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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Clonakilty
Name of provider:	CareChoice Clonakilty Limited
Address of centre:	Clogheen, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	05 August 2021
Centre ID:	OSV-0000230
Fieldwork ID:	MON-0033906

## About the designated centre

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

CareChoice Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents . The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities. Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs the services of physiotherapist and occupational therapy in-house. Medical and other allied healthcare professionals provide ongoing healthcare for residents on a very regular basis.

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

Number of residents on the date of inspection:	46
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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:**

Date	Times of Inspection	Inspector	Role
Thursday 5 August 2021	09:15hrs to 17:45hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Carechoice Clonakility is a well established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a very high level of satisfaction with the care and service residents received, and that their rights were respected. Residents were positive about their experience of living in Carechoice Clonakility and were complementary about the support provided by staff. The inspector spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

This was an unannounced inspection to monitor compliance with the regulations. The last inspection of this centre had been in October, 2019. On arrival to the centre the inspector was guided through the infection control assessment and procedures by the administrator. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. During this tour and throughout the day of inspection, the inspector met several residents and spoke to nine residents in more detail.

Carechioce Clonakility is set in well maintained grounds on the outskirts of Conakility town, West Cork. There was a warm and welcoming atmosphere in the centre. At the entrance to the centre were potted plants, flowers and seating. The foyer was a bright, homely space with comfortable armchairs, where some residents chose to sit and relax during the day. The foyer area also had a bright colourful fish tank, a bird cage and a notice board displaying an activities schedule, a snack menu and contacts for external services.

The designated centre is a one story premises, which provides accommodation for up to 50 residents in 42 single and 4 twin rooms, all with en suite facilities. The centre is divided into three wings; Galley, Argideen and Red Strand, all local areas around the area. There were 46 residents living in the centre on the day of this inspection. The layout and the signage in the centre helped to orientate residents, and facilitate them to move around the building independently. The inspector observed that the corridors were nicely decorated with pictures and art work. Some of the bedrooms were homely and very personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia. Communal rooms were nicely furnished, laid out in a homely style, and arranged to promote social distancing, whilst retaining a friendly, social atmosphere. The environment was well maintained and exceptionally clean. The inspector observed painting to bedrooms taking place and was informed that there was a plan in place for further painting of areas such as door frames and bedrooms.

There was open access to two internal courtyards, which were easily accessible and contained flowers and seating for residents to enjoy the fresh air. One of these courtyards homed two chickens. Residents were observed using outdoor space with the assistance and supervision of staff during the inspection. Residents spoke of enjoying spending time in these areas during nice weather and they had recently

had a summer garden party which they reported was great fun.

Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. The inspector observed interactions between the staff and residents throughout the day and found that they were warm, respectful and person-centred. Many residents were getting their hair done by the hairdresser, in a beautifully decorated hairdressing room. Residents told the inspector they enjoyed this so much as well as the portable nail bar which was very popular.

Residents were observed engaged in meaningful activities throughout the day, and they all reported that they were happy with the daily activities programme. The registered provider has increased hours allocated to activities in response to the COVID-19 pandemic to support residents. This allowed for residents who needed additional one-to-one support being provided with an activity programme that suited their individual needs. There was one activities coordinator working on the day of this inspection who knew the residents personal preferences very well and was very enthusiastic regarding the role. The inspector observed an exercise class taking place in the morning with the physiotherapist. An exercise bike was also situated in the corner of the day room, which some residents were facilitated to use during the day. The main sitting room was decorated with Irish flags to celebrate the Olympic Games, Tokyo, 2020. The inspector observed some residents watching the athletics in the afternoon, others watched an Irish folk music concert on a large cinema screen and some read newspapers.

Staff were very committed in the provision of personalised high quality care to residents. Communal areas were supervised at all times, and call bells were observed to be attended to in a timely manner. The inspector observed that staff and resident interactions were respectful and empathetic. Staff demonstrated genuine respect in their interactions with residents, and as a result, care was very person centred. Residents who chose to stay in their bedrooms were checked regularly. Staff knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively.

This inspection took place during the COVID-19 pandemic. The inspector acknowledged that residents and staff living and working in centre has been through a challenging time. At the time of this inspection they had been successful in keeping the centre COVID-19 free. As per public health guidelines the centre had resumed visiting. The inspector had the opportunity to communicate with a small number of visitors on the day, who were complementary regarding the care provided. There were effective controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors. Residents and staff were monitored for signs and symptoms of COVID-19, with temperatures being recorded twice per day in line with the current Health Protection Surveillance Centre (HPSC) guidance. Residents expressed their delight at being able to see their family again and looked forward to more day trips out of the centre which were resuming.

Residents commented positively about the quality and variety of food they were offered. The main dining room, to the front of the premises was nicely decorated. A menu was displayed and tables were dressed with tablecloths and nice cutlery and

dinnerware. Residents told the inspector that there was always choice at meal times. Some residents were observed eating independently, while others were being assisted by staff in a calm and professional manner. The inspector observed that residents were provided with regular drinks throughout the day and that choices were always respected.

Residents told the inspector they knew who to talk to if they had a concern or worry. One resident told the inspector that " there is nothing to complain about here ". It was also evident that residents were actively involved in how the centre was run via feedback and at residents meetings. There was good attendance at residents meetings and it was evident that residents were informed and empowered to voice any concerns. Where residents made suggestions they were acted upon immediately. For example one resident had suggested they have a steak dinner night, while another had requested a Beatles Concert be shown on the big screen, which were both organised..

In summary, this was a good centre that staff took pride in and worked hard to provide an environment that was relaxed and comfortable for residents. The centre displayed a commitment to supporting and enhancing the residents quality of life, respectful of their individual choices and wishes. 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

Overall, this was a good service and a well managed centre, run by a dedicated management team and staff, who worked hard to ensure that residents received high quality, person centred care and support. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified.

CareChoice Clonakilty is operated by Carechoice Clonakilty Limited, who is the registered provider. It is part of the CareChoice group, which owns and operates a number of other nursing homes throughout the country. The management team within the centre is supported by a national and regional team. There was evidence of good governance and oversight of the centre via meetings, where issues such as human resources, incidents, and key performance indicators were discussed and monitored. On a daily basis care was directed by an experienced person in charge, who provided good leadership to the team and was well-known to residents. They were supported in the role by an assistant director of nursing, a clinical nurse manager and the extended team of nurses, care assistants, catering, maintenance, administration, activities and housekeeping staff. The management team communicated with staff regularly, during daily meetings and at formal meetings and ensured they were appropriately supervised in their work.

The staffing levels and skill-mix of staff was found to be sufficient to meet the assessed dependency needs of the residents, as described in the centre's statement of purpose. There was evidence of a comprehensive induction process for newly recruited staff. Annual appraisals were taking place on a routine basis and also as required, to ensure appropriate supervision and development of staff. Mandatory training was being monitored by management, however, on review of the training matrix it was found that a small number of staff were due mandatory training, which is detailed under regulation 16. All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. The management team assured the inspector that all staff had appropriate Garda vetting and this documentation was evidenced. However, on review of staff files some did not meet the requirements of schedule 2, which is discussed further under regulation 21: Records.

The provider had effective management systems to monitor the quality and safety of the service through a comprehensive auditing system and the collection of key performance indicators in areas such as pressure ulcers, restraint, falls, weights and infections. These systems ensured a high standard of clinical oversight, thus ensuring the standard of clinical care and quality of life for residents was optimised in the centre.

There was a comprehensive record of all accidents and incidents that took place in the centre, and all had been notified to the Chief Inspector as required by the regulations. Complaints were recorded and managed in line with the regulations. Feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre. Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care. There was a clear focus on person centred care and quality improvement.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the staff roster, and the observations of the inspector, indicated that

there were adequate numbers and skill mix of staff on duty on the days of this inspection. Staff were seen to be kind and caring. All interactions by staff with residents were conducted in a respectful manner.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was being appropriately monitored by the person in charge. There were 73 staff working in the centre. The following training was outstanding:

- Ten staff did not have fire safety training, this was scheduled to take place in the days following this inspection.
- Eight staff were due training in managing behavior that is challenging.
- Four staff were due training in manual handling.
- Five staff were due training in safeguarding vulnerable adults.

Judgment: Substantially compliant

### Regulation 21: Records

Issues pertaining to ensuring a robust recruitment system and attaining appropriate references had been a non-compliance in this centre on the previous two inspections. A member of the human resource team worked in the centre two day per week to support the recruitment process. Although some improvements were noted, on review of four staff files, it was evidenced that some files did not contain all the requirements of schedule 2, namely:

- two staff files did not have documented history of gaps in employment.
- one staff file did not have a reference from the persons most recent employer.

Improvements were noted in residents contract of care since the previous inspection. These now contained a record of the designated centres charges to residents, including any extra amounts payable for additional services not covered by those charges.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. Staff were aware of their individual roles and responsibilities. There were management systems in place to oversee the service and the quality of care, and they were effective at identifying and addressing areas for improvement.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents the inspector was satisfied that notifications were submitted as required by the regulations to the Chief Inspector. There was also evidence of learning from incidents to improve quality of care.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints received were appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals procedure was in place. Information on the complaints procedure in the centre and accessing support was communicated to residents and the complaints procedure was displayed in a prominent position within the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life in Carechoice Clonakilty, which was respectful of their wishes and choices. The rights and independence of residents was at the forefront of care provided, and residents were consulted about all aspects of the service. Residents' healthcare, social and spiritual needs were well met.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure any deterioration in residents' health or well being was identified without delay. Resident's care needs were appropriately assessed using validated tools and

individualised care plans were put in place and implemented, in consultation with the resident. Where appropriate, records evidenced that families were also consulted with. However, the system in place to ensure that all residents care plans were updated four monthly, as per regulatory requirements required review.

The design and layout of the designated centre was suitable for its stated purpose. Overall, the premises was homely and were kept in good state of repair. Areas for improvement identified on the previous inspection had been addressed. The registered provider was implementing procedures in line with best practices for infection control. The centre had a comprehensive COVID-19 contingency plan in place and all staff had received up-to-date training in infection control. The centre also had a number of effective assurance processes in place, in relation to the standard of environmental hygiene. Overall, equipment in the centre was clean and well maintained.

There were comprehensive programme of fire safety in place which included regular staff training and a comprehensive range of fire safety checks. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly. The provider promoted a restraint-free environment in the centre in line with local and national policy and there was no residents allocated bedrails on the day of the inspection.

Residents were consulted about the care and services that they received. Resident meetings were held and where suggestions were made these were followed up and used to inform continuous quality improvements. There was a clear emphasis on improving the quality of life for residents. Overall, this inspection found that management and staff had strived to ensure residents received a safe and quality service where their self-care abilities and potential was maximised. Residents were extremely complimentary about the services, staff and facilities available to them.

## Regulation 11: Visits

Visiting took place by appointment seven days a week, and there was a robust visiting protocol in place which included a risk assessment in line with current public health guidance (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre). Indoor visits were also facilitated on compassionate grounds and for the relatives who were vaccinated.

Judgment: Compliant

## Regulation 17: Premises

The premises was designed and laid out to meet the dependency needs of the residents, as set out in the centre's statement of purpose. The premises conformed

to the matters set out in Schedule 6. There was an ongoing schedule of planned refurbishment and good oversight of maintenance works. Improvements were noted regarding the premises since the previous inspection. Issues pertaining to flooring that required replacement and reconfiguration of the laundry had been addressed by the provider.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were comprehensively assessed. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and there was appropriate intervention by residents' general practitioners, the dietitian and speech and language therapist. There were sufficient staff available in the dining room and to assist residents as required with their meals.

Judgment: Compliant

### Regulation 27: Infection control

Appropriate infection control procedures were in place throughout the centre. The inspector observed numerous examples of good practice throughout the centre and appropriate systems were in place to ensure and promote safe practices in infection prevention and control. There was sufficient cleaning hours allocated and the centre was cleaned to a high standard. Cleaning checklists and daily and weekly cleaning schedules were in place. Housekeeping staff spoken with were very knowledgeable about best practice procedures for cleaning and disinfection.

Judgment: Compliant

### Regulation 28: Fire precautions

There was good oversight of fire safety. Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. Training records evidenced that drills were completed, cognisant of night time staff levels.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Overall, care plans were person centred and provided sufficient information to direct care. However, on review of records it was evident that some care plans had not been updated four monthly, as required by the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. Several general practitioners (GPs) visited the centre and residents had access to a GP of choice, who reviewed them as required and at regular intervals. A physiotherapist was working two days per week in the centre. Access to allied health was evidenced by regular reviews by the dietitian, speech and language and podiatry, optician, chiropody and dental services. Residents nutritional status was regularly assessed and monitored. Residents were closely monitored for weight loss and where weight loss was identified, this was investigated and enhanced monitoring in place. There was a low incidence of pressure ulcer development in the centre, and no residents had pressure ulcers on the day of this inspection.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff identified two residents who might display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A sample of residents files were reviewed and all residents had a comprehensive assessment of their needs in relation to these behaviours. A restraint-free environment was promoted in the centre. Staff received training in managing responsive behaviours. The inspector observed that staff demonstrated knowledge and skills to respond and manage responsive behaviours, in a manner that was not restrictive.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' privacy and dignity was maintained. Activities were available to the residents seven days per week and they included group as well as one to one activities. Residents were consulted, kept up-to-date with the public health restrictions and supported to make informed choices.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareChoice Clonakilty OSV-0000230

Inspection ID: MON-0033906

Date of inspection: 05/08/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC continues to appropriately monitor the training needs of staff and has addressed the items raised by the inspector in this report. The PIC ensures that staff are supervised and supported during their daily activities.</p> <p>Fire training was scheduled to take place on 16th August and this has been completed. There are 2 further fire safety training sessions booked for September and October 2021 to meet the training needs for the home.</p> <p>Staff have been scheduled to attend training in the managing behaviour that is challenging. Training sessions will be completed during the the week of 24th September 2021.</p> <p>Manual handling training has been completed for identified staff as scheduled on 1st September 2021.</p> <p>Staff are scheudled to complete safeguarding vulnerable adults training before 10/09/2021 to ensure that all staff have completed training.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Records</p> <p>On the day of inspection, the items requested by the inspector had been missed filed on the system. A full review of the files was completed on evening of 5th of August and the information was sourced. The provider apologies for the unfortunate incident where the items were just stored in the wrong sections of the files, and they were missed at the</p>	

time of the inspection as a result.

The personnel file of the employees is saved to a robust electronic system by the concerned HR personnel in the nursing home. Each employee has a document tab on their profile on this System.

The document section for each employee contains a number of subheadings such as resume & reference which includes their most recent CV, two reference checks (one from the most recent employer), Job description, Gaps in employment if any & Interview notes.

There is also a Garda Vetting folder which includes Vetting disclosure, Photo ID, proof of address, and 100 points check.

Other documents related to the employee such as the offer letter, employment contract are saved under the employment contract folder. Qualifications, Visa, Permits, NMBI PIN (for clinical staff) are also saved under qualifications, Visa & permits section. Any other documents concerned to the staff member will be saved under the appropriate section that is available on the IT system depending on the type of the document for example training certificate, orientation/induction pack etc.

The HR team receive training and a new guidance document on storing of these documents has been provided. Continuous audit of employee's files to ensure compliance is underway.

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

- The PIC and Clinical Management team will continue to provide support and direction to the nursing team on the requirement for all residents care plans to be updated four monthly.
- The Clinical management team will continue to complete care plan audits weekly to ensure that they are personalized, updated and meet the requirements. Each nurse will be provided with feedback from the audit with support and supervision provided as part of follow up.
- A review of all care plans has been completed as part of the auditing schedule. Weekly care plan audits will continue and these will ensure that reminder date for four monthly review is recorded and review completed, as required by the regulations.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	04/10/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	06/08/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	06/09/2021

	that resident's family.			
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