



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ballinderry Nursing Home
Name of provider:	Ballinderry Nursing Home Limited
Address of centre:	Kilconnell, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	12 April 2019
Centre ID:	OSV-0000318
Fieldwork ID:	MON-0023480

About the designated centre

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

Ballinderry Nursing Home is located in a rural setting, a short drive from the village of Kilconnell and 13 kilometres from the town of Ballinsloe. It is a single storey over basement purpose built premises that is registered to accommodate 44 residents. The centre provides continuing care, convalescent and respite care to residents primarily over 65 years who may have low to maximum care needs.

Residents have a choice of areas where they can spend time during the day. There are several sitting rooms, a dining room and outdoor garden space and all areas were noted to be well used by residents. Bedroom accommodation consists of 14 single and 15 double rooms.

The centre aims to provide a quality of life for residents that is appropriate to their care needs and is stimulating and meaningful.

The following information outlines some additional data on this centre.

Current registration end date:	30/11/2020
Number of residents on the date of inspection:	31

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 April 2019	09:00hrs to 17:00hrs	Geraldine Jolley	Lead
12 April 2019	09:00hrs to 17:00hrs	Catherine Sweeney	Support

Views of people who use the service

Residents who the inspectors talked with described their care and treatment in positive terms. In all nine residents described their experiences of living in Ballinderry Nursing Home. They said that the care and support provided by staff was very good. Residents said staff treated them with respect and dignity at all times and said they did not have to wait for attention.

Residents said that they were kept up to date with local news and events and discussed these during the day with staff and the activity coordinator. They said that staff also kept them informed about changes to their care and support needs.

Residents said that they would have no hesitation in speaking to any staff member if they had a concern or an issue they wanted to discuss. They said that they knew the staff team well and had good relationships with everybody. The consistency of the staff team, the positive attitudes conveyed by staff and their commitment to ensuring residents had a comfortable life in the centre were features that residents valued.

Residents said that they had good choice over their daily routines. They said they were free to choose when they got up and went to bed, what they had for meals and what activities they participated in. Residents who preferred not to take part in the group activities said that their wishes were always respected. Several residents commented that they really enjoyed the activities particularly the celebration of St. Valentine's Day and Easter as they made decorations and cards and had a lively time doing this. A small number of residents said that the days when the activity coordinator was not working the days could be long and felt that activities should be organised for those days.

Some residents described the food as a highlight of their day. They said that they enjoyed a variety of good food which was varied and appetising. Residents outlined how they were able to continue being part of the local community, for example by joining the local art group, going out on day trips, visiting family and friends and attending a local day centre. Residents informed the inspectors that they felt that they were well supported by staff but also encouraged to be independent as much as possible. For example, residents who required rehabilitation said that staff supported them with their exercise routines.

Capacity and capability

The management systems in the centre were well established and there were clear lines of accountability with the person in charge and provider representative both recognised by staff and residents as responsible for the centre. The inspectors observed that overall the governance, management and oversight of the delivery of the service was good and there were systems in place to review the quality of the service provided to residents. Improvements were required in the way training was recorded and the effectiveness of on-line training courses to ensure these were effective and contributed to the enhancement of skills. Some policies, procedures and records required revision to ensure that regulatory requirements were met. These included the directory of residents which did not contain all the required information, contracts of care that did not identify the room to be occupied and policies that refer to a staff role that is no longer part of the structure.

The actions outlined following the last inspection completed on 15 February 2017 had been completed. Several areas had been decorated and additional handrails had been installed in bathrooms and toilets. Damaged tiles and paving slabs in the conservatory and garden had been replaced. Residents and staff said they could raise concerns and discuss matters regarding the quality and safety of care with the person in charge and provider representative without difficulty. They said their views were listened to and considered to improve the service.

The inspectors found that the service delivered to residents was in keeping with the centre's objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of the service in terms of equipment, catering arrangements and staff deployment. Feedback from residents is sought regularly and there are formal and informal discussions about how the centre operates. There was a clear procedure for making complaints and residents knew how to raise issues. A record of formal complaints was made however verbal complaints were not recorded.

There was overall an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and care was observed to be delivered in a very person centred way. Staff had appropriate qualifications and regular training on topics relevant to care practice. The inspectors saw that residents' specialist needs were met with one to one input provided to help residents increase their mobility, support their communication and alleviate distress associated with dementia. An activity coordinator is available four days a week and the activity schedule was viewed by residents as meaningful and entertaining. While there were additional activities that included music sessions organised for the remaining days residents felt that they liked the busier active days and would like more of them.

The person in charge is appropriately qualified and has several years' experience in this role. The provider representative has an active role in the centre and

contributes to the daily operation of the service.

Regulation 14: Persons in charge

The person in charge was off duty when this inspection was undertaken. The post is full time and the post holder has been in role several years. The inspectors found that care practice was focused on person centred care with good outcomes for residents.

Judgment: Compliant

Regulation 15: Staffing

Rosters showed that there were registered nurses on duty at all times. There was an appropriate allocation of nurses, care and ancillary staff deployed during the day and night to ensure the safe and appropriate delivery of care and services for residents.

Inspectors found that there were satisfactory recruitment practices in place. The required schedule 2 documents were available in the files examined and no staff commenced duty before vetting disclosures were obtained. The recruitment policy required revision to describe this obligation.

Social care was provided by an activity coordinator four days a week. The activities were delivered to a high standard, were scheduled for mornings and afternoons and were found to be varied and appropriate. On other days there was a sessional activity such as music. Some residents felt that the full days of organised activities should be extended as they were of great benefit to them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training in key areas such as dementia care, nutrition and infection control was being rolled out in the centre in addition to training on moving and handling, fire safety and safeguarding. Some training was completed on line however there was no system in place to assess the effectiveness of this or if staff achieve appropriate competence having completed the training. The training record required review to ensure the information on training was readily accessible and described when staff had training and when updated refresher training was required.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was not fully completed as details such as the sex of residents and cause of death was not always recorded.

Judgment: Not compliant

Regulation 22: Insurance

There was appropriate public and employers liability insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was resourced effectively to ensure staff could provide safe and appropriate care for residents in accordance with its statement of purpose. Resources had been allocated to the enhancement of the premises to improve accessibility for residents with dementia. Signage had been installed, doors had been painted in different colours and equipment to support activities made available.

There were system in place to consult with residents and review the service to ensure that care and services provided were safe, appropriate and consistent and that feedback from residents and families was recorded and acted upon.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Not all contracts for care reviewed by the inspectors outlined the room to be occupied by the resident.

Charges for additional services such as occupational therapy and hairdressing were described. There are no extra charges for physiotherapy sessions or for social care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose described the centre's services and facilities. It required review to describe:

- room numbers and size of rooms,
- size of ensuite areas and the content of ensuites and
- how the centre is managed in the absence of the person in charge.

Judgment: Not compliant

Regulation 31: Notification of incidents

The required notifications were submitted to the office of the Chief Inspector

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure and this was known to residents. All complaints were addressed and resolved. Formal complaints were recorded however minor issues that were relayed verbally and addressed immediately were not recorded. There was no information on how these had been managed or a record of the complainant's satisfaction with the outcome.

Judgment: Not compliant

Quality and safety

Residents described the centre as a comfortable place to live and said their rooms and overall layout suited their needs. They said they liked being able to go out to the garden easily for fresh air and to view the countryside. Staff said they used the nearby walkway at the front of the building to take residents for walks which they had found was a stimulating and pleasant experience for them.

The centre was clean, bright and well maintained. Communal sitting areas and the dining room were comfortably furnished and had good natural light. Residents were encouraged to personalise their bedrooms with photographs and items of furniture and artefacts from home. As a result, bedrooms reflected the personal choices of residents. Adequate wardrobes and storage cupboards were available and residents had access to lockable storage space to secure personal items. Signage to help residents locate the main facilities and their bedrooms was in place. A dementia friendly environment had been created by the use of varied colours on doors and memory boxes by doors that assisted residents to locate their rooms. Residents' artwork was displayed throughout the building which added to the personalised atmosphere.

The laundry is located on the lower ground floor and is used to launder personal clothing only. Clothes were labelled and there was a good system for ensuring that items were returned promptly to residents.

There was a detailed risk register in place. Risks areas were addressed and there was evidence of risk reduction as a result of actions taken. The risk register did not include risk assessments in relation to abuse, accidental injury, aggression and violence, or self-harm as required by regulation. The inspectors noted some risk areas that required attention and these included dangling wires related to equipment in hallways, a hot radiator in the smoking room and fire extinguishers not immediately accessible in the laundry area. Staff were familiar with the fire safety procedures and regular training and fire drills were completed. The inspectors found that unannounced fire drills were not routinely completed to ensure staff were adequately prepared in a fire alert situation.

Residents said that they were happy with the quality and choice of food available to them. Meals were prepared by catering staff in the main kitchen on site. Special diets were catered for and choices were available at each meal. There were a selection of snacks and finger foods available for residents who did not want a full meal or who liked to have snack options. Staff offered discreet and appropriate support and supervision for residents who needed assistance at meal times.

Inspectors noted that systems were in place to monitor residents who were admitted at low weights or were at risk of weight loss.

The inspectors found that the high quality care described by residents and observed by inspectors was not consistently reflected in care plans. There was a range of assessments completed to determine care requirements and guide staff actions but the care plans did not reflect the assessments completed or the high level person centred care in evidence. Wound care plans conveyed the interventions that were put in place to heal wounds and these had resulted in successful outcomes. However, incidents of skin breaks due to moisture lesions did not have relevant care plans to guide practice.

Residents' health needs were met through a range of nursing, medical and specialist health care services. These included access to general practitioners (GPs), dieticians, speech and language therapy, chiropody and community mental health services.

Records showed that where residents were transferred to hospital or discharged from the centre the nursing staff provided relevant nursing and medical information to ensure a safe transfer of care. Residents were reviewed by their general practitioner (GP) and medicines altered if needed. Records confirmed that when referrals were made to specialist services the recommendations made were put in place by staff.

Staff had attended training in dementia care and in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and were observed to intervene and support residents in a meaningful way. However, care interventions and care plans for some residents with responsive behaviours did not reflect evidence based informed care. For example, where residents refused interventions there was inadequate information on appropriate responses that might engage residents more effectively outlined in the care plan.

There was a planned programme of activities which was managed by the centre's activity coordinator. Residents were enthusiastic about the activities arranged and said they enjoyed all the activities scheduled. The programme included group and 1:1 activities, craft work, making cards, discussions and celebrating varied significant events such as birthdays and holidays. There was a wide range of activity material available and during the inspection residents busily engaged decorating an Easter Tree and talking about local customs.

Televisions and newspapers were available in the communal areas and residents were consulted about what programmes they wanted to watch and prompted by staff in relation to news events during the day. Overall, inspectors found that resident's rights, privacy and dignity were respected to a high standard in the centre. Daily routines and care practices were designed to give the residents choices about the care and services they received. Residents told the inspectors that they felt safe and secure and that they were able to talk to staff if they had any concerns. This was verified by the families who said that staff were kind and courteous with their relatives. The centre had comprehensive policies and procedures in place in relation to safeguarding residents. Some amendments were needed to ensure the policy provided appropriate guidance for staff in specific situations. All staff had attended safeguarding training and staff who spoke with the inspectors were aware of their responsibility to keep residents safe and to report any event or observation of concern.

Regulation 10: Communication difficulties

Communication capacity was described in care records and staff were aware of residents who had communication problems. The inspectors saw that staff were enabling and helpful to residents in ways that ensured they could communicate to their maximum ability. Care plans described where residents had vision or hearing problems and how to take these into account day to day. There were books, newspapers and magazines available to ensure residents were kept up to date with news and events.

Notice boards were prominently located and had relevant information including copies of the most recent newsletters.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visits and residents said that visitors were welcomed whenever they wished to see them.

Judgment: Compliant

Regulation 12: Personal possessions

Personal items were displayed in residents' bedrooms and in living areas. There was appropriate space to store personal possessions. Clothing was labelled and staff had an accountable system for collecting and returning clothing to bedrooms.

Judgment: Compliant

Regulation 13: End of life

End of life care plans were available where residents or family members had communicated their wishes. Staff were well informed about end of life care practice. They confirmed that other residents were supported following a death in the centre. When it is possible services in the community and family members are engaged to enable residents to return home if that is their wish.

Judgment: Compliant

Regulation 17: Premises

The centre was well decorated in a comfortable home like way. The following areas were identified for attention during the inspection:

- The radiator in the smoking room was excessively hot
- There was a recurrence of a water circulation problem in the South wing and confirmation that this has been addressed is required
- There were untidy telephone wires on walls in some areas

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents described the food as satisfying and varied. They said they enjoyed together in the dining room. This area was well organised with plenty of space between tables to accommodate residents in wheelchairs or using walking aids.

Residents who had fluctuating weight problems were monitored regularly and specialist diets were provided to ensure their health was maintained safely.

Judgment: Compliant

Regulation 26: Risk management

There was a detailed risk register in place and evidence that areas identified were addressed in a timely way. Service contracts were in place to ensure that equipment was in good condition.

The risk management policy did not include measures to manage risk area such as abuse, accidental injury, aggression and violence and self harm as described in regulation 26- Risk Management.

The following areas were noted to require attention during the inspection:

- Disposal bags were needed in some disposal bins
- A poor moving and handling technique was observed where foot pedals were not used during a wheelchair transfer

Judgment: Not compliant

Regulation 27: Infection control

Staff had completed training on infection control and hand hygiene and were observed to adhere to good practice standards when undertaking their duties.

Judgment: Compliant

Regulation 28: Fire precautions

All staff had completed training on fire safety and the last training session took place in March 2019. There were regular fire drills and activations of the fire alarm. Staff could describe what they would do in the event of fire. They were aware of the personal evacuation plans for residents. Fire safety measures required improvement in some areas that included how fire drills and training was recorded as it was not evident what was included in the varied exercises, unannounced fire drills with the least number of staff on duty had not been completed nor the simulated evacuation of a fire compartment to assess how staff could complete this in a fire situation.

The location of the fire extinguishers outside the laundry room required review as they were not immediately accessible to staff working there.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were safely stored and there were good arrangements in place for the review and supply of medicines to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a high standard of nursing and social care in evidence. All residents had a key worker and a named nurse assigned to them.

The interactions between staff and residents was person-centred, respectful and

meaningful. Staff were very well informed in relation to residents social histories, personal preferences and care needs.

There were comprehensive assessments completed for all residents however this information did not inform the development of meaningful care plans to effectively guide staff practice. Some care plans were found to be generic and did not reflect the person centred care that was being delivered and described by residents. For example some residents had up to 17 individual care plans and while some were relevant a number could have been consolidated to provide a more precise guide to staff delivering care. While nurses and carers were very knowledgeable about resident care needs and preferences, this quality information was not available in care records.

There were very good care plans for a wound care problem that had resolved with a high level of evidenced based care. The recommendation of the tissue viability nurse had been incorporated into the care interventions and nurse used good explanatory language to describe the changes and progress achieved. However there was no care plan in place for a moisture lesion to prevent deterioration an prompt improvement.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to primary health care services and to allied health professionals. Residents were supported to attend appointments in outpatients when required. Residents described the improvements that there had been in their general health following rehabilitation programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had a high level of awareness of changes in residents' behaviours associated with dementia or other conditions. The care plans that described responsive behaviours did not always identify possible triggers for the behaviour changes or responses that could reduce or alleviate the behaviour. However, despite this there were examples where staff had good strategies to ensure that residents' unease was alleviated .

Judgment: Substantially compliant

Regulation 8: Protection

Staff had good knowledge on safeguarding and the protection of residents. There was a policy in place to guide staff and this had been updated in 2019. It required review to describe the measures staff should take in particular circumstances and to indicate the appropriate notification that must be made to the office of the Chief Inspector. All staff had completed training on this topic. The provider representative and person in charge ensured that no staff commenced work without a vetting disclosure being completed.

The centre had agency arrangements for the management of the finances of four residents. The records indicated that any money in relation to this arrangement could be readily identified. Residents were encouraged to manage their own affairs where this was possible and were supported to do this.

There were some bedrails in use that residents had requested. The inspectors found that some could be reviewed as the need for their use and the type in use no longer appeared to be necessary according to the information provided.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents confirmed that their rights and freedom was respected. They were encouraged to be independent and to have access to technology such as lap tops and mobile telephones. They said staff encouraged them to be independent and gave examples of being involved in community groups, being able to go out daily and being able to exercise choice about their daily routines. The inspectors were told that staff did not forget personal preferences in relation to food, bed times, early morning routines or activities.

There was a newsletter produced that described events in the centre. They were kept up to date with local news and events during the day and the inspectors saw that there were several discussions about local and national news taking place during the day. Regular meetings were organised that provided residents with a forum to express their views.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinderry Nursing Home OSV-0000318

Inspection ID: MON-0023480

Date of inspection: 12/04/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Recruitment Policy has been revised to include the requirement to have obtained Garda Vetting before a new staff member commences work. Completed 1/6/19.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Individual staff compliance on handwashing has commenced through assessment and will be completed on all staff by 30/06/2019. Individual staff competence on responding to fire alarms and evacuation procedure has been commenced, all staff will have completed by 30/06/2019. Unannounced fire drills have been commenced and are to be carried out on a three monthly basis. A software package currently provides a system of recording when training has been completed and when it is due for renewal.	

Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A section headed gender has been added to the register. Blanks in the residents directory section "cause of death" have been filled in. Completed 4/06/2019.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care now have room numbers included. Completed 1/06/2019.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated to include room numbers and size of room ,size of ensuite and content.</p> <p>Also now included is the management of the home in the absence of the Person in Charge. Completed 05/06/2019.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are now captured and the outcomes recorded. Ongoing.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new radiator with a temperature control has been installed in the smoking room. The water circulation in the south wing has been resolved. Wires at touchscreen points have been reduced to a minimum. Completed 4/06/2019.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk Management Policy has been reviewed and updated to include abuse,accidental injury, aggression/violence and self-harm. Staff instructed to ensure waste bags are replaced in bins when emptied. Staff competency on moving and handling technique assessments commenced ,to be completed by 30/06/2019.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills/training is recorded including time to complete and any problems encountered. Three monthly night evacuation simulation commenced. Fire extinguishers outside laundry room moved to a more easily accessible point. Completed 1/06/2019.</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: All care-plans to be reviewed to provide a more concise meaningful plan of care. To be completed by 30/06/2019.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Care-plans for residents with challenging behavior reviewed to include identified triggers, and planned responses that might alleviate the behaviours. Completed 5/06/2019.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Policy for the prevention, detection and response to abuse has been updated to include the measures staff should take in particular circumstances and the appropriate notification the P.I.C. should submit to the office of the chief inspector. A review of bed-rails for residents who have requested them has been commenced and will be completed by 30/06/2019.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	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.	Substantially Compliant	Yellow	01/06/2019
Regulation 15(3)	Where the Chief Inspector is satisfied that no resident of the designated centre concerned has been assessed in accordance with Regulation 5 as requiring full time nursing care, paragraph (2) does not apply to the staff of that centre.	Not Compliant		01/06/2019
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Yellow	30/06/2019

	ensure that staff have access to appropriate training.			
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	Yellow	04/06/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Yellow	04/06/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/06/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Not Compliant	Yellow	30/06/2019

	identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/06/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Yellow	30/06/2019
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	30/06/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental	Not Compliant	Yellow	30/06/2019

	injury to residents, visitors or staff.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Yellow	30/06/2019
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Yellow	30/06/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant		01/06/2019
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.	Not Compliant	Yellow	01/06/2019
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Yellow	01/06/2019

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Yellow	05/06/2019
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Yellow	01/06/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation	Not Compliant	Yellow	01/06/2019

	into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	01/06/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Yellow	01/06/2019
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person	Not Compliant	Yellow	01/06/2019

	nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2019
Regulation 7(1)	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.	Substantially Compliant	Yellow	05/06/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	05/06/2019

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2019