



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

Issued by the Chief Inspector

Name of designated centre:	Blarney Nursing and Retirement Home
Name of provider:	Blarney Nursing and Retirement Home Limited
Address of centre:	Killowen, Blarney, Cork
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0000202
Fieldwork ID:	MON-0037710

About the designated centre

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

Blarney Nursing Home is a single-storey purpose built centre which was open in 1990. It is set in a rural area within well-maintained gardens. It provides 24-hour nursing and social care for 26 people. It caters for diverse needs of adults over 65 years on respite, long stay, and convalescence stay. The centre is a non-smoking facility. There are a range of allied health services available to residents such as optical, dental, podiatry and physiotherapy. Dietary and speech and language therapy (SALT) are accessible through a specialist group. The general practitioner (GP) service is regular and dedicated. A nearby pharmacy supplies residents' medicines and supports staff with audit and training needs. There are a variety of sitting and dining spaces as well as a private visitors' room for residents and family use. The bedroom accommodation is laid out in single and double bedrooms, a number of which are furnished with en-suite toilet and shower facilities. Additional shared toilet and shower facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

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 1 September 2022	09:00hrs to 15:30hrs	Mary O'Mahony	Lead
Thursday 1 September 2022	09:00hrs to 15:30hrs	Bernie Long	Support

What residents told us and what inspectors observed

The overall feedback from residents was that Blarney Nursing Home was a homely and comfortable place to live where residents felt their rights were respected. Staff promoted a person-centred approach to care and were observed by inspectors to be gentle and caring towards residents. Inspectors spoke with a number of residents who said that they were satisfied with the care and service provided. Throughout the inspection inspectors observed social distance when speaking with residents, staff and relatives as one resident in the centre had been confirmed with COVID-19. Residents appeared well groomed and were all dressed in nice, warm outfits suitable for the season. Inspectors also observed visitors coming and going, visiting their family members in the external patio area, at various times throughout the day. Residents said that they were relieved to be able to meet their visitors in person again. Visitors were seen to be risk assessed and followed the infection control protocol.

Inspectors arrived unannounced to the centre and were guided through the infection prevention and control measures. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, the provider and the operations manager, who joined at various times, they were accompanied on a walkabout of the premises. The building was single storey and laid out in two hallways which converged on a central communal section. This consisted of offices, a large interlinked sitting room, a dining room, the kitchen, communal toilets, as well as a visitors' and garden room. Inspectors observed that there were lovely views from all the communal rooms and bedrooms some of which overlooked green fields and hills at the back of the centre. A spacious, well laid out garden and patio area was accessible to all residents.

The clean, stainless steel kitchen was appropriately equipped. Dining space adjoined this and inspectors saw that there was adequate space and time afforded to residents to enjoy their meals. In addition, inspectors saw that staff were seen to sit next to a number of residents at dinner time and to help them in a careful and kind manner. Meals were seen to be tastefully presented. Residents said that their food preferences were known to staff and they said that the chef addressed areas for improvement such as suggestions regarding food choice and meal times. Staff explained that mealtimes were a time when everybody became involved in creating a social, enjoyable experience for residents. Inspectors observed how lunch was served and it appeared personal and plentiful. Residents spoken with confirmed that food portions were always generous and snacks were available between meals and at night time. In the morning and afternoon members of staff were seen to support residents to avail of morning and afternoon snacks and drinks. The kitchen was accessible from the dining room which meant that hot tea, additional portions and other requests were responded to without delay.

Documentation relating to residents' survey results and residents' meetings were reviewed and these reflected the positive comments from residents and relatives on

the day. The comments indicated satisfaction with the management team, the staff, their accommodation and all aspects of care. One person used the word "brilliant" to describe their experience with the centre. Minutes of residents' meetings demonstrated that a wide range of issues, including the COVID-19 risks were discussed as well as food choices and visiting arrangements.

Overall, a good standard of cleaning was observed on the day of inspection. The person in charge explained how supervision of this was supported by audits. The provider was endeavouring to continuously improve current facilities and physical infrastructure through upgrading and ongoing refurbishment plans. For example, the reception area had been refurbished and painting had been completed internally and externally. At the time of inspection the person in charge stated that there were plans in place to extend one bedroom into an adjoining toilet area to create a larger double room.

Residents described the medical care as attentive. Residents said that they felt safe in the centre and were happy that their concerns would be addressed. Residents spoke about the daily events which kept them occupied. Inspectors were informed by the person in charge of the varied activity schedule which included exercise classes, quiz, bingo, music, ball games and skittles. She stated that the activities were led by the care staff and the provider. A number of residents enjoyed reading the papers which were delivered daily and they sat in the quieter section of the sitting room to enjoy the peace and the lovely view. There was life story information available in the care plans to guide staff when planning the activity schedule. Residents told inspectors they were informed about the daily activities and the notice board was populated with the day and date, to aid orientation. Residents were seen in groups and individually enjoying social contact. On the day of inspection inspectors saw a lively game of bingo and an entertaining sing song underway. A portable speaker and microphone had been purchased for residents which made the event even more enjoyable. Staff, both nurses and carers, were seen to sit down next to residents at various times during the day which added to the homelike, unhurried and person-centred ethos.

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

Capacity and capability

On this inspection, the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were, in general, well defined and clearly set out. The management team had been proactive in responding to most findings on previous inspections. Inspectors found that the comprehensive audit and management systems set up in the centre ensured that good quality care was

delivered to residents. Nevertheless, some improvements were required in the maintenance of staff files and contracts in this dimension of the report, and in fire safety, risk, care plans, infection control and premises in the quality and safety dimension of the report.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform the renewal of the registration, due on a three yearly basis.

Blarney Nursing Home was operated by Blarney Nursing and Retirement Home Ltd, the registered provider. The director (owner) representing the provider attended the centre on a daily basis and liaised with staff, residents and visitors. In addition, the management team had been augmented by the addition of an operations manager who worked in this post two days of the week. He had the added responsibility of care staff supervisor and was found to have a good knowledge of the centre, the residents' needs and the requirements of the regulations. The person in charge also knew the residents well and was found to be familiar with their medical histories and their care needs.

Inspectors reviewed the minutes of staff meetings, minutes were very brief however, with little detail on staffing needs, developments in care, training needs or other relevant information. Staff training records indicated that staff had good access to training and mandatory training was up to date. This included manual handling training, safeguarding residents from abuse and fire safety training. The person in charge informed the inspector that new staff were due to commence in the centre in the near future to maintain suitable staffing levels and skill mix. Nonetheless, in the sample of staff files reviewed, some documentation was not available. This was addressed under Regulation 21: records.

The majority of regulatory records requested during the inspection were readily available. Inspectors reviewed a sample of accident and incident reports. There was evidence of good reporting, sufficient details of the incident and a record of actions taken to reduce the risk of re-occurrence . The complaints procedure was displayed in the centre and contained the information required by the regulation including an appeals process. The annual review of the quality and safety of care had been completed for 2021. The person in charge stated that the centre did not act as a pension agent for any resident. All staff had the required Garda Siochana (Irish Police) Vetting (GV) in place prior to commencing employment, as required for the sector.

Regulation 14: Persons in charge

The person in charge of the centre worked full time. The person in charge was a registered general nurse who had the required management qualification and experience required by the regulations for the sector. The person in charge was familiar with the specific care requirements of the residents and she was well known

to residents and their family members.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were sufficient staff on duty to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with appropriate and mandatory training including fire safety and the prevention of abuse.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and included information required under the regulations. For example, the date of birth of residents and the name and address of their nearest relative and GP.

Judgment: Compliant

Regulation 21: Records

A sample of staff records reviewed by inspectors did not have all the information required under Schedule 2 of the regulations.

By way of example:

One staff member did not have a record of current professional registration on file, however this was provided on the day of inspection.

Another staff records reviewed did not include the required two references.

Judgment: Substantially compliant

Regulation 22: Insurance

An up to date insurance certificate for the centre and its operation was made available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that some management systems for oversight of the centre were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored:

This was evidenced by:

There was not sufficient oversight of fire drills as the inspectors found that improved and more frequent fire drills were required to ensure staff confidence and competence in evacuating residents at times of least staffing.

The duty rota required action as it did not identify housekeeping/cleaning staff over a seven day period.

The system to oversee staff files required action to ensure all staff files met the requirements of regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed by inspectors.

Not all fees were clearly and correctly outlined in the contracts. There were discrepancies in the amount entered in the contracts for the social charge payable. This required clarification.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included the information required under Schedule 1 of the Regulations such as, the services to be provided to residents and the organisational structure.

Judgment: Compliant

Regulation 31: Notification of incidents

Specific notifications required under the regulations had been submitted to the Chief Inspector:

These included the use of restraint, such as bed rails, falls requiring hospital treatment and any sudden death.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were infrequent. When complaints were received they were recorded in detail and the satisfaction or not of the complainant was documented. The policy was displayed in a prominent position.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were in place.

Issues relation to the risk management policy were addressed under Regulation 26.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. There was evidence of good consultation with residents and timely access to the general practitioner (GP) and opportunities for social engagement. Residents acknowledged the work of staff, their relatives and the vaccination team which all combined to keep them safe during the pandemic. Nonetheless, this inspection found that improvements were required in relation to, premises, risk, infection control, fire safety and care planning in this dimension of the report.

The centre had been newly painted since the previous inspection and the entrance foyer had been renovated. Bedroom accommodation consisted of sixteen single occupancy bedrooms and two twin-bedrooms some with en-suite toilet facilities, others with toilet and shower in close proximity. Of the 18 bedrooms in the centre eight bedrooms had en suite toilet, shower and wash basin facilities while others shared communal facilities. Communal accommodation was provided in a choice of two areas in the sitting room, a garden room, visitors' room and a spacious dining room. The provider had plans in development to add an extension to the premises.

In general care plans were well maintained, These were underpinned by a range of clinical assessment tools such as the MUST tool (Malnutrition Universal Screening Tool) and a falls risk assessment. Health care provision was described under Regulation 6 and included good attentive GP care.

The risk register was reviewed. It included identification of environmental and clinical risks through out the designated centre. Incident and accidents were reported and investigated. The register included the regulatory, specific risks including abuse, absence of a resident, accidents, aggression and self-harm. Emergency plans were in place to respond to major incidents. There was evidence that the risk register was reviewed within 4 months. However the policy on risk management required further development as outlined under Regulation 26. Infection control training was regularly updated and the staff were seen to wash their hands and wear their masks appropriately on the day of inspection. The centre was clean and fresh. Hand gel was plentiful. A new hand wash sink had been installed in the hallway which staff said they found very useful: this did not conform to the guidelines laid out for such sinks however. Additionally, there was no staff member identified as responsible for housekeeping duties. This could lead to a risk of cross infection as the health care or management staff undertook these duties in addition to their other roles. This was addressed under Regulation 27.

Fire safety had been risk assessed. The fire safety system had been serviced and the daily, weekly and monthly checks were recorded. Certificates were available indicating that the emergency lighting was checked three monthly and the fire panel and extinguishers were appropriately serviced. Staff had been provided with annual fire safety training. Personal emergency evacuation plans (PEEPS) were available for each resident. Aspects of fire safety management requiring review were detailed under Regulation 28.

Residents' general well being was enhanced by a number of activities facilitated by

the care staff on duty in the afternoon. Ball games and singing were seen to be facilitated on the afternoon of inspection. Mass was viewed on the TV, newspapers, radios and TVs were provided for individuals. Residents stated that care staff and management staff facilitated quizzes, exercise, skittles and bingo and stated they were happy with these. Residents' meetings were held at which residents expressed their opinion and were informed of any changes. Minutes of these meetings were reviewed by inspectors.

Residents informed inspectors that they felt safe in the centre and staff spoken with were trained in this aspect of care as well as in care of those with dementia.

Overall the quality and safety of care was well managed in the centre. However, improvements were required as detailed under the respective regulations in this dimension of the report.

Regulation 11: Visits

Visits were facilitated in a private visitors' room and in a seated area outside the centre. Visits were by appointment.

In discussion with relatives, staff and residents they confirmed that visits were facilitated at short notice also and did not always have to be booked in advance.

Judgment: Compliant

Regulation 17: Premises

There were a number of issues to be addressed in relation to premises to ensure they were compliant with the requirement of the regulations:

On this inspection two twin bedrooms which did not meet the requirements set out in the regulations for individual bedroom space were still occupied by two residents.

The provider explained that one single bedroom was scheduled to be extended into an adjoining area and then would meet the requirement to be occupied by two residents.

When this was completed the two remaining undersized twin bedrooms would be changed to single rooms in line with the condition imposed by the Chief Inspector to ensure compliance with the regulations.

Bedrooms previously occupied by two residents and now designated as single rooms had yet to be reconfigured as single rooms. By way of example, the second bed was still in place in two such bedrooms and the privacy curtain rails had not been

realigned for a single bed. These were still in place for both beds. This meant that the remaining occupant had not been able to personalise and optimise the additional space for use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were seen to be provided with and assisted to have regular drinks, good food and snacks throughout the day.

Staff had received training in "Hydration for Health" as documented in the staff training records. Mealtimes were seen to be a social occasion and the atmosphere in the dining room was calm and relaxed. Residents were sitting comfortably and staff assisted residents in a gentle, interactive way. Residents were seen to have a choice of food at meal times. The food looked wholesome and nutritious and was well presented. Intake and output charts were recorded for residents who required close monitoring. Residents expressed satisfaction with the meals and the choice available to them.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was found to be brief and did not fully comply with the requirements of Regulation 26.

This required review and consolidation of the various elements of the policy sections of which were dispersed between the risk register and the policy folder.

Judgment: Substantially compliant

Regulation 27: Infection control

There were a number of infection control issues identified on inspection that were not consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Which are as follows:

On the copy of the roster provided to inspectors a member of staff was not identifiable as responsible for clearing and housekeeping over a seven day period. This was important to ensure infection control processes were prioritised in this

COVID-19 era. The person in charge stated that this role was undertaken by a member of the management team on a number of days. It was not clear who was responsible for these tasks in the absence of that person. In addition, as members of the staff team fulfilled a multi-task role of attending to care, laundry and cleaning the risk of cross infection was heightened.

The hand wash sink did not conform to the guidelines set out for such sinks: that is clinical hand wash sinks should conform to HBN 00-10 Part C Sanitary Assemblies.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that the provider had not taken adequate precautions against the risk of fire:

For example;

Fire drills were not held frequently and documentation seen did not provide assurance that the centre could be evacuated at the time of least staffing which was during the hours of 8pm to 8am when there were two staff on duty. There was no drill record available for this scenario.

There were four oxygen cylinders stored in the staff office which were surplus to requirements at that time, best practice requires that any excess cylinders should be stored externally as the combustible gas could accelerate a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines appeared to be well managed.

Staff signed for all medicines administered and the GP maintained careful records of prescribed and discontinued medicines.

The pharmacy had undertaken a recent audit of medicines management which identified good practice.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were some omissions found in the care plans of residents and some care plans were not sufficiently detailed to direct care:

There was no care plan for one wound which was being dressed on a daily basis.

The related risk assessments for skin integrity and the reassessment of the resident's care plan required updating to ensure the resident's needs were correctly assessed and identified.

Judgment: Substantially compliant

Regulation 6: Health care

Resident had access to a group of health care professionals and additional expertise such as palliative and psychiatric care.

The dietitian, the dentist, the chiropodist, and the speech and language therapist had been accessed on behalf of residents. The GP visited weekly and when required. He attended the centre during the inspection and made himself known to inspectors. He said that he reviewed residents' weekly and enjoyed meeting them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and the person in charge stated that they were consulted about changes in the centre. Minutes of residents meetings as well as visitors' and residents' comments confirmed this.

Residents stated that they felt happy in the centre and felt they could raise complaints or concerns with staff.

A range of activities were led by care and management staff each afternoon including bingo, ball games, quizzes and music sessions.

Judgment: Compliant

Regulation 8: Protection

The provider had taken action to protect residents from abuse as required under the regulations:

For example:

Staff training in this aspect of care was up to date and a relevant policy underpinned the training.

Staff spoken with were aware of their responsibilities to report any suspected abuse.

Residents said they felt safe in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blarney Nursing and Retirement Home OSV-0000202

Inspection ID: MON-0037710

Date of inspection: 01/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The staff references in question have been obtained. 09/10/ 2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: More frequent fire drills with attention to night staff to be scheduled. 31/12/2022 Duty roster updated to indicate cleaning personnel. 09/10/2022 Staff files have been updated. 09/10/2022	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All new contracts of care will indicate updated arrangements for social care fees.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: It is envisaged that twin rooms will be compliant by 30/06/2023</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The risk management folder will be inserted into the Policies and Procedures folder.31/12/2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The roster has now been amended to indicate cleaning personnel.09/10/2022 The new hand washing sink was installed since the previous inspection when specifications were not indicated.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Oxygen cylinders have now been stored externally. 09/10/2022 More frequent fire drills with attention to night staff to be scheduled. 31/12/2022</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care Plan initiated 03/09/2022	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2023
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.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	09/10/2022

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	12/10/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	09/10/2022

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	09/10/2022
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	31/12/2022
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	Substantially Compliant	Yellow	03/09/2022

	consultation with the resident concerned and where appropriate that resident's family.			
--	--	--	--	--