



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

## Issued by the Chief Inspector

Name of designated centre:	Atlanta Nursing Home
Name of provider:	Atlanta Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000010
Fieldwork ID:	MON-0035416

## About the designated centre

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

The centre is based in a town with access to shops and other amenities such as restaurants and cafes. The centre was originally two private residences and has been converted in to a three- storey centre offering places for up to 43 residents. The centre offers a service to male and female residents over 18 years of age, following an assessment to ensure their needs can be met in the centre. The centre supports residents with low to maximum dependency needs for full time residential care, respite care, convalescence and post-operative care. There are a mixture of single rooms with en-suite, double rooms, and one triple room. There are 10 rooms on the ground floor, eight on the middle and 10 on the top. There are no day services provided in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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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 25 May 2022	09:00hrs to 17:00hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

The overall feedback from the residents' was one of satisfaction with the care and services provided. Some residents' stated that the staff were kind and caring. Residents' told the inspector that they were well looked after, and they were happy living in the centre. The atmosphere was relaxed and calm on the day of inspection. Many of the residents were observed to be content in their surroundings. The inspector greeted all 42 residents in the centre and spoke in more detail with 10 residents.

On arrival the inspector was greeted by the person in charge (PIC) and the registered provider representative (RPR). Following an opening meeting the inspector was accompanied on a tour of the premises by the RPR. The centre was registered to accommodate 43 residents over three floors. The centre comprised of a three-storey period house with a ground floor extension. The centre retained many original period features in the main building. Many of the residents' bedrooms included decorative fire places and high ceilings. The bedroom accommodation consisted of single rooms, double rooms and one triple room. Some bedrooms had an ensuite toilet and others had toilet facilities adjacent to the bedrooms. Bedrooms were personal to the residents' containing family photographs and personal belongings. The centres communal areas were on the ground floor of the main building. There was a choice of communal areas on the ground floor that residents could access. For example; the ground floor contained a television room, a dining room, a recreation room and a conservatory room.

The centre was located in Bray town centre and was within walking distance of the town centre and promenade. Residents told the inspector that the location of the centre was important to them as they could visit the local park, shops and post office. Two residents told the inspector that they were from the local area and would go home almost every day to see their families. One resident told the inspector that they cycle around the town most days.

The centre was clean, bright and welcoming. Alcohol gels were readily available throughout the centre to promote good hygiene. Residents were observed to be relaxed and familiar with the RPR, the PIC, and other staff. Residents' were observed conversing freely with all staff. Observations on inspection showed that staff had good knowledge into responding and managing residents' communication needs, and provided good support in a respectful and professional manner. A small number of residents were observed in their bedrooms, watching television, listening to music, or having a quiet time. In general, most residents' looked happy and all were nicely dressed and well groomed.

The premises was decorated with art pieces that had been created and designed by the resident's. Residents had access to a large mature garden at the back of the centre. The garden had suitable seating for residents, level footpaths and a Japanese tea house. The Japanese tea house was the centres smoking area. The

inspector observed the garden area being used by residents throughout the day of inspection. Residents were seen to enjoy the sunshine, receive visitors and use the smoking facilities in the garden area.

Residents' spoken to said that they were happy with the activities provided. An activities programme outlined the activities for the month of May was displayed in the recreation room and in the lift. The inspector observed group activities taking place in the recreation room and conservatory room. On the day of inspection the inspector observed staff having good humoured banter with the residents and chatting to them about their personal interests and family members. Religious services had returned to normal in the centre and the local parish priest provided Sunday mass in the centre. The centre had a resident budgie, accommodated in a cage in the recreation room which the residents were seen to engage with during the day of inspection.

Residents' were satisfied with the choice of food offered. There were snacks available routinely throughout the day and the residents could have additional snacks and drinks any time they choose. There were jugs of fresh water available in the residents bedrooms and communal areas. Staff were observed offering a choice of meals to residents on the day of inspection.

The inspector observed that visiting was facilitated. The inspector spoke with one visitor who told the inspector that they were satisfied with the care provided for their family member.

The inspector observed the laundry facilities in the centre, this will be discussed further on in this report. All residents spoken with told the inspector they were satisfied with the laundry service provided and did not have any reports of missing items of clothing.

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

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider had progressed the compliance plan following the previous inspection in March 2021. Improvements were found in relation to Regulation 23: governance and management, Regulation 27: infection prevention and control, and Regulation 28: fire precautions. On this inspection the inspector found that action was required by the registered provider to address areas of Regulation 4: written policies and procedures, Regulation 16: staff training and development, Regulation 17: premises and Regulation 27: infection prevention and

control.

The registered provider entity is Atlanta Nursing Home Limited. One of the two company directors is the deputy person in charge, who worked in the centre on a daily basis. The centre was managed by the person in charge, who worked Monday to Friday. The person in charge was responsible for the clinical management of residents' and supervision of staff. The person in charge was supported in her role by the deputy person in charge, a team of nurses, health care assistants, activities co-ordinators, and a team of catering, cleaning, administration staff and maintenance personnel.

The provider had increased staffing resources since the previous inspection. There was an additional two hours per day per housekeeping staff member which had impacted positively on the cleanliness of the centre. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

Improvements were required in the oversight of training needs in the centre. There was evidence that dementia training had recently been provided to staff in the centre. However, not all staff had access to education and training appropriate to their role, as gaps were identified in the staff training matrix. This is discussed further under Regulation 16: training and staff development. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

A sample of four staff files were reviewed. Not all records met the requirements as specified under Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in the centre. For example; references were not available in one staff file viewed and there were gaps in the employment history in two staff files. On the day of inspection references were completed for the one staff file and a complete employment history was recorded for one of the two staff personnel files. The files examined all contained Gardaí Síochána (police) vetting disclosures.

There was a clearly defined management structure in the centre. There were systems in place to monitor the quality and safety of care. There was good oversight of clinical care and key performing areas which was evident in the centres comprehensive and ongoing schedule of audits. Audits were objective and identified improvements. There were sufficient resources in place to ensure the effective delivery of care. The provider had commenced a phased plan of works to refurbish parts of the centre. This included redecoration, maintenance, upkeep of fire doors, tiled areas and flooring works. Regular management meetings formed part of the centre's quality and safety systems. There was evidence of good communication between staff and the management team and a sample of meetings viewed showed appropriate response to issues as they arose. There was evidence of newsletter

communication during the pandemic between the centre and residents families.

There was an effective complaints procedure in the centre which was displayed at the front hall. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had increased staffing resources since the previous inspection in March 2021. There was an additional housekeeping hours which had impacted positively on the cleanliness of the centre. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection and residents stated their call bells were answered in a timely manner.

Judgment: Compliant

#### Regulation 16: Training and staff development

Not all staff had access to appropriate training to support them to perform their respective roles. For example, 10 staff required training in safeguarding, and eight staff had not completed fire training in the last year .

Judgment: Substantially compliant

#### Regulation 21: Records

Improvements were required to staff records. In a sample of four staff files viewed,

two of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. Resources were being made available to complete planned works to upgrade the condition of the premises specifically for doors and flooring.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose contained all the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Not all Policies and procedures as set out in schedule 5 were in place and available to all staff in the centre.

- The policy for residents' personal property, personal finances and possessions was not available on the day of inspection.

Judgment: Substantially compliant

#### Quality and safety

Residents received a good standard of evidence based health care and their rights and preferences were supported. The centre had made many improvement following the previous inspection and had kept residents safe during a recent COVID-19 outbreak. Staff and management were seen to promote each resident's human rights through a person-centred approach to care. Improvements were required in relation to premises, infection prevention and control procedures, and fire safety.

In door visits had resumed for residents in the centre. Residents could receive visitors in the centre and garden area. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for five residents. There were robust accounting arrangements in place and monthly statements were furnished. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was adequate storage in bedrooms for residents personal clothing and belongings. Laundry service was provided for the residents in the centre.

Improvements were found in some areas of the premises since the previous inspection, for example; there was new flooring in some bedroom and toilet areas in the centre. There were an ongoing plan of preventative maintenance works included painting, replacing of cracked tiles and renovation of toilet areas. Areas of the centre were showing signs of wear and tear, for example, door frames and doors were scuffed and damaged from equipment and walls in some bedrooms were damaged and required painting. The condition of the premises is intrinsically linked to infection prevention and control as damaged and scuffed surfaces cannot be cleaned and pose a risk to the spread of infection. Efforts had been made to de-clutter the

centre. However, since the previous inspection the staff toilet continued to be used as a storage area for staff personal belongings. Toilets should be located separately to changing facilities. Such separation is necessary to avoid the risk of contamination.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietitian for nutritional content to ensure suitability, however; menus were not available to the residents' on the day of inspection. Menus with pictures of meals were evident in the kitchen but were not displayed in the residents dining room. Residents on modified diets received the correct consistency of meals and drinks, were supervised, and assisted where required to ensure their safety and nutritional needs were met. The meal time experience required review as the residents dinner time experience was interrupted by housekeeping staff carrying out cleaning duty at dinner time in the recreation room on the day of inspection.

A register of residents' individual risk assessments were available on the day of inspection. For example; residents who smoked had a detailed smoking risk assessment completed. The centres risk management policy was submitted after the inspection which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.

Efforts had been made by the provider to ensure the centre was cleaned to a high standard throughout. Additional housekeeping hours were allocated, and additional hand washing sinks had been installed following the inspection in March 2021. The centre appeared clean to a high standard throughout, and there was evidence of daily cleaning schedules, and housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Staff were wearing correct PPE and there were ongoing audits of the environment and hand hygiene to promote best practice. Some improvements had been made in order to reduce infection prevention and control risks in the laundry room. However; on the day of inspection, one of the centres washing machines was not working which posed a risk of cross contamination, this will be discussed further in the report.

Works were ongoing in the centre in order to improve fire safety and many improvements had been made since the previous inspection. On the day of inspection works were taking place to improve fire doors on the ground floor extension. Fire compartment doors in the main house with automatic closure devices did not fully close to form a smoke & fire containment seal. The registered provider had arrangements in place against the risk of fire, including fire equipment, means of escape, and regular servicing of equipment. While weekly checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail. There were good practices in place around frequent practice of fire drills in the centre. This was very important to ensure all staff are competent with the centre's fire procedures. The drills were informative and learning formed part of the ongoing evacuation drill practice. Quarterly servicing of the fire detection and alarm system and of emergency lighting had been

completed quarterly in accordance with the guidance. Emergency lighting was not working at two points in the centre and the registered provider was taking immediate steps to fix the emergency lighting.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medications were administered in accordance with the prescribers' instructions in a timely manner. The centre had recently made changes to the administration times of medication for residents. Medications were administered at 11am, 3pm and 11pm. Control drugs balances were checked at each shift change as required by the Misuse of Drugs Regulation 1988, and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. There was evident of medication audits. Improvements were required in the safe storage of schedule 2 medication.

There was a good standard of care planning in the centre. In samples of electronic care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person-centred and routinely reviewed, however consultation with the residents or families had not been updated in line with the regulations.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietitian and chiropodist. A physiotherapist routinely attended the centre to provide individual assessment and treatment. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse which had been recently reviewed. In addition, the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's person in charge.

There was a rights based approach to care in the centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings took place. Residents' had access to an independent advocate if they wished. The centre had continued to involve the local community and external entertainers in activity provision in a safe manner. Residents' were complimentary of the activities provided by activities staff. Residents confirmed that their religious and civil rights were supported. Satisfaction surveys showed high rates of satisfaction with all aspects of the service. Residents in twin

bedrooms and triple bedroom could not always undertake activities in private due to the limitations of the size and layout of the rooms.

### Regulation 11: Visits

Indoor visiting had resumed and the centre had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents retained control of their personal belongings and finances. Each bedroom had an individual safe facility for residents' valuables. Laundry was managed in the centre and there was adequate storage space in bedrooms for clothing and personal possessions.

Judgment: Compliant

### Regulation 17: Premises

- Bedrooms 9, 14, 16, 23 and 24 in use as twin bedrooms did not meet the requirements of the regulations and did not afford the residents access to a minimum floor space of 7.4m<sup>2</sup> to include enough space for their bed, a chair beside their bed and space to store their personal belongings.
- The staff toilet required review, the staff toilet area was used as a storage area for staff personal belongings.
- There was a small garden shed which was used as a house keeping room, this was not equipped with a hand washing sink.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The food served to the residents' was of a good quality, was wholesome, nutritious, and was attractively presented. There was two choices of the main meal and tea time meal each day. Snacks and drinks were available and accessible day and night. Fresh water jugs were seen throughout the inspection in residents rooms and

communal areas.

Judgment: Compliant

### Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff. For example;

- On the day of inspection one of the centres washing machines was not working. As a result dirty washing was stored next to clean laundry which posed a risk of cross contamination.
- A sharps container in use in the medication room did not have the temporary closure in place.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were required against the risk of fire. For example;

- Fire compartment doors on the first floor of the main house with automatic closure devices did not fully close to form a smoke & fire containment seal.
- Weekly checks of fire doors were ineffective and were not in accordance with the centre's own fire procedures.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that schedule 2 control drug medication was stored securely at the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Residents had access to a General Practitioner (GP), and there was evidence of regular review. Allied health professionals supported the residents. There was evidence of ongoing referral and review by allied health professionals as appropriate. There was evidence that residents had access to consultant geriatrician ,psychiatry of older age, community nurse specialists and home care teams.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or

individual activities.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Atlanta Nursing Home OSV-0000010

Inspection ID: MON-0035416

Date of inspection: 25/05/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Gaps in training matrix because Behaviors that Challenge is now referred to as Responsive Behavior and is part of Dementia training which the report acknowledges as having been done.</p> <p>Training matrix to include details of all inhouse training.</p> <p>Training for 8 new staff has been scheduled.</p> <p>In so far as is reasonably practicable training is provided on a scheduled basis but staff absences and catching up with staff holidays can be a challenge.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff files are being audited to ensure that gaps do not exist.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

For future inspections the list of policies and procedures in the file will be cross checked. Policy in question had been removed by staff and inadvertently not placed back in file.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We are carrying out a comprehensive assessment of bedrooms to ensure that 7.4 sq m is provided for each resident. Additional chairs have been placed in rooms. Location of Staff toilet is under review and the issue will be resolved. Hand washing sink to be placed in small shed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Washing machine repaired. Staff retrained on procedure for segregation of laundry.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A comprehensive upgrade of the fire safety system and component parts continues and we appointed a new Fire Consultant late last year who is advising on the project..	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

Retraining on drug storage completed.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All involvement of resident and where appropriate family to be recorded in Care Plans.

All contact in current Contact Log to be placed on ePicare.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/07/2022
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 3.	Not Compliant	Orange	31/08/2022
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	31/08/2022

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	07/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	07/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	07/07/2022
Regulation	The registered	Substantially	Yellow	07/07/2022

28(1)(c)(ii)	provider shall make adequate arrangements for reviewing fire precautions.	Compliant		
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	07/07/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	07/07/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	07/07/2022
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	07/07/2022