



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Cloverlodge Nursing Home
Name of provider:	Cloverland Healthcare Limited (in Receivership)
Address of centre:	Clonmullion, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 March 2019
Centre ID:	OSV-0000025
Fieldwork ID:	MON-0026652

About the designated centre

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

Cloverlodge Nursing Home is a single storey purpose built facility located on the outskirts of Athy in Co. Kildare. It is registered for 60 residents who are accommodated in single rooms, with full en suite shower facilities. The centre has a day room, an activities room, a visitors' room, a dining room, a smoking rooms and two secure enclosed gardens for residents' use. The centre offers long term care, respite care convalescence and palliative care. The service provides 24 hour nursing care for residents, who are categorised as low to maximum dependency. The registered provider is Cloverlodge Healthcare Ltd (In receivership). The Receiver is represented by Patrick Horkan, KPMG. The receiver has a Services Agreement in place with Complete Healthcare Services Ltd (CHS) to provide nursing home services. CHS is part of the Mowlam Healthcare Group.

The following information outlines some additional data on this centre.

Current registration end date:	15/02/2021
Number of residents on the date of inspection:	51

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
22 March 2019	10:00hrs to 16:30hrs	Mary O'Donnell	Lead

Views of people who use the service

The inspector met with residents both individually and in small groups. Relatives represented the views of residents who could not express engage in conversation.

Residents stated they were satisfied with their lives in the centre, although one resident stated she would prefer to be at home. Residents commented on the respect that staff had for their views and wishes. Two residents said they could find no fault with any aspect of the service.

Residents said they would approach staff if they had any issue of concern. They were satisfied that issues they raised at residents' meetings were taken seriously by the person in charge and gave examples of improvements made in response to their feedback. Some residents expressed frustration that they had complained about the heating system and it had not been fixed. Residents told the inspector they were unable to control the temperature in their bedrooms. One resident described his room as freezing. The inspector confirmed that the room was very cold and noted that some residents had electric heaters in their rooms. Other bedrooms were too warm and some residents stated that they were not permitted to wedge their bedroom door open to cool the room. The inspector noted that this matter had been raised at residents' meetings in November 2018 and February 2019.

Overall residents were complementary about their bedrooms and the laundry service. All residents who met the inspector were very complimentary about the food, including the choices and service. They were pleased with the newly refurbished dining room.

One resident with computer skills was delighted that their room had been adapted to provide a computer desk and storage units to meet their specific needs.

Quite a few residents and some relatives commented that staffing levels were sometimes inadequate. They said that this resulted in delays when assistance was requested. They also said that activity provision depended on staff availability. They said they were bored sometimes, when there are no staff available to facilitate activities.

Capacity and capability

The registered provider had delegated responsibility for the day-to-day operations of the centre to a management team, with experience in the nursing home business. The person participating in management and the person in charge worked

to ensure that residents received a high standard of care through the processes and systems they had in place.

The inspector found that a robust governance structure was in place. The centre had developed a plan to drive improvements. There was a clearly defined management structure. However the action plan to repair the heating system had not been completed. This was an ongoing issue, which was impacting on the comfort and welfare of residents. Additionally, appropriate controls were not put in place to mitigate identified risks to the safety and well-being of residents.

During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This resulted in a positive impact on the care and support for residents.

Care and support for residents were delivered by an appropriate number and skill mix of staff on the day of inspection. However feedback from residents and relatives indicated that staffing levels were not always adequate to meet their needs and thus required ongoing review. There was evidence of safe recruitment practices and assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers.

Having reviewed the training records, the inspector was satisfied that a system was in place to ensure that staff had the necessary skills and competencies to meet the nursing and social needs of residents. Robust induction procedures were in place to ensure that staff had mandatory training and relevant mentoring and supervision to support them in their role.

Staff were observed to have friendly relationships with residents. Documentation such as contracts of care, the directory of residents and the resident's guide met the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the regulations, the standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. Due to unplanned long term leave, three vacancies arose last Dec and January. Three staff had been recruited to fill the vacancies, as well as two additional relief staff. The roster for March 2019 showed that all shifts were filled, with the exception of two days. One day there was nobody available to replace a household staff member who was absent. On another day the activity co-ordinator worked as a health care assistant, as there was nobody else available. The inspector also saw that additional staff were rostered when a resident required one-to one supervision.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had mandatory training. This included safeguarding, infection control, moving and handling, fire safety, caring for people with dementia and responsive behaviours. Training scheduled for the next month included dementia, fire training, moving and handling and falls prevention. The maintenance staff and the hairdresser attended relevant training events.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and found to contain the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2,3, and 4 were kept in the centre and were available for inspection. The inspector reviewed a sample of staff files and noted that they met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose. The area manager attended the centre on a fortnightly basis and held monthly meetings, which were attended by representatives from each staff group. Management meetings were minuted. There were systems in place to monitor the quality and safety of the service and to communicate relevant information to the provider.

A quality management system was in place and the auditing schedule set out the yearly plan. The results of audits were shared with staff for learning and used to inform the annual review.

The inspector saw that the 2018 annual review was in draft format and would be completed when an action plan for 2019 was included. Plans were in place to discuss the review with staff and it was also an agenda item for the resident meeting.

This regulation was found non-compliant because the provider had not taken measures to ensure that the heating system was functioning properly. This issue was highlighted on the previous inspection and the provider indicated that the necessary repairs would be completed in June 2018. In addition the provider had not put appropriate controls in place to mitigate identified risks to the safety and well-being of residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was recently updated and generally met the requirements of the regulations. The description of the facilities required revision to include the communal bathroom and toilets. Rooms used by staff, such as the sluice room, treatment room and storage rooms should also be included.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers were appropriately supervised and vetted. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Having reviewed the incident and accident records, the inspector was satisfied that the required notifications were submitted to the Office of the Chief Inspector. All incidents were analysed for learning purposes.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was displayed in the reception area and synthesised in the residents' information booklet. Complaints and feedback from residents were viewed positively by the person in charge and used to inform service improvements. The complaints records included verbal and written complaints, as well as concerns raised at residents' meetings. The investigation and actions taken and whether the complainant was satisfied with the outcome were documented. The provider had not nominated a person, other than the complaints officer, to oversee that complaints were appropriately dealt with and that proper records were maintained.

Judgment: Substantially compliant

Quality and safety

Residents' needs were met through a range of nursing, medical and specialist health care service including dietician, speech and language therapy, physiotherapy and mental health services. Residents saw their medical practitioner regularly and an

out-of-hours medical service was available when required.

Nursing and care staff knew the residents well and were knowledgeable about the levels of support and interventions that residents needed.. Staff demonstrated genuine respect and empathy in their interactions with residents and, as a result, care was very person centred.

Residents told the inspector that they felt safe in the centre, and that they were able to talk to staff if they had any concerns. Staff had attended safeguarding training and were aware of their responsibility to keep residents safe. All staff working in the centre had vetting disclosures on file.

Over 50% of residents had dementia but very few residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that residents were suitably assessed and provided with person centred care and support, which was informed by a detailed, person centred care plan.

The person in charge demonstrated how she and her staff were working towards creating a restraint free environment. The use of restraint was low. The provider had put resources in place to provide less restrictive alternatives to bed rails.

Residents told the inspector that they enjoyed the food provided and that there was plenty of choice on the menus.

There was evidence of ongoing assessment and detailed care plans in place.

Residents were safeguarded by effective procedures in the centre.

Overall the premises met the needs, privacy and dignity of each resident and was in line with the centre's statement of purpose. The design and layout of the premises could be enhanced to support residents mobility, independence and enjoyment. Corridors were quite long and rest areas were scarce. Residents who could walk short distances would benefit from more seating areas along corridors. Residents tended to congregate in the day room which was quite noisy and crowded at times. A seating bay along the corridor would offer a quiet alternative space for residents.

Heating was problematic, and residents could not control the temperature in their rooms. Bedrooms were either too hot or too cold. This problem was identified on the previous inspection. Residents had complained about it at residents' meetings but the underlying problem had not been resolved and in it impacted on the well-being of residents.

Regulation 11: Visits

There was an open visiting policy. The inspector saw residents receiving visitors at

various times throughout the inspection. Visitors spoken with said the flexible visiting policy supported them to visit more often.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and personal possessions. Residents had access to secure storage and their rooms were spacious enough to accommodate additional items of furniture. Residents expressed satisfaction with the laundry service in the centre.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' needs. Apart from ongoing issues with the heating system, the centre was generally maintained and decorated to a high standard. The external fencing was broken in places and some internal issues required attention,

The centre was observed to be clean, homely, bright, and furnished to a high standard. There were pictures displayed along corridors and in communal rooms that supported the comfort of residents. There were large easy to read clocks in a number of rooms. Resident's bedrooms were personalised with photographs, pictures and ornaments.

Residents had access to two enclosed outdoor courtyards, one had raised beds for gardening and some residents used the pathways around the centre to exercise.

There was appropriate equipment for use by residents or staff which was maintained in good working order.

A judgement of non-compliance was merited for the following reasons:

- The heating system was faulty and the heating controls in various rooms were malfunctioning. This meant that some rooms were too hot and other rooms were too cold. This was an ongoing issue which impacted on residents' quality of life and well-being and required urgent attention.
- The majority of bedroom doors had magnetic locks fitted, which closed automatically if the fire alarm was activated. Fifteen bedrooms did not have magnetic locks on the door. These doors were kept closed and could not be left open to cool the room when it was too hot.
- The fence at the side of the car park was in a state of disrepair.

- Storage on B Wing was inadequate. Linen trolleys were stored in the bathroom
- The lock on the bathroom door was faulty
- The carpet on the visitors' room and the oratory was stained and worn.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic services. The inspector reviewed a sample of care plans and saw that care plans were revised to incorporate specialist advice. Nutritional supplements were administered and food and fluid charts were appropriately maintained.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was nutritious and properly prepared, cooked and served. There was a four weekly rolling menu which had been evaluated by a dietician. Residents' feedback was regularly sought in relation to the meals provided. Residents were pleased that more green vegetables were offered as a result of their feedback. The range of desserts on offer was currently being reviewed, following feedback from residents.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place and contained the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management

Urgent measures were required to control three significant risks which posed a risk to the safety of residents.

1. The risk of a resident climbing the fence and entering or falling into the stream which runs parallel to the care park.

2. The risk of a resident accessing the kitchen, when catering staff are off duty.
3. The risk of residents accessing cleaning chemicals from the cleaning trolley.

These risks were recoded in the Risk Register. Currently staff were asked to be vigilant to ensure the safety of residents in relation to these matters.

Judgment: Not compliant

Regulation 27: Infection control

Staff had attended infection control training and staff spoken with were clear regarding the policy and procedures to follow if required.

It was noted that hand hygiene gels were located around the centre, and the inspector saw staff using them. Regular infection control audits reported positive findings. The next audit was due on 28 March 2019.

There were suitable arrangements in place for the disposal of clinical waste.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not monitored in full. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible, if needed. All staff had attended training, and staff who spoke with the inspector had attended fire drills. During the walk about the inspector noted that fire exits were not obstructed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were pre-admission assessments of prospective residents completed prior to admission. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk, cognition and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Care plans were put in place to meet residents assessed needs. Care plans were reviewed every four

months or to reflect a resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were met and they had timely access to medical and allied health care services. Residents and staff were satisfied with access to medical services. Residents had access to psychiatry and palliative care services and they were supported to attend specialist appointments in acute services. Some residents had diabetes and they were monitored in line with best practice guidelines. Residents availed of in-house physiotherapy services and weekly exercise classes. They had timely access to chiropody, dietician and speech and language therapy. There was evidence within residents' files and from speaking to residents and staff that advice from allied health-care professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were very few residents with responsive behaviours. The inspector found that evidenced-based tools were used to assess and monitor behaviours when required. Where residents had known responsive behaviours, there was a care plan in place. This identified possible triggers and interventions. Nursing and care staff were familiar with the residents and understood their behaviour. Residents also had access to psychiatric services.

The inspector noted that some household staff did not know residents' names. The person in charge acknowledged that residents' names had been removed from their bedroom doors in order to comply with GDPR legislation. Since many of residents in the centre had dementia, suitable arrangements were required, to ensure that all staff know the appropriate form of address to use when interacting with residents.

There were only three residents using bed rails and this was at the residents' request. There was evidence that less restrictive alternatives had been offered or trialled. Additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed and adequate guidance was outlined in care plans.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

The provider had clear processes in place to protect residents' finances. The provider did not act as a pension agent for any resident. Some pocket monies were managed and the person in charge told the inspector that all transactions were recorded and there were dual signatories whenever there was a lodgement or a withdrawal. The inspector did not review the system on this inspection.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

Assurance was given by the area manager that Garda Síochána (police) vetting was in place for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' privacy and dignity was respected. Residents had single rooms and did not have to share bedroom accommodation. However some residents could not exercise choice in relation to leaving the door open, if they wished to do so. Staff were observed knocking on bedroom doors before entering. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff providing direct care knew the residents well.

Residents' meetings were held on a regular basis. The inspector saw where suggestions made by residents had been taken on board. Six monthly relatives meetings were also held.

Improvements had been made since the previous inspection in relation to activity provision for residents with dementia. Two staff had completed Sonas Training (a sensory programme for people with cognitive impairment). The inspector noted that a full-time activities coordinator worked from Monday to Friday and a staff member was nominated to facilitate activities at the weekend. The activity coordinator was very committed to meeting the needs of the residents. 'A key to me' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. A range of dementia appropriate activities were available.

Activity equipment was in use including fidget blankets to provide sensory stimulation for residents with advanced dementia. Each resident had a social care plan and the plans viewed were person centred. Care plans for residents who remained in their rooms included social visits by staff. Documentary evidence of these social visits was not available when requested. There were plans to extend the programme of activities to include group work such as baking groups etc.

Residents were satisfied with opportunities to exercise their civil, political and religious rights.

Residents also had access to independent advocacy services.

Judgment: Substantially 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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cloverlodge Nursing Home OSV-000025

Inspection ID: MON-0026652

Date of inspection: 22/03/2019

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person In Charge (PIC) will ensure that there are sufficient numbers of staff rostered who have suitable skills and qualifications to provide care and service to all residents in the centre as required. We have an active recruitment process in place and will ensure that at all times, the number and skill mix of staff is appropriate to the assessed care needs, dependency levels of residents and the geographical layout of the centre, in order to be compliant with regulation 15.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: There is a programme of works planned to repair the central heating system.</p> <p>We will ensure that there are effective systems in place to mitigate against identified risks and to ensure that we maintain the safety of all residents.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose is currently being reviewed and the description of the facilities available will be updated to include the communal bathroom, toilets, sluice room, treatment room and storage room in order to be compliant with regulation 3.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Provider has nominated the Healthcare Manager as the designated person to oversee complaints and to ensure that proper records are maintained.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The heating system will be repaired by 30/06/2019. The perimeter fence will be repaired and made secure. This work will be completed by 30/06/2019. If residents choose to keep their bedroom door open, a door guard will be fitted to the door to hold it open and this will automatically close in the event of an activation of the fire alarm. We will ensure that all equipment and linen trolleys are stored appropriately and safely. We will replace the lock on the bathroom door. There is a planned programme in place to upgrade the decorative state of the centre where required. The carpet in the visitors' room and in the oratory will be replaced with vinyl flooring as part of this programme and this work will be completed by 31/05/2019.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: We will ensure that the fence is secure and maintained in a good state of repair and that it is sufficiently high to prevent residents from being able to climb over it.</p>	

We will install a keypad on the door to the kitchen and the exit door from the kitchen to the outside in order to reduce the risk of residents accessing the kitchen and exiting the building through the back door of the kitchen.

We will ensure that chemical cleaning products on cleaning trolleys are hidden from view and therefore the risk of residents accessing cleaning products will be significantly reduced. When not in use, cleaning trolleys will be safely stored and chemical cleaning products will be stored in a locked metal container within the housekeepers' storage room.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC, in conjunction with the Activities Coordinator, will continue to ensure that there is a wide and varied range of activities on offer to the residents, based on their expressed preferences and choices, including include group and individual activities. We will document the activities undertaken by residents in their individual care records. We will install a door guard in the bedroom doors of any resident who expresses a preference to leave their door open. This will ensure that the bedroom door will automatically close in the event of the fire alarm being activated so that the residents' safety is not compromised.

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	30/04/2019
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	Red	30/06/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	08/04/2019

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	31/05/2019
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.	Not Compliant	Red	30/06/2019
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.	Substantially Compliant	Yellow	30/04/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all	Substantially Compliant	Yellow	30/04/2019

	complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person 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).	Substantially Compliant	Yellow	30/04/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/04/2019