



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

Name of designated centre:	Bridhaven Nursing Home
Name of provider:	Bridhaven Nursing Home Unlimited Company
Address of centre:	Spa Glen, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	25 & 26 July 2018
Centre ID:	OSV-0004455
Fieldwork ID:	MON-0022389

## About the designated centre

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

Bridhaven Nursing Home is a private nursing home situated near Mallow, within a short walking distance of shops, banks, churches. The centre is set in large grounds providing walkways with ample seating and car parking spaces. There is also secure garden areas accessible from the Clyda suite day room and the Blackwater day room. The centre has been expanded over the last 14 years and now has capacity to accommodate 184 residents over three floors. The provider representative and the person in charge are based in the centre five days each week and are supported by a knowledgeable staff team. Staff are recruited in line with the recruitment policy and undergo Garda Síochána vetting (GV) prior to employment. We have staff and residents' meetings on a regular basis. Residents can access independent advocacy services. There is 24-hour nursing care available for our residents who are all aged over 18 and are of both genders. Long-term, respite, convalescence and transitional care needs are catered for. Each resident signs a contract on admission and extra charges are set out in this. There are five suites in the centre called the Blackwater, Lee, Awbeg, Bandon and Clyda suites. The Clyda suite accommodates 18 residents who have been diagnosed with dementia. Care plans are developed in consultation with residents' involvement. A physiotherapist is employed in the centre and local general practitioners (GPs) and pharmacy service are accessible. The kitchen, a hairdressing room and a physiotherapy room are located on the lower ground floor. The team creates a person-centred plan of care that identifies and respects residents' preferences and promotes wellness.

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

Current registration end date:	01/10/2020
Number of residents on the date of inspection:	165

## How we inspect

To prepare for this inspection the inspector or 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
25 July 2018	09:30hrs to 18:00hrs	Mary O'Mahony	Lead
26 July 2018	09:30hrs to 16:45hrs	Mary O'Mahony	Lead
25 July 2018	09:30hrs to 18:00hrs	John Greaney	Support
26 July 2018	09:30hrs to 16:45hrs	John Greaney	Support
25 July 2018	09:30hrs to 18:00hrs	Caroline Connelly	Support
26 July 2018	09:30hrs to 16:45hrs	Caroline Connelly	Support

## Views of people who use the service

Inspectors met with a number of residents in their bedrooms and in the dining room, activity room and sitting rooms. Residents spoke about their positive experience of living at the centre. Residents praised the quality of care from all grades of staff. They said that they had adequate choice around how they spent their day: for example, meal choice, what time they got up or went to bed and which activity they would like to participate in. The majority of residents had single room accommodation which supported them in having private time or confidential conversations with the doctor or family member. Residents stated that the location of the centre was very convenient as it was close to a supermarket and within walking distance from the local busy town. There were large exit doors providing independent access for some residents who had been risk assessed as suitable to go out unaccompanied. A small number of residents were seen walking outside enjoying the sunshine throughout the inspection. These residents said that they enjoyed the music, the outings and the time spent in the gardens during the summer months.

An extension of the building had been completed prior to the last inspection and residents said that the impact of this extension on their daily lives had been minimised through consultation and awareness. Recent admissions to the centre were met by inspectors and they appeared to be settling in well. Residents and relatives had been invited to regular meetings and minutes of these were reviewed by inspectors. Satisfaction surveys had been carried out during the year and the comments on these reflected the verbal feedback given to inspectors about the food, the staff and the laundry.

## Capacity and capability

Overall, this was a good service. There was evidence of effective governance arrangements which promoted positive outcomes for residents. Care was provided in accordance with the statement of purpose and the service was adequately resourced. The centre had a clearly defined management structure which identified areas of responsibility. There was a commitment to provide holistic care that supported autonomy, rights and choice. This approach was evidenced by positive findings under the quality and safety dimension of this report also.

It was apparent to inspectors that the management team members were known to residents which gave residents a sense of confidence that senior staff were approachable and were supervising the care. Following findings from a previous inspection the person in charge had initiated an audit of the directory of residents.

This system was robust. A comprehensive annual quality review had been completed reflecting the requirement in the regulations. There was evidence that the quality of care was continuously monitored as audits had been undertaken in areas such as falls, the use of restraint and the use of psychotropic medicine. Reporting systems were in place to notify key events to HIQA in accordance with regulatory requirements. Inspectors found that two notifications, which had been addressed and investigated, were submitted retrospectively, following findings on inspection. These were discussed with the person in charge. Initiatives were outlined in areas for quality improvement such as increased staff training and ongoing audit.

The atmosphere was friendly and sociable and staff engaged with residents and visitors in an approachable way throughout the inspection. There were trainers on site to ensure that staff were afforded all mandatory and appropriate training including best practice in addressing and supporting the behaviour and psychological symptoms of dementia (BPSD). A variety of training courses and approaches were used. Staff were knowledgeable of the content of training. Those spoken with were found to be competent to deliver care to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Supervision was implemented through monitoring procedures such as observation, appraisals and handover reports.

The records required to be maintained under the regulations such as staff files, complaints, directory of residents, contracts of care and insurance documents were reviewed. Where any non-compliance was identified this was addressed in the accompanying compliance plan to this report. Service records were up to date. There was an effective complaints procedure in place and comments from residents and relatives indicated that issues were addressed. Inspectors found however that poor communication was an underlying issue in a number of complaints received. The person in charge stated that this would be addressed through training and supervision.

#### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations and was knowledgeable of her role and responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

Extra staff were available on the days that new admissions were received. Staff appeared knowledgeable when spoken with about their training and about the

needs of residents' in the centre. The person in charge and staff stated that they felt staffing levels were adequate to meet residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

All mandatory and appropriate training for staff was up-to-date. The staff induction programme was detailed and comprehensive. A probationary period was required to be worked by all staff members. Staff competencies were assessed throughout this period and additional training was provided, if necessary.

Judgment: Compliant

### Regulation 19: Directory of residents

This had been amended since previous inspections, it was audited regularly and contained all the required information.

Judgment: Compliant

### Regulation 21: Records

Records were maintained in good order and were accessible and secure. A sample of staff files was reviewed. A reference had not been obtained from the previous employer for one staff member as required by the regulations.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre was appropriately insured.

Judgment: Compliant

### Regulation 23: Governance and management

There was a good governance system in place. The provider was based in the centre. The person in charge was supported by a team of clinical nurse managers, senior nurses and senior carers. Appraisals were undertaken and staff were supervised. Audit of practices, systems and processes were ongoing. Residents were surveyed as to various aspects of their experience of living in the centre.

Judgment: Compliant

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

A number of residents' contracts did not specify the room number which had been assigned to the resident on admission.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was viewed and was found to contain all the requirements of Schedule 1 of the Regulations for the sector.

Judgment: Compliant

### Regulation 31: Notification of incidents

Two notifications, which had been addressed and investigated, were submitted retrospectively, following findings on inspection. These were discussed with the person in charge.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Complaints were documented in detail. They had been investigated. The name of the appeals person had been submitted to the complainant in the event that they



were not satisfied with the outcome. The person in charge had met and written to complainants where required and learning from complaints was disseminated to staff. Communication training needs had been identified following similar themes identified in a number of complaints.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available and implemented.

Judgment: Compliant

#### Quality and safety

Overall, the quality and safety of care in the service enabled and ensured that each resident was central to the care process. Inspectors observed that in general appropriate support was offered to residents to facilitate their independence and autonomy. The premises was in very good repair and was beautifully decorated. There was stairs and lift access to each floor. The external grounds were well maintained. A more suitable room had been chosen to use as the new hairdressing salon. There were plentiful communal, dining and sitting rooms available. The decor, layout, and storage for residents facilitated a homely environment as residents could add personal items to their room, as required. Signage had improved since previous inspections and corridors had been newly painted and colour-coded to aid orientation for residents. The majority of residents' clothes were washed in the well-equipped laundry. The facilities manager maintained a log of unmarked, lost and found clothes and personal items. These items were photographed and distributed to staff before being moved to a folder at reception. A sign at reception alerted relatives to the existence of the folder.

There were systems in place to protect residents, such as policies, training, residents' fora, access to visitors and involvement in the community. Residents were actively involved in the running of the centre and had input to menu planning, fire safety drills, activity provision and outings. Residents were supported to go out to places and events in the community. They had access to an account in the local shop and they told inspectors that their opinions were taken on board when organising meetings and planning any changes. Documentation seen by inspectors indicated that care was discussed and agreed with residents and these consultations were obvious throughout the inspection. Evidence-based assessment tools were completed and updated appropriately. Inspectors found that in two of the sample of care plans reviewed some information had not been updated, to reflect residents'

current status. Care plans however, were individualised to address residents' requirements and this facilitated positive outcomes for residents, by supporting staff to understand the individual preferences and needs of residents. For example, life-story information was recorded in 'A Key to Me' and staff told inspectors that this information helped them relate with residents. The activity co-ordinator supervised the completion of this information.

Residents attended the general practitioners' (GPs) surgeries in the community or GPs called to the centre on different occasions during the week. Residents had timely access to all medical services, including the nearby primary care centre, specialist consultations and allied health professionals in accordance with their needs. This proactive approach promoted health and wellness. Inspectors reviewed minutes of meetings and listened to staff and residents' comments which indicated that there was a need to augment the physiotherapy hours and to support residents with OT involvement, particularly for the provision of suitable seating and hand-splints to prevent the deterioration of contractions. Cost for these services was not covered by the fair deal agreement for residents and were usually only available by referral to the HSE which was prone to delay. Residents could avail of private appointments with the in-house physiotherapist which avoided this delay. Initially inspectors were informed that 30 hours of physiotherapy were available weekly, however inspectors found that there were actually 16 hours of physiotherapy supplied by the provider on a weekly basis.

The pharmacist supplied residents' medications and was available to audit practice and speak with residents. While most of the medicine management practices were in line with professional guidelines storage of some medicines required addressing to minimise the potential for harm to residents or visitors.

Inspectors observed that the dining experience was a social occasion on each suite and residents gave very positive feedback regarding food and choices. Appropriate support was available from staff. Residents were seen to be offered a variety of food and the modified diets were nicely presented. All preferences and dietary needs were addressed and the MUST (Malnutrition Universal Screening Tool) was used to identify anyone at risk of malnutrition. Meal times commenced early, 12md and 16.00 which staff said that this was necessary as there had to be two sittings in some dining rooms to facilitate adequate space for residents. The person in charge stated that she would review these timings in consultation with residents.

Risk management policies and procedures were updated when required and as a result appropriate control measures were put in place to ensure the safety of residents, visitors and staff. Sluice rooms were locked to prevent unauthorised entry in an effort to reduce or prevent cross infection. There were some practices in relation to poor infection control which had inherent and obvious risks which had not been risk assessed or addressed.

## Regulation 10: Communication difficulties

Inspectors found that poor staff communication was underlying a number of complaints. Further training was required in this area.

Judgment: Substantially compliant

### Regulation 11: Visits

Visitors were plentiful and were welcome at any time. They had input in the centre, in the development of care plans and were consulted when residents' needs changed.

Judgment: Compliant

### Regulation 12: Personal possessions

Personal possessions and photographs were seen in residents' rooms. Favourite items of furniture such as a bookshelf and an armchair had been brought in from home for individual resident's use. However, there were still personal items, unmarked clothes, a number of pairs of glasses and rosary beads which were stored in the lost and found cupboard.

Judgment: Substantially compliant

### Regulation 13: End of life

Staff administered very good end-of-life care. Staff, residents and families were supported by medical care and palliative expertise. Residents' wishes for this stage of life were documented.

Judgment: Compliant

### Regulation 17: Premises

On the Bandon unit, the sitting room was very big and appeared institutional in its set-up.

In addition, the decor was bland and plain in the sitting room of the Clyda unit and

the furniture in that area required updating to bring it on par with other units.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
The first sitting for each meal-time appeared very early in the context of residents' usual habits or the general norm for mealtimes.
Judgment: Substantially compliant
<b>Regulation 20: Information for residents</b>
Residents' meetings were held. information booklets were available. The statement of purpose was available to all residents and the annual review was a collaborative document.
Judgment: Compliant
<b>Regulation 26: Risk management</b>
The risk management policy contained the required regulatory elements. The risk register was a live document and was updated regularly. The Health and Safety Statement was updated in April 2018 and the emergency plan was comprehensive.
Judgment: Compliant
<b>Regulation 27: Infection control</b>
While generally the centre was seen to be very clean and staff utilised their gloves, aprons and hand sanitisers, inspectors noted poor infection control practices in relation to the percutaneous endoscopic gastrostomy feeding (PEG, food given through a tube) system. In addition, a number of residents' hoist-movement slings and a trolley of clean linen were stored in one toilet/shower room.
Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety systems were under constant review. Staff were knowledgeable of their training. Staff had carried out fire drills. All the required service certificates were available for fire safety testing and maintenance of equipment.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine management was supported by a computer programme which allowed full access to the pharmacy and the GP's surgeries.

Training for staff was current. The GP's reviewed the medicines at suitable intervals.

Inspectors saw that medicines for one resident were stored in boxes on a bedroom windowsill and on another occasion on top of a staff cupboard in the office.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

In general care plans were very comprehensive, personalised and supported holistic care. Inspectors found that in a sample of plans reviewed, the care plan for one resident who was not verbal did not accurately record the resident's communication needs and in addition, information on a resident's risk of choking had not been updated in all relevant plans for that resident.

Judgment: Substantially compliant

## Regulation 6: Health care

There was access to a wide range of allied health services ranging from the doctors, pharmacist, dentist, the speech and language therapist (SALT), the dietitian and the chiropodist. The in-house physiotherapist, employed by the provider, was only available for 16 hours per week.

Occupational therapy (OT) was difficult to access from the HSE. Documentation seen supported the fact that an assistant was required to support all residents with physiotherapy needs and OT assessment was required.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Unsuitable reclining "buxton" type chairs were seen in use. In the dementia unit the table attached to one chair was used as a restraint. It was seen to be placed and secured too close to the resident's body for comfort. The chair had been pushed in under the dining table which further added to the resident's discomfort.

Judgment: Not compliant

### Regulation 8: Protection

Staff training records indicated that all staff had received comprehensive training in recognising and responding to abuse. Staff were knowledgeable and managers supervised staff' interactions with residents. Issues of concern were addressed and investigated if necessary.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found when speaking with staff and residents, and through observation over the two days, that garden access was not easily available for all residents especially on an independent basis. In one garden area the door back in from the garden had no handle, which meant that residents had to ring a bell to get back in. This was a risk especially if a staff member was not available in the adjoining sitting room to open the door when required. In addition, the men's shed building had a small step which created accessibility problems. Resident's personal information was seen on the door of a wardrobe in one bedroom.

Judgment: Substantially compliant

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

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant





# Compliance Plan for Bridhaven Nursing Home OSV-0004455

Inspection ID: MON-0022389

Date of inspection: 25 & 26/07/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:  We will ensure by audit that we are in full compliance with Regulation 21.  This will be completed by 31.12.2018  	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  Room numbers will be added to the existing contracts of care by 01.11.2018 and to all contracts of care going forward.  	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  All notifications have been sent in accordance with Regulation 31 since 03.08.2018	

Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Communication training is given to all staff on induction and thereafter as communication issues arise.</p> <p>The effectiveness of the training will be measured through individual performance review and an audit of our complaints log.</p> <p>This will be completed by 31.03.2019</p> <p> </p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We are going to identify individual items of personal belongings with the resident's name.</p> <p>We will measure the effectiveness of our protocol through audit on the repatriation of lost items with their owner.</p> <p>This will be completed by 31.01.2019</p> <p> </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We will further develop our rolling five-year decoration plan by 31.12.2018</p> <p>We will continue with our quarterly premises audits.</p> <p> </p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>We will survey the residents in relation to their preference of meal times and we will continue to</p> <p>evaluate the dining experience through open discussion at the Resident Council forum.</p> <p>This survey will have been completed by 31.12.2018</p> <p> </p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The hoist and the slings are now being stored in a locked room.</p> <p>Infection control refresher training will be given to all nursing staff by 30.09.2018</p> <p>Quarterly infection control audits will continue to be carried out.</p> <p> </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 Nursing staff will be retrained in relation to the correct storage of medication and quarterly medication audits will continue.</p> <p>The retraining will be completed by 31.12.2018</p> <p> </p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The care plans in question have been updated appropriately,</p> <p>We will continue with care plan training for all staff and continue to conduct quarterly audits in relation to this area of care.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We will continue to send referrals to the community based Occupational Therapist. We will review in full our Physiotherapy offering to our residents during our end of year review and this will be completed by 31.12.2018</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Further training will be given to all staff in relation to ensuring the comfort of residents.</p> <p>This will be completed by 31.12.2018</p> <p>We will remove Buxton chairs from use.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Pertinent resident details are kept on the inside of the resident's wardrobes. One resident had a wardrobe with a sliding door and in this case the detail was on the</p>	

outside of the door

The resident details in question have since been placed inside that resident's locker.

We will highlight the rationale for the discreet placement of such information to all staff.

The nursing, caring and activity staff will ensure that all residents who are located upstairs will be given assistance with assessing the garden.

This was completed by 26.07.2018

|

## 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 10(3)	The person in charge shall ensure that staff are informed of any specialist needs referred to in paragraph (2).	Substantially Compliant	Yellow	30.09.2018
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31.01.2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	01.09.2021

	which conform to the matters set out in Schedule 6.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31.12.2018
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	01.01.2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01.11.2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30.09.2018



	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31.07.2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	03.08.2018
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 that resident's family.	Substantially Compliant	Yellow	30.11.2018
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Substantially Compliant	Yellow	30.12.2018

	available to a resident where the 30.09.201care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	26.07.2018
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	26.07.2018