Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Garbally View Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Tony Whyte Partnership T/A Garbally View Nursing Home</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Brackernagh, Ballinasloe, Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12 November 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000343</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022790</td>
</tr>
</tbody>
</table>
About the designated centre

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

Garbally View nursing home is a single storey building developed from a family home in 1992. Garbally View is situated in the relatively busy town of Ballinasloe. The nursing home is located near restaurants, hotels, pubs, libraries and community halls. The centre has secure landscaped gardens that are fully accessible to residents. Garbally View can accommodate up to 36 residents in both single and double rooms. The centre caters for all residents over the age of 18 years for short or long term care. The centre provides care for residents who are assessed as having low, medium, high or maximum care needs.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 33 |

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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 12 November 2019</td>
<td>09:00hrs to 18:00hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 12 November 2019</td>
<td>09:00hrs to 18:00hrs</td>
<td>Amy Collins</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors spoke with seven residents and received eight feedback questionnaires on the day of the inspection. Overall, residents' feedback was complimentary of the service they received. Residents told inspectors that staff were always patient and respectful and made them feel 'at home'.

Residents told inspectors that they felt safe at all times and that they could speak to the management team if they had a concern or a complaint. All the residents spoken with were complimentary about how issues were addressed in a timely and caring manner. The management team was well known to the residents. One resident stated that the staff made her feel 'so good, they are so kind. I feel very safe here'. Another resident explained how she had 'everything she needed and that she felt very content and safe'.

Residents told the inspectors that they were comfortable and that the premises met their needs. The main day room had activities scheduled during the afternoon and early evening. Residents described how they spent their day and said that they were encouraged to be independent and to exercise choice in what activities they would engage in. One resident explained how she liked to attend a video link to Mass and then to return to her room for a while before heading to the dining room, which she found to be a very sociable part of her day. Residents' comments on the food offered within the centre were very positive. Inspectors observed the dining experience to be relaxed and sociable.

Residents were encouraged to personalise their bedrooms. This was observed in bedrooms throughout the centre.

Capacity and capability

The centre had a clearly defined management structure in place that defined the lines of authority and accountability.

The effectiveness of care delivery was monitored through a system of audits, staff meetings and quality improvement meetings with the management team. The quality improvement meetings discussed issues such as falls prevention management, a review of incidents and accidents, residents meetings, medication incidents, complaints and clinical governance. Records were well maintained. The 2018 annual review of the quality and safety of care delivered was completed and available for review.
The centre's Statement of Purpose requires review to ensure that the narrative description of the layout of the centre is consistent with the centres floor plans and the actual layout of the centre.

There were 33 residents accommodated in the centre on the day of inspection. Inspectors reviewed the rosters for a three week period and found that staffing levels were adequate to meet the care needs of the residents and for the size and layout of the building. An extra staff member had been rostered in the evening. This was a completed action from the last inspection.

A sample of staff files were reviewed and found to contain all the information required under Schedule 2 of the Regulations.

Residents told inspectors that staff were always available to them and answered their call bells promptly. Staff were observed engaging with residents in a kind and respectful manner.

The centre used agency nursing to cover nurses who were on extended sick leave. There was no system in place to ensure that the agency nurses were aware of the procedures in place in the case of emergencies. This issue was addressed by the management team on the day of inspection. The management team developed an induction and orientation pack which outlined the procedures in relation to emergencies to be explained and given to all new and agency staff on arrival to the centre.

The provider told the inspectors that three nurses had been recently recruited and would be in post by early 2020.

The inspectors were concerned that the staffing levels at night were not adequate to ensure residents could be safely evacuated in the event of an emergency. The management team submitted a simulated evacuation drill following the inspection which provided assurance that the management are aware of the risk associated with the night time staffing levels and that further action is required to ensure resident safety. This issue is detailed and actioned under Regulation 28, Fire precautions.

The training completed by staff in the centre was difficult to review as there was no training matrix available for inspection. A matrix was sent to the inspector on the day following the inspection. A review found that all staff had received training in manual handling, fire safety and safeguarding vulnerable adults.

The person in charge was currently part of the nursing compliment. She was actively involved and rostered to deliver direct nursing care to the residents. This meant that there were a number of days every week when there was no nursing supervision. The nursing management could not ensure that safe and efficient care practices were consistently delivered.

The provider representative and the management team gave a verbal commitment to address all issues and non-compliances found on this inspection.
<table>
<thead>
<tr>
<th>Regulation 14: Persons in charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person in charge was suitably qualified and experienced and worked full-time in the centre. All required documents as set out in the regulations were identified within the staff file. The person in charge demonstrated good clinical knowledge and was familiar the individual needs of each resident.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 15: Staffing</th>
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</thead>
<tbody>
<tr>
<td>Staffing levels were adequate to meet the care needs of the residents and for the size and layout of the building. A system of induction and orientation was required for new and agency staff in relation to emergency procedures.</td>
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<tr>
<td>Judgment: Substantially compliant</td>
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<tr>
<th>Regulation 16: Training and staff development</th>
</tr>
</thead>
<tbody>
<tr>
<td>A review of the supervision time allocated to the person in charge is required to ensure safe and effective care is delivered in a consistent manner.</td>
</tr>
<tr>
<td>Judgment: Substantially compliant</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulation 19: Directory of residents</th>
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<tbody>
<tr>
<td>The directory of residents in place recorded all the requirements set out in the regulation.</td>
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<tr>
<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 22: Insurance</th>
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</table>
The registered provider had a contract of insurance in place. The insurance contract included insurance against injury to residents and loss or damage to residents property.

Judgment: Compliant

**Regulation 23: Governance and management**

The centre management was well organised. Care was effectively monitored and quality improvement plans were in place.

Judgment: Compliant

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

A contract of care was in place for each resident which detailed the current fee, services provided, additional charges and bedroom occupancy.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The centre’s Statement of Purpose required review to ensure that it contained all the information required under Schedule 1 of the regulations.

Judgment: Substantially compliant

**Regulation 30: Volunteers**

Volunteers were given clear guidance about their roles and responsibilities and had Garda Síochána vetting (police clearance) of file. This issue had been addressed since the last inspection.

Judgment: Compliant
**Regulation 34: Complaints procedure**

The complaints procedure was clearly displayed and the inspectors were satisfied that complaints had been managed in line with the centre’s complaints policy. A number of complaints had been logged, investigated and appropriately responded to.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies at intervals not exceeding three years.

Judgment: Compliant

**Quality and safety**

The inspectors were satisfied that residents received a high standard of health and social care in the centre. Each resident had a comprehensive and up-to-date assessment completed. The assessment included the residents’ health and social care needs. Inspectors reviewed a sample of residents’ care plans and found them to be person-centred and detailed. An opening statement in each care plan gave a brief description of the resident’s physical, social and emotional well-being, detailing what is important to the resident and how the resident would like to be treated. This statement informed the development of the care plan and enabled staff to deliver person-centred and individualised care.

Nursing staff described the care plans of residents with responsive behaviours. The nurses were knowledgeable about the possible triggers for these behaviours and explained that all interventions such as distraction through appropriate activity and providing a calm and relaxing environment were always used before medication was administered. Some improvement was required to ensure that the documentation of the care of residents with behavioural and psychological symptoms of dementia reflected the actual care delivered.

Residents had access to a wide range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including physiotherapy, occupational therapy (OT), dietetic
and psychiatry of later life services. Chiropody and optical services were also provided.

The centre is a one-storey building. It was warm and comfortable on the day of inspection. It was decorated in a homely and person-centred manner. The centre had clear internal signage. Residents were positive in their feedback in relation to the centre layout and their ability to easily find their way around. The centre had 12 single rooms (six with an en-suite toilet and shower facility) and 13 double rooms (one with en-suite facilities). The remaining 28 residents were served by three assisted toilets, one bathroom and one shower room. The provider is in the process of installing a shower room. Inspectors observed this work progressing. It is due for completion December 2019. The provider had also reduced a triple room to a double room. These were completed actions from the last inspection.

A further review of resident's access to toilet and bathroom facilities, and staff hand-washing and sluicing facilities is required.

Overall, risk was well documented in the centre. Inspectors reviewed a risk register which was detailed and appropriate to the risks in the centre. Clinical, physical and environmental risks were identified. However, a number of controls in place to manage the identified risks were not observed to be adhered to by staff. For example, infection control and fire safety procedures observed on the day of inspection did not reflect the centres policies. These specific issues will be detailed under Regulation 27, infection control and Regulation 28, fire precautions.

The centre was visibly clean on the day of inspection. Inspectors spoke with cleaning staff who were knowledgeable about the cleaning systems used and the precautions to be taken in the event of an outbreak of infection. The centre had a comprehensive infection control policy in place. Infection control had been identified on the centres risk register and controls were in place to mitigate against the risk of infection. However, due to the location of the sluice room, which was situated at a distance from two of the three living areas in the centre, and the lack of available hand-washing sinks, infection control measures were not being adhered to by staff.

There were a number of residents with active infection in the centre on the day of inspection. Isolation procedures, sluicing procedures and equipment cleaning was not in line with the centres' infection control policy or the risk management guidelines.

The fire safety systems and equipment in the centre were well maintained and serviced yearly. All beds were fitted with an evacuation ski-sheet. Each resident had a up-to-date personal emergency evacuation plan that contained detail regarding the residents dependency level, mobility, and aids requires for transfer both day and night. All staff had received fire training and staff spoken with were familiar with the procedure to be followed in the case of an emergency.

A number of concerns in relation to fire safety were identified on the day of inspection.
• The centre's fire policy refers to an L1 addressable fire system. The fire system in place is not addressable (It does not identify the exact sensor when the alarm is triggered)
• The centre is divided into four zones. One zone is an upper floor dedicated to staff accommodation and storage only with the three other zones accommodating seven, 16 and 13 residents. The compartment divisions within these zones was not clearly identified on the fire safety maps. This could cause confusion and delay in the case of an emergency.
• Fire drills were conducted monthly and included a simulated evacuation of a resident from a bedroom. However, the drills did not provide the required assurance that the evacuation of a compartment with night time staffing levels was possible in a safe and timely manner.

A full fire safety risk assessment by a suitable professional is required to ensure the safety of residents, staff and visitors in the centre.

A detailed fire evacuation drill which simulated evacuation of the largest compartment in the centre with night time staffing levels was submitted to the Office of the Chief Inspector following the inspection. This provided some assurance that the provider is aware of the risk associated with the large compartment size and the staffing level required to ensure the residents safety. On-going evacuation drills, informed by learning from previous drills will be required.

There were measures in place to protect residents from suffering harm or abuse. Staff spoken with demonstrated an understanding of safeguarding and responding to abuse. Garda Síochána (police) vetting was in place for all staff and volunteers in the centre.

The rights of residents were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents' varying religious and political rights were facilitated. Residents had access to information and news, daily newspapers, centre newsletter, notice boards, radio, television and the Internet was available. Display boards were available throughout the centre illustrating celebrations and outings enjoyed by residents.

The centre held monthly resident committee meetings which were well attended by residents and families. There was clear agenda items established and follow up on actions throughout the minutes reviewed. Minutes of the meetings recorded updates to service provision, introductions of new residents and staff members to the centre, upcoming visits from regulatory bodies and sought feedback on resident wishes in relation to menu options, environment and entertainment/outings.

Inspectors observed multiple activities throughout the day rooms. This included music, flower arranging, book reading and reminiscing. Residents were observed to be engaging positively with the scheduled activities. Residents had individualised life stories and activity plans that included details of what the resident liked to do alone, in a small group and in a larger group. Two activity coordinators were employed by the centre and provided a schedule of activities six days a week. Residents spoke
of their enjoyment in attending weekly mass and the reciting of the rosary. A variety of notice boards were displayed throughout the centre.

Closed circuit Television (CCTV) was in place on external doors and internal corridors. The centre had a CCTV policy in place which assured that the privacy and dignity of residents would be maintained.

A restraint-free environment was promoted within the centre. Interventions such as low-low beds and crash mats were among the alternatives used to reduce the risk of injury from falling. There were three residents using bed rails at the time of inspection. A risk assessment and care plan in line with national policy was documented for each resident. Staff carried out regular checks on the resident using bed rails and these checks were recorded. This had been addressed since the last inspection.

The centre had good access to the psychiatry of later life team who supported them in the management of residents with behavioural and psychological symptoms of their condition. Resident care was observed to be appropriate and well managed. Staff explained that they were knowledgeable about what may trigger a resident to display responsive behaviours, and that many interventions such as sitting with residents, giving reassurances, distracting them with a walk or a cup of tea would always be used before medicine was administered. Improvement was required to ensure that the care practice observed was clearly documented in the residents care documentation.

<table>
<thead>
<tr>
<th>Regulation 11: Visits</th>
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</thead>
<tbody>
<tr>
<td>There was an open visiting policy in place. Inspectors observed visitors coming and going throughout the day of inspection. While there was one designated room to receive visitors in private, additional areas were available where residents could meet with visitors outside of the day rooms.</td>
</tr>
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</table>

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 12: Personal possessions</th>
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</thead>
<tbody>
<tr>
<td>Adequate storage space was provided for residents to store their clothing and personal belongings. Several residents had personalised their bedrooms with their own ornaments and photographs. Property lists were completed on admission of the resident to the centre and personal clothing appeared well laundered and maintained.</td>
</tr>
</tbody>
</table>
### Regulation 17: Premises

A number of issues in relation to premises require review.

- The number of toilets and shower facilities available to the resident remains low. This requires review to ensure that the privacy and dignity of all residents is respected.
- The floor maps and the narrative description of the centre in the Statement of purpose of the designated centre did not correspond with the actual layout of the centre. For example, Room 13 is a double room which is identified as a 'Nursing room' on the floor plan.
- Staff have limited access to hand washing facilities and sluicing facilities. This is resulted in poor infection control practice.

### Regulation 20: Information for residents

The designated centre had a residents guide available for residents within their rooms and in communal areas.

A centre newsletter was published outlining events in the centre and was available in large print for all residents. Upcoming events were advertised on notice boards and residents were informed of any outings and celebrations taking place.

### Regulation 26: Risk management

The centre had a risk register available for review. However, a number of controls required to mitigate some identified risks were not in place. For example, the controls detailed for infection control did not reflect procedures observed in practice.

### Regulation 27: Infection control
The centre had a number of residents with active infection on the day of inspection. Infection control measures identified in the centres policy and risk register were not adhered to by staff. Staff did not have access to appropriate hand-washing or sluicing facilities.

Judgment: Not compliant

**Regulation 28: Fire precautions**

A number of fire safety issues were identified on the day of inspection. A full fire safety risk assessment by a suitable professional is required to ensure the safety of residents, staff and visitors in the centre.

Judgment: Not compliant

**Regulation 5: Individual assessment and care plan**

Individual assessment and care plans were completed for each resident to a high standard. Care plans were person-centred and contained the information required to guide care.

Judgment: Compliant

**Regulation 6: Health care**

Residents had appropriate access to their choice of doctor and appropriate health and social care services.

Judgment: Compliant

**Regulation 8: Protection**

The centre had robust policies and procedures in relation the management of residents finances. The centre facilitated residents with their pension arrangements. This process was managed in line with the Department of social protection guidelines.
<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
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<tbody>
<tr>
<td>Residents rights were respected and facilitated in the centre. Social engagement and activities were developed based on the residents ability and preferences. The centre enabled residents to maintain connections with the local community.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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</table>

<table>
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<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements were required in the documentation of care plans in relation to residents with responsive behaviours.</td>
</tr>
<tr>
<td>Judgment: Substantially compliant</td>
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</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: All Agency Staff will receive full induction and orientation before commencing work Completed: November 29th 2019</td>
<td></td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outline how you are going to come into compliance with Regulation 16: Training and staff development: Our staff Nurse returned to work and our director of Nursing is no longer providing direct care to our residents and is available to ensure safe and effective care is delivered. We have also presently recruited two more staff nurses Completed: 16th November 2019</td>
<td></td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</td>
<td></td>
</tr>
</tbody>
</table>
Statement has Been Updated  
Completed November 12th 2019

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>A new toilet shower room was completed 30th November 2019</td>
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</tr>
<tr>
<td>We have a plan in place to provide another shower/bathroom to be completed 31st October 2020</td>
<td></td>
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<tr>
<td>A new updated plan has been provided by our engineer</td>
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<tr>
<td>Completed December 3rd 2019</td>
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<tr>
<td>All rooms/including bedrooms have wash hand basins</td>
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<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td></td>
</tr>
<tr>
<td>Our Risk register has been updated a risks identified and control measures put in place.</td>
<td></td>
</tr>
<tr>
<td>Implemented Immediately November 14th 2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
<tr>
<td>All present staff have been educated on Infection Control Procedures we have also introduced this training into our induction process.</td>
<td></td>
</tr>
<tr>
<td>All rooms in the nursing home including bedrooms have hand washing facilities</td>
<td></td>
</tr>
<tr>
<td>Completed 22 November 2019</td>
<td></td>
</tr>
</tbody>
</table>

| Regulation 28: Fire precautions | Not Compliant |
Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Reducing Compartment Sizes stage one completed. Monthly In house training on a regular basis and evacuation.
All new Staff receive adequate training.
In house fire drills completed all adequate training provided
Contact has been made with a Fire Consultant awaiting his assessment.

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A new Care Plan has been drawn up to outline step by step management of Behavior that Challenge
Completed 14 November 2019
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/09/2019</td>
</tr>
<tr>
<td>Regulation 16(1)(b)</td>
<td>The person in charge shall ensure that staff are appropriately supervised.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/12/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/11/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>------</td>
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</tr>
<tr>
<td>Regulation 27</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>22/11/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>19/12/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>12/11/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Requirement</td>
<td>Compliance</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>19/12/2019</td>
</tr>
<tr>
<td>03(1)</td>
<td>The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>12/11/2019</td>
</tr>
<tr>
<td>7(1)</td>
<td>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/11/2019</td>
</tr>
</tbody>
</table>