



**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:	Ballinamore House Nursing Home
Name of provider:	Raicam Holdings Limited
Address of centre:	Ballinamore, Kiltimagh, Mayo
Type of inspection:	Unannounced
Date of inspection:	16 December 2021
Centre ID:	OSV-0000317
Fieldwork ID:	MON-0032505

About the designated centre

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

Ballinamore House Nursing Home is registered to care for 40 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located in a rural setting a short drive from the town of Kiltimagh in County Mayo. It is a large period house that has been converted for use as a nursing home. Bedroom accommodation consists of 20 single rooms, 2 double rooms and four rooms that accommodate four residents. There are four sitting areas where residents can spend time during the day. Other facilities include a dining room, visitor's room, kitchen and reception area. There is stair lift access between floors. In the statement of purpose the provider describes the service as aiming to provide a high standard of care in accordance with evidenced based practice and to provide a living environment that as far as possible replicates residents' previous life style and ensures residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
--	----

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
Thursday 16 December 2021	10:30hrs to 19:00hrs	Lorraine Wall	Lead
Thursday 16 December 2021	10:30hrs to 19:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors met and spoke with a number of residents throughout the day of the inspection. Inspectors observed how residents spent their day and how they were facilitated and supported with their needs. Overall, residents described being very content and happy living in the centre. They told inspectors that their needs were met and that they felt safe.

Inspectors met with the person in charge and a director of the registered provider at the start of the inspection. Inspectors walked around the designated centre and reviewed the newly extended areas which included bedrooms and day rooms. A programme of building works was ongoing with the development of further bedrooms and a new kitchen. A review of the existing designated centre and the completed building works found that while there was a notable difference between the new build and original areas of the building in relation to its state of repair, the building was clean and functional. The provider had a plan in place to renovate parts of the existing centre so as to ensure that the entire designated centre was finished to a high standard.

Residents who spoke with the inspectors described how they would talk to the person in charge or the provider if they had any issues or concerns and that their concerns were always dealt with in a timely manner.

Residents were observed to mobilise independently within the centre. Access to outdoor areas was restricted during the building works, however, work was on-going to develop a garden which would provide the residents with unrestricted access to an outdoor area when complete.

Inspectors observed the staff interacting with residents during the inspection. Interactions were kind and respectful. Staff demonstrated an awareness of resident's preferences. Residents called the staff by name and were seen to be relaxed and comfortable in their company.

Residents reported that they enjoyed meal time in the centre and that the food was of very good quality. They explained that they were offered choice at each mealtime and could avail of snacks and drinks throughout the day.

A daily schedule of activities was in place for residents and was facilitated by an activity coordinator.

Residents told the inspectors they enjoyed visits from their families. Visiting was seen to be facilitated on the day of the inspection, however, some visiting restrictions remained in place. Visits were facilitated by appointment only and could take place in the reception area.

The next two sections of the report will summarise the findings of the inspection and

discuss the levels of compliance found under each regulation.

Capacity and capability

Overall, inspectors found that the day-to-day care delivery was observed to be of a satisfactory standard. However, a number of areas required review. These included training, governance and management, and notification of incidents.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inspect the newly built extension to the designated centre. Inspectors also followed up on unsolicited information submitted to the Chief Inspector in relation to the protection of a resident with complex social care needs in the centre. This information was partially substantiated on this inspection and is discussed further under Regulation 8, Protection. An urgent action plan in relation to protection was issued to the provider at the time of the inspection.

The provider of the centre was Raicam Holdings limited. The management team consisted of the provider representative who was on-site daily and had a strong presence in the centre, and the person in charge, who was supported in the centre by an assistant director of nursing. Both the provider and the person in charge were on site and facilitated the inspection. The person in charge informed inspectors that they had recently completed a management training course.

The provider had submitted an application to vary the registration of the centre following extensive building works. The application was to increase the occupancy of the centre from 40 to 48 registered beds. As part of this application, 14 bedrooms were now ready for inspection and registration meaning occupancy would increase to 48. Some of the current residents who wish to do so will move into the new accommodation when it is registered.

A review of the rosters found that while staffing was adequate to meet the day-to-day needs of the residents in the centre on the day of the inspection.

A review of the staff training records found that there was significant gaps in staff training in the areas of safeguarding vulnerable adults, fire safety and management of responsive behaviours. A review of the safeguarding systems in the centre found that staff did not demonstrate appropriate knowledge of the centre's safeguarding procedures in relation to recognising and responding to allegations of abuse. Furthermore, there was no record of any staff having received training in challenging or responsive behaviours. A review of residents files found that a substantial number of residents in the centre required assistance and support with behavioural and psycho-social issues.

Inspectors found that there were governance systems in place to guide good

practice. For example, a suite of policies and procedures, in line with the requirements of Schedule 5 of the regulations was in place. Policies and procedures were reviewed regularly in line with the requirements of the regulations. However, the management team had failed to ensure the implementation of some of these policies including safeguarding, and risk management.

A system of audit was in place with an audit schedule that included multiple audit areas. The audits had been completed twice yearly for two years. However, all audits reviewed had found 100% compliance in the areas reviewed. There was no identification of areas that required improvement and therefore, no action plan developed to address issues and improve the quality of the service. Furthermore, the monitoring and oversight processes that were in place had not identified a number of areas for improvement found on this inspection. In addition, the audit process did not include clinical indicator reviews. For example, there was no evidence of falls or weight management audit or oversight. This meant that the management team did not have a system in place to monitor care to ensure that care delivered was consistent and safe.

A review of the accident and incident log found that a number of incidents had not been notified to the Chief Inspector as required under Regulation 31.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted the application to vary the registration of the centre with the associated floors plans, an updated statement of purpose and the associated fee. A revised floor plan and an updated statement of purpose was requested from the provider prior to this inspection. On the day of the inspection, an assessment of this application found that further clarity continued to be required in relation to the:

- accuracy of the floor plans
- staffing levels described in the updated statement of purpose submitted with the application.

Judgment: Substantially compliant

Regulation 15: Staffing

There were adequate staff on duty for the residents in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training records found significant gaps in training.

For example,

- there was no record of any training in management of responsive behaviours.
- not all staff were up to date with their mandatory training in Fire Safety and staff had not completed practice fire drills of the new part of the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management systems were not sufficiently robust to assure inspectors that safe and appropriate care and services were being delivered to the residents. As a result the inspectors found significant non-compliance on this inspection which had not been identified by the provider or the management team. For example:

- a number of risks had not been identified, particularly in relation to residents' care. For example, a resident with complex social care needs had not been appropriately assessed, resulting in reduced opportunities for occupation and recreation.
- some identified risks were not being appropriately managed. For example, following an incident relating to a resident who was found to be missing from the centre, no action had been taken to investigate the incident and therefore, learning from the incident was not identified and there was no action plan in place to address the risk.
- the audit system was not effectively used to identify areas of quality improvement.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge failed to notify the Chief Inspector of the occurrence of a number of incidents which are required to be notified under Regulation 31 within three days of such occurrence. These included:

- a serious injury to a resident that required medical attention.

- unexplained absence of a resident from the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints management policy and procedures were implemented by the provider.

Judgment: Compliant

Quality and safety

Overall, the care of the residents in the centre was found to be delivered to a satisfactory standard. Residents reported feeling safe and well cared for by staff.

Throughout this inspection, it was evident that the management and staff had worked hard to protect residents from contracting COVID-19 throughout the pandemic. However, inspectors found that the level of restrictions the centre was implementing in order to protect residents had an impact on the resident's quality of life.

The newly built unit which the provider was applying to register met the requirements of Regulation 17 and was well laid out. All rooms were finished to a very high standard. All rooms including twin rooms had adequate space for each resident including appropriate storage and fully operational en-suite shower facilities. The furniture was new and allowed for appropriate cleaning. Residents occupying these rooms would have access to television, telephone and an Internet connection. The water temperatures in all bedrooms and bathrooms was regulated to ensure that suitable water temperatures were maintained. The day room, café and dining area were well presented and comfortable.

The management team and staff had worked hard to minimise the impact of the building works on the residents.

Most areas in the centre including the newly built areas were connected to the existing fire safety system. Escape routes were clearly signed and all fire exits were clear. An external competent person had completed a full fire safety risk assessment of the designated centre. However, inspectors observed that the existing laundry was not connected to the fire alarm system. This resulted in an urgent action plan in relation to fire precautions being issued to the provider immediately following the inspection. The provider promptly addressed this concern.

Existing residents were aware of the upcoming changes in the centre.

The inspectors reviewed a sample of resident files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements. However, the documentation of nursing assessment and care planning required review to ensure that the assessments and care plans were up to date and provided accurate information for staff to follow when giving care. Residents were found to have good access to general practitioners and appropriate referrals to allied health care services had been made, where required. However, a review was required to ensure that the recommendations from these multi-disciplinary teams was integrated into the resident care plans and was implemented.

A risk management policy and system of risk management was in place in the centre. However, inspectors found that some risk assessments and the measures in place to control risk disproportionately impacted on the rights of individuals to go about their day to day lives and maintain links with their community. For example, arrangements in place for attending day care services were restricted and not based on appropriate risk assessment. This risk assessment was not resident focused and did not include the risk of social isolation that a resident may experience if their social care needs were not appropriately met.

While visiting was being facilitated in the centre on the day of inspection, restrictions remained in place. Residents informed the inspectors that they were permitted to meet with their visitors in the front hall however they were not permitted to meet their visitors in the privacy of their own bedroom. In addition, the visitors room was being used as a communal room during the ongoing building works. As such inspectors were not assured that residents' rights to meet with their visitors in private were being upheld.

Inspectors found that for the most part, the rights of residents were upheld in the centre and that residents were given the opportunity to exercise choice. However, poor social care assessment and care planning resulted in one resident being restricted from attending the activities of their choice.

Inspectors found that the provider had not taken reasonable measures to ensure that residents were protected from abuse. Almost one third of staff had not received up to date training in safeguarding residents from abuse. The provider was issued with an urgent action plan following the inspection to address these concerns.

Regulation 11: Visits

Visiting restrictions were in place due the on-going building works and due to the risk of COVID-19. The provider had completed a risk assessment regarding visiting. As a result, visiting was restricted to appointment only and visits taking place in the

reception area of the centre. The designated visiting room had been changed to a day room during the ongoing building works.

Judgment: Substantially compliant

Regulation 17: Premises

The new unit in the centre was found to be decorated to a high standard with availability of en-suite rooms for all residents and met the requirements of Regulation 17.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place which met the requirements of Schedule 5.

Judgment: Compliant

Regulation 28: Fire precautions

The provider did not have adequate fire safety precautions in place. This was evidenced by:

- The laundry area was not connected to the fire alarm system.
- Practice fire drills had not been carried out in the new part of the building.

The provider was issued with an urgent action plan to address the fire safety concerns and provide the Chief Inspector with assurances in relation to fire precautions within the designated centre. The provider promptly addressed the issues identified following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that some assessments and care plans had not been reviewed

appropriately and did not provide enough detail to guide effective care delivery. For example, evaluations had taken place which identified a change in need, but care plans were not updated to reflect this.

In addition, inspectors observed out of date assessments in some resident bedrooms, which did not reflect the current needs of the residents.

There was no evidence of assessment of social care needs for residents, particularly those residents under the age of 65 who wanted to access services in the local community. Residents who had future discharge plans did not have this reflected in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

A review of a sample of residents nursing notes found that residents had appropriate access to a general practitioner as required. Residents were also supported by a team of allied health care professionals such as a physiotherapist, an occupational therapist, and a speech and language therapist.

Inspectors did not observe evidence of involvement by a dietician, however the provider gave assurance regarding the fact that referrals were made as necessary.

Judgment: Compliant

Regulation 8: Protection

The provider had not taken all reasonable measures to protect residents from abuse. This was evidenced by:

- gaps in staff training in relation to the detection and prevention of and responses to abuse. A review of the training record found that 10 out of 32 staff had not completed up to date safeguarding training.
- Inspectors were not assured that staff knowledge in relation to safeguarding was adequate due to safeguarding issues identified on inspection, the lack of safeguarding plans for residents and lack of recognition of safeguarding issues.

The provider was issued with an urgent action plan to address the concern and provide the Chief Inspector with assurances in relation to Regulation 8.

Judgment: Not 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 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ballinamore House Nursing Home OSV-0000317

Inspection ID: MON-0032505

Date of inspection: 16/12/2021

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 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>In Q4 2021, the Registered Provider separately submitted its application for the variation of particular conditions of the Centre's Certificate of Registration. The application enclosed the required statutory fee and information/documentation to support the statutory application which was accepted as a valid application by the Chief Inspector.</p> <p>On the day of the Inspection, however, the Chief Inspector decided during the Inspection that she required additional information relating to the variation application which the Inspectors required orally to be handed to them on the day of the Inspection. These included detailed floor plans and other items which the Provider did not readily have to hand because they were held professionally elsewhere and were not readily available within the Centre.</p> <p>The Provider has attended to and will continue to attend to the provision of additional information to the Chief Inspector, upon reasonable request and within reasonable deadlines where provided, in order to enable the Chief Inspector's decision-making on the Provider's own application to vary its conditions of registration.</p>	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

In line with her statutory obligations under Regulation 16 of the Care and Welfare Regulations, the Person-in-Charge has arranged for and commenced our Centre's yearly training cycle of Fire training on the 05/02/2022.

The Provider assures the Chief Inspector that our Person-in-Charge has arranged for and undertaken safeguarding and responsive behaviour training with staff members on 11/02/2022. This training is taking place in person unlike last year which was done online. There is a continued training session in the next two weeks to accommodate all staff.

Additionally, the Person-in-Charge has arranged for and completed our Centre's Manual Handling and Lifting Training at the end of 2021.

We assure the Chief Inspector that arrangements will continue so that our Centre's staff will continue to undertake training throughout this year.

The Provider notes to the Chief Inspector that with the recent reduction in COVID-19 public health restrictions, the Provider's access to significantly more third-party expert training services, services which simply were not available to our Centre over the last two years of COVID-19 public health restrictions as we prioritised the safety and welfare of our Residents in the face of the primary risk to our Residents, COVID-19.

We also assure the Chief Inspector that within our Centre, we have our own in-house training which continues with the support of our qualified infection control nurse who completed a specialised course in the University of Limerick last year.

It goes without saying that our Person-in-Charge also continues to ensure that all our Centre's staff are trained in CPR and this is reviewed every two years. We also have a number of carers whom completed their FETAC Level-5 within the last year.

It is also welcomed that our Centre's Nursing Division will now also be able to return to their courses within the GMIT in Castlebar and key staff will continue to avail of courses both on HSELAND and skilnet to enhance our Centre's service.

Regulation 23: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To assuage the concerns raised by the Chief Inspector following the Inspection:

We confirm that arrangements are made for our Centre's Assistant Person in Charge to go forward to complete a management course, with a view to obtaining further

professional qualifications with a view to enhancing our service.

We confirm that we have also made arrangements for another member of our Centre's nursing team to attend management course, so that she too will be prepared in order to assume the position of a CMN1 within our Centre, when we introduce this position. Further, the Provider had earlier made arrangements for our Centre's Person-in-Charge to attend a specialised management course, which our Person-in-Charge successfully completed in December 2021.

Separately, in line with its commitments and agreements with the Office of the Chief Inspector and by reference to our Centre's conditions of registration, the Provider has been engaged in an extensive building programme involving the delivery of a state-of-the-art Extension and a reconfigured main building. We have also met our reconfiguration obligations in line with requirements under Paragraphs 1A to 1D of Schedule 6 of the Care & Welfare Regulations with effect from 1 January 2022.

We assure the Chief Inspector that we have arranged for the review our auditing system and we currently implementing changes within our risk assessment system to ensure that all or any risks which are identified are related back to our auditing system to ensure that they are both addressed fully and this information is then used effectively towards quality improvement within our Centre's service delivery.

Regulation 31: Notification of incidents	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

With a view to assuaging the Chief Inspector's concerns as voiced during the Inspection, the Provider has put in place systems to ensure that all allegations, incidents and matters falling within the scope of those items (a) to (j) inclusive of paragraph 7 of Schedule 4 of the Care & Welfare Regulations are notified within three working days to the Office of the Chief Inspector and thereafter investigated effectively by the Person-in-Charge of our Centre, including with the support of independent legal advice.

Additionally, all items coming within the scope of quarterly notifications to the Office of the Chief Inspector will likewise be notified to the Office of the Chief Inspector.

To support this approach, the Provider has made arrangements for all staff within the Centre to attend Safeguarding Training and all of the Centre's Management and Nursing Staff have received focused training to ensure their identification, recording and reporting within the Centre of incidents or allegations which must be deemed to be notifiable incidents and allegations, within the scope of the Care & Welfare Regulations.

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: In order to assuage the Inspectors' concerns during the Inspection, the Provider has carried out a full review of the Centre's visiting policy and its implementation having due and proper regard to the statutory requirements of Regulation 11 of the Care & Welfare Regulations.</p> <p>We assure the Chief Inspector that our Centre's visiting policy will continue to operate, going forward, in full compliance with Regulation 11(2) of the Care & Welfare Regulations namely that, insofar as practicable, visits to individual residents shall not be restricted unless:</p> <p>(i) Our Centre's Person-in-Charge forms an opinion that such visit would pose a risk to the resident in question or another resident; or (ii) An individual resident or his/her representative requests such restriction.</p> <p>We confirm that in implementing our Centre's visiting policy, we will continue to have due and proper regard to material considerations which currently include (i) the risks and spatial restrictions posed within our Centre due the ongoing building programme which is being delayed and ongoing non-registration of our Extension which if registered would afford more spatial opportunities for less restricted visiting; and (ii) resident/family wishes; and (iii) the developing HPSC guidance and we assure the Chief Inspector that, above all, we embrace the opportunity to be able to welcome families back into our Centre's environment and we look forward to this becoming a fixed and more normalized situation as the year progresses.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To address the Chief Inspector's concerns during the Inspection, the Provider immediately put the identified in-house laundry facility out of service.</p> <p>The Provider then took effective steps culminating on 19 January 2021 to arrange for facility to be connected to our Centre's fire system on the 19/01/2021.</p> <p>Following the recent developments in COVID-19 public health restrictions, in line with her statutory obligations under Regulation 16 of the Care and Welfare Regulations, the Person-in-Charge has arranged for and commenced our Centre's yearly training cycle of fire training on the 05/02/2022.</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>Our Nursing Staff are in a process at the moment of rewriting all of our resident's care plans. Care plans are reviewed on a four monthly basis or as needs change in line with statutory requirements.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Provider has arranged that all staff attended and received training in relation to the detection and prevention to abuse and the effective handling and notification of allegations of abuse.</p> <p>The Provider assures the Chief Inspector that our Person-in-Charge has arranged for and undertaken safeguarding and responsive behaviour training with staff members on 11/02/2022. There is a continued session over the next two weeks to accommodate all staff.</p> <p>With a view to assuaging the Chief Inspector's concerns as voiced during the Inspection, the Provider has put in place systems to ensure that all allegations, incidents and matters falling within the scope of those items (a) to (j) inclusive of paragraph 7 of Schedule 4 of the Care & Welfare Regulations are notified within three working days to the Office of the Chief Inspector and thereafter investigated effectively by the Person-in-Charge of our Centre, including with the support of independent legal advice.</p> <p>Additionally, all items coming within the scope of quarterly notifications to the Office of the Chief Inspector will likewise be notified to the Office of the Chief Inspector.</p> <p>All incidents or allegations of abuse to date have been investigated and have been notified to the Chief inspector.</p> <p>All learning with regard to interpretation of what constitutes abuse and/or an allegation of abuse, including by reference to the definition of "abuse" in the Care & Welfare Regulations has been communicated to the Centre's staff.</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 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	16/02/2022
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Not Compliant	Orange	17/12/2021

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	05/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/02/2022
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.	Not Compliant	Red	20/12/2021
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, building layout and escape routes, location of fire alarm call points,	Substantially Compliant	Yellow	05/02/2022

	first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/02/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	20/12/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	20/12/2021
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	20/12/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	16/02/2022

	(a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	23/12/2021
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Red	20/12/2021