



## Office of the Chief Inspector

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

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Croagh, Limerick
Type of inspection:	Announced
Date of inspection:	16 July 2019
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0022811

## About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

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

Number of residents on the date of inspection:	76
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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
16 July 2019	10:00hrs to 17:30hrs	Breedea Desmond	Lead
17 July 2019	08:00hrs to 16:30hrs	Breedea Desmond	Lead

## What residents told us and what inspectors observed

Overall, feedback from residents and relatives was positive. The inspector spoke with several residents and relatives, and read 13 questionnaires submitted for the inspection. People were happy with the facility, professionalism, care and attention they received. They said there was a lovely relaxed atmosphere and staff were helpful, supportive, friendly, obliging, kind, and praised the staff for their warmth and humour; staff were wonderful and interested in the well-being of all residents with 'excellent communication amongst staff' to enhance people's lives which was of 'immense value to residents in Willows'. They loved the mediation and yoga classes and found this such an uplifting experience. They reported that they have a 'nice mix of activities and downtime too which was very important'. Staff were welcoming and smiling, and always have time for a kind word; they are observant and aware of everything. They are enabled to be independent in a safe, secure and supportive environment. They acknowledged the focus and investment by management to improve the surroundings and quality of life for residents. Examples given included redecoration, renovation of the ceiling to allow light permeate through for residents' well-being, and additional decking area for residents' to relax. Residents stated that there was good medical attention and good follow-up regarding care. They reported that concerns got sorted quickly and without fuss. Issues that were highlighted for review included access to the outdoors and medication management.

## Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was an embedded culture of commitment to provide quality care that promoted independence.

Mowlam Healthcare was the registered provider with a clearly defined management structure with identified lines of accountability and responsibility for the service. The senior management team and operational team included human resource, finance, estates, general manager and director of operations. The person in charge had just been appointed to the role in June and he was supported on a daily basis by clinical nurse managers (CNMs), nursing and healthcare team that included senior nurses and senior health care assistants, catering, household and administration staff.

The statement of purpose was updated on inspection to reflect current legislation, a description of the rooms including size and primary function, and the complaints procedure that reflected a synopsis of the complaints' policy. The residents' guide formed part of the reading material along with inspection reports, for residents and

visitors on each unit. Current written policies and procedures as required in Schedule 5 were in place on each unit for staff to reference. Records to be maintained for staff in line with Schedule 2 of the regulations were comprehensive. Notifications were timely submitted in accordance with the regulations. Each resident had a contract of care that included fees to be charged and additional fees that may be charged. A current insurance certificate was displayed at main reception.

There was a company annual audit programme which set out at monthly intervals clinical and non-clinical areas for evaluation. The audit programme was supplemented by the weekly quality safety and risk data gathered and this informed local governance meetings as well as monthly meetings scheduled with the general manager. Incidents, accidents, errors and other clinical and non-clinical issues were discussed here to facilitate learning and improve outcomes for residents.

Records relating to Schedule 2, 3 and 4 of the regulations were securely maintained, current and easily retrievable.

The person in charge was new to the post and demonstrated good oversight of resident care and welfare to continuously improve quality of care and quality of life. There were adequate staff to the size and layout of the centre. The person in charge was supported in his role by two clinical nurse managers (CNMs) who deputised for the person in charge in his absence. Staff had access to mandatory and other training in accordance with their roles and responsibility. Staff files were compliant with the requirement of Schedule 2 of the regulations.

The atmosphere was friendly and relaxed and staff actively engaged with residents and visitors. The inspector observed that the care and support given to residents was calm and unhurried; that staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner. The complaints procedure was displayed throughout the centre. Residents and relatives gave positive feedback regarding their ability to raise concerns and issues were sorted to their satisfaction.

## Regulation 14: Persons in charge

The person in charge was appointed to post in June 2019. He was familiarising himself with the Health Act 2007 and the regulations made thereunder along with the national standards to understand the role and responsibilities of the person in charge as prescribed under legislation. He was full time in post and had the necessary experience and qualifications as required in the regulations. He demonstrated good knowledge of residents, their care needs and preferences.

Judgment: Compliant

### Regulation 15: Staffing

At the time of inspection there were adequate staff to the size and lay out of the centre and the number and assessed need of residents. The inspector was assured that staff levels were kept under continuous review to ensure delivery of care was in accordance with their statement of purpose. References were routinely verified. Staff appraisals were undertaken as part of staff supervision and support.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix demonstrated mandatory training as well as other relevant training staff had completed. The system in place enabled oversight of training needs. Staff were supervised in accordance with their roles and responsibilities to enable better outcomes for residents.

Judgment: Compliant

### Regulation 21: Records

Documentation to be held in respect of the person in charge and each member of staff was in place in line with the requirements set out in Schedule 2 of the Regulations.

While there were some medication 'near misses' records documented with effective reporting and follow-ups to enable learning to mitigate the possibility of recurrences, issues identified in the control drug book were not recorded in the 'near miss' log to further enhance learning.

The controlled drug book required review to ensure that records could be maintained in line with professional guidelines issued by An Bord Altranais agus Cnaimhseachais, such as the ability to record the name of the resident and the drug prescribed; and appropriate recording when a controlled drug was partially

discarded, for example.

Judgment: Substantially compliant

### Regulation 22: Insurance

A current insurance certificate was displayed at main reception. It was compliant with Regulation 22 (1) and (2).

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place and the newly appointed person in charge was the deputy person in charge of the centre previously and knew the centre, residents and staff very well. The annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. Mowlam Healthcare had an annual audit schedule with responsibilities assigned for undertaking the audits along with collection of key performance indicators to improve the quality and safety of care and quality of life of residents. These reports fed into senior management meetings to enable oversight and timely interventions when necessary.

Judgment: Compliant

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

Each resident had a contract of care in accordance with the regulations. Fees plus additional fees to be charged and accommodation type were included in the contracts.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to include rooms sizes as detailed in the regulations; a synopsis of the complaints procedure as detailed in the complaints' policy.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and accidents were comprehensively logged with detailed follow-ups and post incident/accident reviews as part of effective governance and management. They correlated with notifications submitted under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A synopsis of the complaints procedure was displayed throughout the centre. Residents and relatives gave positive feedback indicating they could raise issues and that they would be addressed in a timely manner. Complaints were recorded in line with the requirements set out in the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as listed in Schedule 5 were available to staff. These were in date and were being updated at the time of inspection as required in the regulations and cognisant of GDPR. Two policies that required further attention related to enteral feeding and restraint and enabler restrictive practice to ensure they were centre-specific and complied with national policy.

Judgment: Substantially compliant

## Quality and safety

The culture of the centre was one where the resident was the focus and their autonomy and independence was respected. Residents had good access to healthcare services, opportunities for social engagement and interesting and meaningful activities. Residents and relatives gave positive feedback regarding life and care in the centre. The inspector observed that the person in charge and CNMs were known to residents and relatives and the atmosphere in the centre was friendly and relaxed. Care and support given to residents was calm and unhurried and appropriate assistance was given when required.

Residents had good access to general practitioners (GP) services and out-of-hours medical cover was available. Access to specialist medical services such as psychiatry of older life, physiotherapy, occupational therapy, speech and language, dietician, chiropody, dental, and attendance at outpatient services was facilitated. Following a detailed assessment and review by the multidisciplinary team, comprehensive plans of care were put in place to assist residents and their specific needs. Residents records demonstrated appropriate observation and interventions including positive behavioural support. Nonetheless, feedback from residents regarding medication management would suggest that audit of practice would highlight areas for improvement including facilitating a person-centred approach to medication administration.

A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. There were notice boards with colourful accessible information about activities and events in the centre. In the memory care unit the social care practitioner facilitated the social care needs of residents in an inclusive and gentle manner. The dementia-specific supports and activities had been enhanced with the 'memory impairment digital programme' which projected animations onto a surface which residents could interact. The activities co-ordinator in the main house facilitated a variety of activities taking place from small group activities including meditation and yoga, to larger groups with music and exercise. Residents reported that they enjoyed going out to meet up with old friend and maintain contact with the community. The centre produced a regular newsletter which contained all the news of what had gone on in the centre and what was planned. It contained photographs of residents, staff and families involved in and enjoying activities and life in the centre. Advocacy services were available to residents as required.

The physical environment in the memory care unit was based on the design principles of dementia-specific care. Signage and cues were used to assist with

perceptual difficulties and orient residents. For example, bedroom doors were all painted individual colours; toilets, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. Murals of bygone eras such as an old pharmacy and post office frontages were beautifully painted on the walls surrounding the main day room. The corridors were wide and bright and allowed for freedom of movement. There were resting areas along the corridors should residents become tired. Age appropriate music was playing in all areas and books with photographs for reminiscence were displayed. The premises had undergone substantial refurbishment and this was acknowledged and commended in questionnaires submitted. There were upgrades to the outdoor garden areas also and further work was identified to ensure the outdoor space could be safely and independently accessed.

The health and safety statement was reviewed regularly. An emergency plan was in place with appropriate responses for all emergencies and risks as specified in the regulations. Floor plans for emergency evacuation were displayed throughout the centre with an easily accessible point of reference. Fire safety training was up to date for all staff. Training records showed that drills and evacuations were completed cognisant of night time staff levels. Times of evacuations, actions and learnings were recorded. Certification was evidenced regarding fire safety equipment. The risk register identified that a fire safety repeat panel was necessary in the memory care unit as part of adequate fire safety precautions, and this was to be installed by 2 August 2019. Assurances were provided regarding fire safety practices as these were reviewed and practice updated to minimise risk until such time as the repeat panel was installed.

### Regulation 10: Communication difficulties

The inspector observed excellent communication with people with communication difficulties. Care plans relating to communication supports were thorough and effective.

Judgment: Compliant

### Regulation 11: Visits

There was an open visiting policy and visitors seen throughout the day and evening. Visitors were made welcome and were known to staff.

Judgment: Compliant

### Regulation 13: End of life

The sample of care plans reviewed showed an understanding of spirituality and end of life care, and the importance of seeking peoples' wishes. There was a quiet room with comfortable seating for family members to avail of on a daily basis as well as during difficult times.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was warm, bright and comfortable and suitably decorated, and met the needs of residents including communal and quiet rooms and areas to relax. Residents had access to two enclosed courtyards and a decking area with seating, walkways, raised flower beds and shrubbery. While there were upgrades to the outdoor garden areas, further work was identified to ensure the outdoor space could be safely and independently accessed.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had good access to speech and language therapy and dietician specialist. Residents gave positive feedback regarding their meals, where to dine and the variety of menu choice. One questionnaire detailed that they requested loose tea rather than tea bags which was facilitated and the resident was delighted with this. Meal times were observed to be a social affair with lots of positive engagement and food was served and presented in a very professional manner.

Judgment: Compliant

## Regulation 20: Information for residents

The residents' guide was available as part of the reading material displayed in the main reception area. It contained the requirements set out in the regulations.

Judgment: Compliant

## Regulation 26: Risk management

A current risk management policy with the measures and actions of risks including the specified risks was available. There were systems in place for the management of serious incidents and adverse events with good management oversight of such eventualities. The risk register was available; it identified areas such as the falls risk associated with the patio door to the enclosed garden and the inability of residents to gain re-entry to the centre; a date for this remedial work was yet to be agreed.

Overall, storage facilities throughout the centre were very limited so items such as hoists were observed on corridors by residents' bedrooms.

Judgment: Not compliant

## Regulation 27: Infection control

Staff had up to date training appropriate to the roles and responsibility regarding hand hygiene, infection prevention and control and cleaning protocols. While there was three sluice rooms in the centre, (two in the Main house and one in the Willows), cognisant that the centre was registered for 84 residents, there was no bedpan washer in the centre. During the inspection, sluicing facilities were inaccessible in one sluice room due to the storage of equipment such as dirty linen trolleys.

Judgment: Not compliant

## Regulation 28: Fire precautions

Routine daily and weekly fire safety checks were completed. Fire safety certification was evidenced. Fire safety training was up-to-date and drills and simulated evacuations were undertaken cognisant of night duty staffing levels. Personal emergency evacuation plans with photographic identification were in place for all residents. Management had identified the risk associated with the absence of a 'repeat fire panel' in the Willows unit and this was discussed on inspection. Work practices were reviewed and changed to mitigate the risk associated with fire; documentary evidence highlighted that a repeat panel would be installed in the Willows by 2 August 2019.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Feedback from residents regarding medication management highlighted that a person-centred approach to medication administration would enhance their quality of life.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Residents' assessments and care plans contained valuable information to enable a person-centred approach to care. These were timely updated in accordance with the regulations. Discussions with staff reflected a holistic picture of the resident to enable an individualised approach to care. Residents records demonstrated appropriate observation and interventions that promoted best outcomes for residents including behavioural support plans.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to medical services, specialist consultant, and allied health professionals. Records showed effective oversight of residents' condition, medication management and responses to specialist medications.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff were articulate regarding behavioural supports to enable best outcomes for residents; and observation and documentation including medication records supported this. Residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by staff, using effective de-escalation methods.

Judgment: Compliant

## Regulation 8: Protection

Staff had up to date training in protection. Residents' finances were securely maintained and recordings of financial transactions were in line with best practice guidelines to safeguard residents and staff. The inspection report from the Department of Employment Affairs and Social Protection on 13/08/18 demonstrated compliance with 'duties of persons appointed under article 202(3) and (4) of the Social Welfare Regulations 2007 to act as care representative (agent) for the claimant or beneficiary (resident)'. Staff spoken with and observation demonstrated that staff were respectful and kind to residents and reported there were no barriers to reporting anything untoward.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' meeting were facilitated every two months. Minutes from these meetings demonstrated that issues were followed up in subsequent meetings; lots of issues were raised and discussed, and suggestions taken on board, for example, additions to the menu and activities programme. Residents' raised issues regarding laundry and practice was changed whereby responsibility was assigned to a designated person to oversee residents' wardrobes.

Residents had access to an external advocacy service and information regarding this service was displayed in both units.

While there were two lovely enclosed gardens and a decking area, there was restricted access to these areas and some residents reported that they found this frustrating.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0022811

Date of inspection: 17/07/2019

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PIC will ensure that any medication incidents, including 'near misses' that occur in the home are appropriately recorded; they will be investigated on a weekly basis to identify potential patterns or trends, to highlight the issues to all qualified nurses and to improve vigilance in safe administration in order to reduce the likelihood of recurrence.</p> <p>An updated Controlled Drugs recording book has been introduced to ensure that all relevant information is recorded for each controlled drug that is prescribed and this includes a column for two nurses to record and initial in the event that a Controlled Drug is partially discarded.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The two Schedule 5 policies identified on the day of inspection, in relation to enteral feeding and restrictive practices (incorporating the use of restraint/enablers) have been revised and are in accordance with practice in the home and national policies and guidelines.</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>We will install a timer on the Electromagnetic Keypad lock to allow unrestricted access to the enclosed garden in the Memory Care Centre for appropriate time periods each day by agreement with residents and their families. This upgrade will be completed by 20/09/2019.</p> <p>We will replace the door leading to the patio area from the main dayroom in order to provide safe, independent access to this area. These works will be completed by 30/09/2019.</p> <p>All hoists, when not in use, have been removed from the corridors and are safely stored in a suitable storage area.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new bed pan washer has been ordered and will be installed by 30/09/2019. This will provide appropriate sluicing facilities in line with best practice infection prevention and control and cleaning protocols.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All nurses have been advised of the importance of ensuring that residents are informed about their prescribed medication and that medication is administered in consultation with the resident, irrespective of the resident's cognitive ability. We will monitor compliance with this practice by completing regular medication audits and implementing quality improvements to practice if non-compliance is identified.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will consult with residents and families regarding the provision of unrestricted access to the Memory Care garden; staff supervision is provided based on the assessed need of each resident.</p> <p>We will install a timer on the Electromagnetic Keypad locks by 20/09/2019 to allow unrestricted access to the enclosed Memory Care Garden during time periods agreed with residents and families.</p> <p>We will replace the door leading to the patio area from the main dayroom in order to provide safe independent access to this area by 30/09/19.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	Orange	30/09/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2019
Regulation 29(5)	The person in charge shall	Substantially Compliant	Yellow	30/09/2019

	ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2019
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	30/09/2019