clearly detailed the outcomes and actions taken by the management team to address any issues raised.

Judgment: Compliant

Regulation 17: Premises

The premises was of a suitable size and layout to support the number and needs of the residents living in the designated centre. The premises were tastefully decorated and there were sufficient communal facilities available for residents to enjoy. There were maintenance systems in place to maintain the fabric of the building, fixtures and fittings were found to be of a high standard throughout the building.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant

Compliance Plan for Lexington House OSV-0007910

Inspection ID: MON-0034248

Date of inspection: 22/09/2021

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
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Electronic system was reviewed to reflect the first admission date throughout the residents' files. If the resident changes her/his funding model, the resident will be transferred within Lexington House, not discharged and readmitted to ensure the original admission date does not change.</p> <p>This ensures an admission / discharge date is clearly identified.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Our HR department is actively seeking a dedicated Liaison Nurse who will assist in the process of admissions and discharges. This will allow for our CNM2 to focus on documentation i.e. on auditing and care plans to ensure our residents' care is promoted. The Person in Charge is overseeing the process.</p> <p>Audits on Care Planning have been reviewed to reflect the SSTC residents' reality and care requirements.</p> <p>The fire committee have implemented a programme of simulated night time evacuations and the effectiveness of same is reviewed at regular meetings. Audits will be conducted regularly on the findings to ensure learnings are achieved. This programme will also be reviewed by our external Senior Fire Consultant as part of the Fire Safety Risk Assessment.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Restraint Register was given to the inspector on the inspection day and Person in Charge submitted this information on the latest Quarterly Returns.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Fire Committee developed and started implementing a plan for simulated evacuations at night.</p> <p>The simulated evacuations at night are taking place weekly for 3 months. The performance of the staff will be reviewed on ongoing basis by the Fire Committee and Registered Provider.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have been reviewed since inspection to reflect residents' needs. Nursing staff will be attending training on Care Planning, same is booked for the 3rd week of December.</p> <p>Residents admitted for respite for up to 2 weeks will have a short version of the care plan, the residents staying for more than 2 weeks will have a more comprehensive care plan regardless of their funding model.</p> <p>All care plans for residents on SSTC beds have a discharge plan documented.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/11/2021
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.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures,	Substantially Compliant	Yellow	28/01/2022

	building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	28/10/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	24/12/2021