



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

Issued by the Chief Inspector

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	22 July 2020
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0030061

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 107 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately 2 kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 55 single and 26 double rooms all of which have ensuite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86
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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
Wednesday 22 July 2020	08:30hrs to 16:30hrs	Geraldine Jolley	Lead
Thursday 23 July 2020	07:30hrs to 15:00hrs	Geraldine Jolley	Lead
Wednesday 22 July 2020	08:30hrs to 16:30hrs	Una Fitzgerald	Support
Thursday 23 July 2020	09:00hrs to 15:00hrs	Una Fitzgerald	Support
Wednesday 22 July 2020	08:30hrs to 16:30hrs	Leanne Crowe	Support
Thursday 23 July 2020	09:00hrs to 14:00hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

Residents told the inspectors they were comfortable in the centre and described staff as caring. They said that their rooms were comfortable and that they felt safe during the COVID-19 crisis. They were pleased that no one in the centre had contracted the virus. Three residents said that they were very pleased that they could now see visitors and said while the arrangements were different they were working well. They said they were informed about the times of visits and knew who would be visiting on a particular day.

A resident told an inspector that life for them was running smoothly in the centre and that he had nothing to worry about. Residents said that they were well informed about the COVID-19 virus and the restrictions and infection control measures that had to be put in place to control spread of the virus. They said that staff talked to them on the morning of the mass testing and explained exactly what the test involved. They said that they had been told their results and some expressed the view that while it was a worrying time they felt well supported and that staff had done a good job in keeping them well and safe.

Residents were satisfied with the food choices and variety of food. Inspectors saw that drinks were readily available and that staff prompted residents to have drinks during the day.

Some residents said they enjoyed activities such as singing, games and bingo, and inspectors observed some positive interactions between residents and staff. However, inspectors saw that some staff did not have the necessary skills to facilitate activities and the overall organisation of social activities required improvement. Inspectors observed that activities were frequently disrupted when staff moved from room to room and some activities did not meet the needs of residents. There were activity items such as jigsaws placed in front of residents but out of their reach and necessary assistance was not readily provided which diminished the value of the activity for these residents. A staff member was also observed giving a hand massage despite the resident clearly asking the staff member to stop. There were several activities that conflicted taking place in the one area for example, an interactive game and a quiet sensory activity which limited the benefits of both activities.

Capacity and capability

This risk inspection was completed following:

- regulatory activity that included two inspections in 2019 where significant

non-compliances across a range of regulations were found. These included inadequate staffing levels, poor oversight of clinical care, inadequate risk management in relation to accident and incidents and inadequate care planning

- unsolicited information provided to the Chief Inspector since the last inspection described concerns about staffing levels, care practice and visiting arrangements
- a notification of the absence of the person in charge.

A meeting was held with the provider representative and person in charge on 14 January 2020. The following actions were taken:

- the provider was issued with a warning letter
- a condition that required compliance with regulation 15- Staffing was applied to the registration
- the provider was required to supply two weekly reports to the Chief Inspector on activity in the centre including details of residents' dependency and staffing levels.

The provider representative agreed to suspend admissions until the staffing situation particularly the availability of registered nurses had improved.

The inspectors found during this inspection that extensive work had been completed to address the areas of non-compliance previously identified. However the inspectors found that improvements to the allocation of staff to social care were still required and the absence of a suitably qualified person in charge, deficits in infection control measures and how residents' rights were protected conveyed that the provider needed to rigorously monitor the service to achieve compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is managed by Drumderrig House Nursing Homes Limited and this is the only centre operated by the provider. The governance structure had been reorganised since the last inspection on 9 December 2020. It now includes the provider representative, person in charge (vacant), three clinical nurse managers and a clinical director who works a minimum of two days a week in the centre. The provider representative has a full time role in the centre. The services of a consultancy company had also been employed to support the provider in achieving compliance. The absence of the person in charge had been notified to the office of the Chief Inspector outside of the required 28 day time limit for this notification and the proposed new appointment to the role did not meet the criteria as described in Regulation 14- Persons in charge. Correspondence to the provider representative outlined the non-compliance with regulation 14 and the provider supplied evidence prior to the inspection that recruitment to the role was underway. The requirement to meet the criteria for regulation 14-Persons in charge was also outlined by inspectors during the inspection.

The provider had undertaken a large recruitment drive for carers and nurses. There were 21 nurses on the rota an increase of 7 since the last inspection and

recruitment was ongoing. The provider said that she was ensuring that there is an adequate number and skill mix of staff available to care for residents and was ensuring there was extra staff as part of a contingency plan to protect the continuity of the service should staff become ill during this pandemic.

The centre had not had any outbreaks of COVID-19. In respect of the COVID -19 virus, the staff met could describe typical and non-typical presentations of COVID-19 in older people and what symptoms and signs to look out for in residents that could indicate the presence of the virus.

The inspectors found that the arrangements for oversight of the service had significantly improved. There were good arrangements for clinical oversight and there was a supervision system in place for the staff team. The inspectors saw that this together with audit findings had ensured that where areas of poor practice were identified that action was taken to bring about improvement. There was a good resource of nurses and carers to meet the needs of the 86 residents accommodated and the inspectors saw that residents' nursing and healthcare needs were met to a good standard.

There was an audit programme in place and areas that were identified for improvement were discussed at staff meetings and audited again to ensure improvements were made and sustained. The inspectors saw for example that the findings of supervision audits had been relayed to staff and the improvements required had been made as all staff were aware that communal areas had to have a continuous staff presence.

Unsolicited information provided to the Chief Inspector since the last inspection described concerns about staffing levels, care practice and visiting arrangements. The provider representative was requested to complete provider assurance reports in relation to these matters. The information provided was comprehensive and provided adequate assurance that care was appropriately delivered and that the visiting arrangements met with the guidance published by the health protection Surveillance centre (HPSC).

Staff members spoken with were knowledgeable about residents' care needs and daily routines. They conveyed positive attitudes about their work and the care of older people. They confirmed that they were provided with a range of training opportunities relevant to their roles.

Regulation 14: Persons in charge

The nurse who was proposed for appointment to this role did not have a post graduate management qualification as outlined under regulation 14 (6)(b) and was undertaking a management course. It is required that a person in charge has a post graduate management qualification at the time of appointment. The provider representative told inspectors that a recruitment drive was underway to fill this post. Two senior nurses were also due to complete a management qualification in

the next few weeks to ensure that in the future there was an appropriately qualified nurse available to take charge should an unexpected absence arise.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors reviewed the staffing complement and were assured that, with the exception of staff to deliver social care the staffing levels and skill mix were appropriate to meet the health and nursing needs of residents. There were 86 residents living in the centre at the time of the inspection. There were 43 residents assessed as having maximum or high dependency care needs, 19 residents had medium dependency care needs, 22 residents were assessed as low dependency and two residents were independent.

Staffing levels had increased significantly since the previous inspection, and seven additional nursing staff had been recruited over the last six months. Two other nurses were completing their induction at the time of the inspection. Inspectors found that the deployment of care staff to facilitate activities did not ensure that all residents had good quality social care that met their needs. This is discussed in further detail under regulation 9, Residents' Rights. The increase in the number of nurses available during the day and at night had resulted in significantly improved nursing care and health care standards, improved record keeping and person centred care planning.

There was an actual and planned staff rota available that reflected the staffing on the day of the inspection. A registered nurse was on duty at all times. There were three clinical nurse managers available. During the day there were five nurses on duty and three were on duty each night. There were 12 carers on duty during the morning and this reduced to 10 duty during the afternoon and evening. They were supported by cleaning, laundry and maintenance staff. Since the last inspection the staffing complement had been further enhanced by the employment of a clinical director who was available two days a week, a full-time receptionist and a member of staff devoted to human resources.

Discussions with staff indicated that they knew individual residents well and were able to describe to inspectors the specific care needs and daily routines of individual residents. Staff were knowledgeable about how each resident liked their personal care delivered and how they liked to spend their day. Staff were pleased that residents had not contracted COVID-19 and said they continued to work hard to keep residents safe and follow the infection control guidelines.

An action plan in the last report described inadequate provision of social care and

the inspectors found that this action was only partially addressed. There had been two staff allocated to social care, however one had ceased employment just before the inspection and this role had not been filled.

Inspectors concluded that staffing levels were adequate to meet the nursing and care needs of residents on the day of inspection. However staffing levels and skill mix required regular review as new residents were accommodated to ensure residents' care needs are appropriately met and that safety measures such as the evacuation of residents at night in an emergency can be safely undertaken.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an organised recruitment and staff induction procedure in place. Staff were supervised in their roles and appraisals were conducted annually. The inspectors saw that there were regular audits of staff competence particularly in relation to how infection control measures were undertaken. However, the inspectors concluded from observations during the inspection that staff required additional support and supervision in some areas, such as meeting residents social needs and the correct use of personal protective equipment (PPE).

The decision to allocate some social care activity to healthcare staff required review as the inspectors found the organisation and facilitation of activities required improvement to effectively meet residents' social and occupational needs. The inspectors were told that care staff were due to be trained in social care and from observations of staff practice inspectors concluded that if care staff are to continue with this role further training and development was required to enable them to meet residents' varied social care needs in a meaningful way. Ongoing supervision and support is required to guide and direct staff to assess and implement social care plans to meet the diverse needs of residents.

Staff had completed mandatory and additional training to support them to provide safe, effective care for residents. All staff were registered users of HSEland training. The majority of staff had up-to-date training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Training had been scheduled for the small number of staff whose training was outstanding. Staff had also completed training in areas such as Cardiopulmonary Resuscitation (CPR), falls, restraint, palliative care, auditing, diabetes, nutrition and care planning. Additional training in infection prevention and control measures relating to COVID-19 had also been completed by staff. However on-site training and follow up was required to supplement on-line training and establish that learning objectives were achieved. Supervision of staff required strengthening to ensure that staff put the training into practice. Staff told inspectors that they had training in the correct way to put on and take off personal protective equipment (PPE). Inspectors observed that a small number of staff wore their face masks in a way that did not cover their

mouth and nose.

Inspectors reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána (police) vetting. Current professional registration details were available for all nursing staff.

Regular staff meetings took place and records of these were available for review by inspectors.

Judgment: Substantially compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

An action plan in the last report in relation to records had been addressed. The daily records completed by nurses described the care and treatment provided throughout the day. Training records were up to date. The assessments and recommendations of allied health professionals had been recorded in residents' care records and were being followed by staff.

Minor issues were found in how staff were recording information. For example, in some residents' files staff had completed wound assessment and progress charts while in others staff recorded the progress and changes in wounds in the daily records. However, this did not have a negative impact on the outcome for residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the previous inspection in December 2019 the provider had strengthened the governance in the centre and put in place suitable arrangements to monitor the safety and quality of the service. An action plan in the last report described that inspectors were not assured that the governance and management arrangements

ensured that the service was safe, appropriate, consistent and effectively monitored. The inspectors found that action had been taken to improve the management arrangements and achieve compliance.

Subsequent to that inspection the provider had made considerable efforts to recruit nurses and carers. The recruitment drive had been successful and the inspectors found that staff were well informed and conveyed positive attitudes to their roles caring for older people. There was evidence of strong leadership of the service. Senior nurses demonstrated that they had good clinical knowledge and a sound understanding of the regulations that underpin designated centres for older people. There were significant improvements in the assessment of residents' care needs for example and where required residents were referred promptly to allied health professionals.

The organisational structure had been enhanced and there were now three clinical nurse managers available to cover the seven day week. In addition a clinical director who is a medical professional was employed and this role had also contributed to improved oversight of the service.

There was an audit programme and improvements were highlighted at the regular staff meetings and audited again to ensure the required improvements were made and sustained. The inspectors reviewed several audit reports on aspects of practice that included supervision in communal areas, how social distancing was maintained, the response to call bells, infection control measures and the completion of care plans. The outcomes were clear and where departures from good practice were found, further audits were completed to ensure a higher standard was achieved, for example where drinks had not been left within residents' reach this was highlighted to staff and audited again to ensure residents had ready access to water and juice drinks.

The premises provided a good environment for residents and it was regularly updated to meet residents' changing needs.

The provider representative had appointed a person in charge who did not meet the criteria described in regulation 14- Persons in charge as they did not have the required management qualification. While this qualification was being pursued not having an appropriately qualified person in charge created risk for the centre and the provider representative had been advised that it was essential to have an appropriately qualified person in this role.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A contract of care was in place for each resident. Inspectors reviewed a sample of these and found that some had not been updated to include all fees to be charged

to residents.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose updated on 5 March 2020 was clearly laid out and described the services and facilities offered to residents. It required an update to describe the current staff allocations. For example there were 21 nurses now employed in the centre but the statement of purpose indicated that 16 were available.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notifications required to be submitted to the Chief Inspector were submitted in accordance with the requirements of the regulations. Additional information was provided when requested.
Judgment: Compliant
Regulation 32: Notification of absence
The person in charge had not been available for work in the centre for a period of more than 28 days. There was a delay in the submission of the notification of this absence to the Chief Inspector. This was an unexpected absence and the provider said they were unsure of the expected date of return. The regulations require that the provider submit notification of such absence one month in advance of the departure, or as soon as it becomes apparent that the person in charge will be absent for a period in excess of 28 days.
Judgment: Not compliant
Regulation 34: Complaints procedure
The actions identified in the previous inspection had been addressed. There was a policy and procedure in place for the management of complaints. A brightly-

coloured, simplified summary of this policy was displayed in the reception of the centre. The policy outlined how complaints were managed and responded to, as well as details of the office of the Ombudsman.

A complaints log was maintained by the complaints officer, which outlined any verbal or written complaints received. Complaints were investigated and were responded to promptly and appropriately. Records also outlined the corrective actions that were taken in response to complaints and the complainants' satisfaction with the outcome of their complaint.

Judgment: Compliant

Quality and safety

Residents' health care needs were met to a high standard through appropriate nursing interventions and good access to doctors and allied health professionals. The availability and provision of social care to meet residents' needs required improvement as described throughout this report. The environment particularly the variety of communal areas and outdoor spaces also contributed positively to how care was delivered and residents' quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. The inspectors saw that care plans were of a good standard and that daily routines and interests were recorded to inform care practice. There were details on residents' backgrounds, occupation, hobbies and interests recorded and used by staff to get to know residents and plan care.

Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. Doctors visited the centre several times a week and had continued to do this during all phases of the COVID-19 lockdown. There was a falls assessment completed for all residents and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent further incidents. Residents told the inspectors that staff asked them about their health regularly and ensured they were seen promptly by their doctor if they were unwell. Residents' and family members were informed about the admission procedure and the inspectors were told by residents that they had good information from community care staff and the centre to help them make decisions about moving into care.

The organisation of social care required review to improve outcomes for residents and to ensure that activities met residents needs appropriately. This is discussed under regulation 9-Residents' rights. Residents said that they enjoyed the group activities. They liked hearing Mass from the local church which was relayed daily on television.

The building is a modern design that has been extended a number of times over the

last few years. The layout provides residents with several areas to spend time during the day with others or more privately and the outdoor courtyard areas are accessible from several points. Residents' rooms are single or double occupancy. Rooms viewed were organised according to residents' preferences and were personalised with plants and ornaments belonging to residents. The inspectors noted that some double bedrooms in the Brennan unit do not facilitate two metre social distancing guidance and the use of these rooms should be reviewed as risk related to COVID-19 persists.

There were arrangements in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature and there were no restraints in use.

There was a system to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place. There was ongoing training to ensure all staff remained familiar with the safeguarding procedures.

There were some areas that included fire safety measures, medicines management and infection control that required improvement. The accessibility of call bells was noted to need review in communal rooms. Medicines management was not compliant as transcribing arrangements did not meet good practice guidance and the room designated for medicines storage needed to be upgraded as the layout did not have an area to prepare medicines. Infection control practices also required attention as face masks were not always worn correctly and the cleaning system for bedrooms was not in line with good practice. There was no fridge storage for specimens. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for new staff and fire training was being rescheduled as the COVID-19 restrictions had eased. There were improvements to the fire safety precautions as some fire doors had gaps that would not contain fire or smoke in a fire situation.

The inspectors found that the improved governance arrangements and increased staffing levels had enhanced staff capacity to deliver better quality care than evidenced on previous inspections completed in 2019.

Regulation 10: Communication difficulties

Residents communication problems were described in care records and were known to staff. The inspectors observed staff taking time to ensure that residents understood what they were saying to them. They also took time when advising residents about visits and meal times. Staff were aware of residents who had dementia and sensory difficulties that could inhibit their capacity to communicate.

Judgment: Compliant

Regulation 11: Visits

Visits to the centre had resumed to the joy of residents who told inspectors they were delighted to see family again. Visiting arrangements reflected the HPSC guidance. The receptionist had responsibility for making appointments for visits and for organising the visiting area. The inspectors saw that the system was well organised and that a spacious comfortable room that enabled social distancing was available for residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage for clothing and personal possessions. The inspectors saw that clothing was laundered well and returned to residents in good condition.

Judgment: Compliant

Regulation 13: End of life

An action plan in the last report described non compliance with this regulation as care plans for end of life did not guide staff on how to provide person centred care at this time. This action had been addressed. The inspectors found that while no resident was in receipt of end of life care there the wishes and choices of residents for how they would like their care to be delivered at this time had been recorded.

If residents had conveyed their views in relation to resuscitation in a medical crisis this was recorded. Nursing staff were aware of residents wishes and decisions they had made about resuscitation. Staff had been trained in cardiopulmonary resuscitation and there was equipment available to assist staff when undertaking this procedure.

Judgment: Compliant

Regulation 17: Premises

The centre is a large expansive building that is comprised of four units at ground floor level. The standard of decoration throughout was generally good. There were several communal rooms where residents could sit during the day including rooms where residents could spend time quietly if they did not wish to engage with others. Residents told inspectors that they enjoyed being able to move around and not have to stay in the same place all day. It has plenty of natural light throughout and is generally maintained well. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were wide and unobstructed. There was an oratory that residents used for prayer and quiet time.

There were small safe communal gardens that were accessible from varied points in the centre. These areas were well cultivated with flowers and shrubs to provide interest for residents. Residents told inspectors that they went in and out as they wished when the weather was fine.

The inspectors found the centre was well equipped with a range of hoists, specialist chairs and wheelchairs. All residents had their own sling for use with the hoist that had been assessed as appropriate for them. An action plan in the last report described where specialist chairs did not meet the needs of residents as they did not support them effectively and some were damaged. The provider had addressed this action by having residents assessed by an occupational therapist and by providing suitable chairs as indicated by the completed assessments. The inspectors saw that all chairs were in good condition and were suitable for the residents using them.

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The inspectors saw that there was a call bell system in bedrooms and residents had their calls bells left near them so they could use them expediently if needed. However, in some communal areas while they were always supervised by staff there were some areas where a call bell access was not available to enable residents summon assistance if needed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents described the food served as tasty and varied. They said they were offered alternatives if they did not wish to have the main meals. The inspectors saw

that food was attractively served and that residents who required help at meal times were appropriately supported.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to information. Several told inspectors that they were kept up to date with local and national news and felt that they had been well informed about the COVID-19 pandemic. They watched the news and discussed this with staff and the activity coordinator. Many said they only watched news once or twice a day as it was very depressing at times. They said that the clinical director had explained all the restrictions and infection control procedures to them. He had also attended their regular meetings and had answered any questions they had so they felt they knew as much as they need to about the virus.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy and procedure. There was also a safety statement that had been updated on 28 May 2020. There was a risk register that described clinical and environmental risks. The risk areas identified included fire, power failure, stress and COVID-19.

An action plan in the last report described that accident and incident management was poor and that falls prevention measures were not in place. This had been addressed. The inspectors reviewed the accident and incident records and found that factual and substantiated information had been recorded for all incidents. neurological observations were maintained where residents had unwitnessed falls.

Residents were reviewed when they had a fall or a near miss and if the risk of falls had increased the falls risk assessment was altered to reflect this. All incidents were reviewed by the nurse in charge and prevention measures were discussed at handovers to reduce the risk of further falls. The inspectors saw from the records that all residents who sustained falls were seen and reviewed by their doctor the day of the incident or the next day.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found the centre was visibly clean and areas used by residents were well organised. Staff confirmed they had training in infection control and that this was updated regularly. Audits reviewed by inspectors showed that infection control measures were spot checked and audited and that departures from good practice noted were identified to staff and discussed at handovers and staff meetings. Staff had access to the guidance published by the Health Protection Surveillance Centre, the Health Information and Quality Authority and Nursing Homes Ireland and the up to date guidance was being followed. There were actions taken to ensure that staff followed good infection control practices and regular reminders were relayed at handovers about not coming on duty if any COVID-19 like symptoms were evident. Temperature checks for staff were completed twice daily. There was a COVID-19 contingency plan in place and staff were aware of the measures in place to manage a suspected or actual case of the virus. An area of the centre was identified for isolation and this was noted to be well organised and supplied with a good supply of PPE.

The following areas were observed by inspectors to need attention to ensure good infection control management:

- The use of colour coded cloths was not in line with good practice as cloths were used for up to 5 bedrooms which created a risk of infection transfer.
- Two staff were observed wearing face masks inappropriately- not over the nose.
- The layout of double rooms in the Brennan unit do not allow for two metre social distancing
- One sluice did not have racking for bedpans and another had racking that was damaged making cleaning difficult
- A service record for the bedpan washer indicated that a service was overdue however management was organising a service when the inspection was completed.

Judgment: Not compliant

Regulation 28: Fire precautions

An action plan in the last report required that fire drills were organised more frequently to ensure that staff were familiar with the fire procedures and how to evacuate residents. The inspectors saw that staff had participated in regular fire drills and that these were organised to coincide with the induction of new staff. The most recent drill had been completed the week prior to the inspection. Staff were trained in fire safety on an annual basis. While COVID-19 restrictions had prevented on-site training for the last number of months, action had been taken by management to ensure that staff were knowledgeable about the fire precautions and formal fire training was being scheduled to accommodate smaller numbers of

staff in each session.

Personal evacuation plans were available for residents and staff knew where to locate these in residents' bedrooms.

Some improvements to the fire safety measures were still required to achieve compliance with the regulation. The inspectors found that some fire doors did not form a tight seal when closed. There were gaps between the doors and the floor and gaps between some doors that meant they would not contain smoke or fumes in a fire situation. The provider representative was asked to have a competent person review the fire doors and ensure that appropriate fire safety and fire prevention measures were in place.

Fire drills and fire alarm checks were completed regularly and records of these activities were maintained. The inspectors concluded that in view of the changing needs of residents and the recruitment of new staff that the fire drill exercises needed to include more frequent evacuation of complete compartments to ensure that staff are fully familiar with the fire procedures and the evacuation needs of residents in all areas.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The medication management policy was last reviewed in July 2020. As a result the management team had introduced a number of changes. For example; a new process had been implemented for reporting medication errors/near misses. All incidents are now recorded, appropriate follow up taken and lessons learnt are communicated to staff. The clinical management team informed inspectors that they had recently engaged with an external provider to implement a new system. The management team confirmed that medication audits are not completed as part of the medication management process currently in place. Training records evidenced that all nurses had completed online medication management training. Inspectors observed the nurses administering medications and found that they were patient in their interactions with residents giving them appropriate time to take their medicines.

A review of nurse transcribing practices was required to ensure that residents were protected by safe medicines management. This was evidenced by;

- Four out of seven files reviewed specific to nurse prescribing found that there was no signature of the names of the two nurses who transcribed the medications.
- Nurse transcribing did not always match the prescription. For example; a resident that was discharged from the acute setting had a number of changes made to their medicines. The changes were not accurately reflected on the nurse transcribing sheet. This was addressed during the inspection and a new

prescription was written up during the inspection.

In addition the following items required attention

- There was one medication management fridge that was not locked.
- There was no fridge to store specimens collected and awaiting transfer for testing.

Inspectors observed that the clinical room currently used for the storage of medicines required attention. The room in use was a bathroom converted into a clinical room. The room was packed with storage boxes and equipment. The toilet had not been removed and was covered with equipment. The room was poorly lit and had no surface to enable nurses to prepare medicines safely. At the feedback meeting the management team committed to review the clinical room and take appropriate action.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed resident files to assess if the care plan and assessment of residents' needs had been brought into compliance. The inspectors noted that considerable progress had been made in this area and a high level of compliance achieved. Findings were that resident's needs were comprehensively assessed within 48 hours of their admission and reviewed at regular intervals or in response to a change in residents' needs thereafter. Staff used accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed a person-centred care plan that guided care.

This was evidenced by;

- Unintentional weight loss was monitored and referrals made to dietitian and GP services when required. For example, a resident with a 11% unintentional weight loss over a 6 month period had been reviewed by the multidisciplinary team. The care plan reflected the advice received. The resident's weight had stabilised as evidenced from the weekly weight recordings.
- There was evidence of good wound intervention management that had resulted in healing.
- The "do not resuscitation" (DNR) status of all residents was clearly documented in the medical notes and in the end of life care plans.

Staff were knowledgeable regarding residents' likes, dislikes and their individual needs. Staff had received training on the electronic care planning system in place which meant that staff could navigate the system and access information requested.

Judgment: Compliant

Regulation 6: Health care

Inspectors followed up on the non compliance found on the last inspection and found that significant progress had been made with positive outcomes for residents. Throughout the pandemic the general practitioners (GP's) visited residents in the centre several times a week. Medicine regimes and medical reviews were completed and up to date. Residents told inspectors that they had good support and advice during the COVID-19 pandemic and felt that staff had worked hard keeping to all the instructions to keep them safe.

Inspectors followed up on resident access to allied health and social care professionals. The inspectors saw that following the last inspection residents who required specialist seating had been reviewed and supplied with new chairs that met their needs.

Following the lifting of restrictions at a national level the management team had engaged with the wider multidisciplinary team and facilitated visits by physiotherapists and a dietitian. In addition, a tissue viability nurse specialist and a speech and language therapist were scheduled to visit within days of the inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed the files and care plans of residents with responsive behaviours and found that the care plans in place were detailed, described the behaviours that presented from time to time and were person centered. The staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. Referrals were made to specialist services that included the team for old age psychiatry when required and records conveyed that the advice given was actioned and had ensured a positive outcome for residents.

The management team was seen to be actively promoting a restraint-free environment. This was evidenced by;

- There were no bedrails or lap belts used in the centre.
- Residents had a fob key to exit the main door and so did not have to ask staff permission when they wished to go in and out.
- Residents with dementia had access to several safe, well cultivated secure outdoor areas.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or from suffering abuse. Training records indicated that staff received training in the safeguarding of residents. Staff who spoke with inspectors demonstrated that they were knowledgeable about how they would identify or respond to a suspicion or allegation of abuse.

The registered provider acted as pension agent for a number of residents. Residents' finances were found to be managed appropriately; they were paid into a dedicated account that was separate from the nursing home's account, and invoices were issued as needed. All transactions were clearly documented.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were facilitated to exercise choice regarding their daily routines, significant improvement was required to ensure that residents were given the opportunity to participate in meaningful activities in line with their interests and preferences. An activity schedule was displayed at reception, which indicated in pictorial form a range of activities that were scheduled to take place in four sitting rooms. This included activities such as Mass live-streamed from the local church, knitting, board games, hand massage, painting and music. Residents told inspectors that they had access to local and national newspapers and that the news was discussed with them during the afternoon when the regular activity coordinator was on duty. They also said they enjoyed games, quizzes, exercise groups and sing a longs. The inspectors noted that there was a variety of activity equipment available.

The centre's activities programme had been facilitated by two activity staff, one in a full time and one in a part time post. The full time post had recently become vacant and inspectors were informed that the management team planned to upskill a number of healthcare assistants to deliver activities in the coming weeks. In the interim period, when the part-time activity staff member was not working, staff designated to supervising residents in a number of sitting rooms were also responsible for organising activities. Inspectors acknowledged that this was a temporary arrangement but found that it resulted in some residents spending a large proportion of their days without meaningful engagement. Inspectors staff and resident interactions in various sitting rooms on both days of the inspection and noted that a staff member was present to supervise residents at all times but staff frequently moved from room to room or rotated with other staff members. Their

ability to meaningfully engage or facilitate a complete activity session was compromised by these movements as well as the requirement to carry out additional care duties, such as dispensing drinks, supporting residents to drink and providing assistance with other care needs. During these periods of supervision, activities were conducted on ad-hoc basis with very little meaningful engagement by staff, and occurred for very short periods of time before being interrupted. The impact of this lack of social engagement was compounded by the limited social contact residents could have while the current national visiting restrictions are in place due to the COVID-19 crisis. These findings were raised with the management team during the inspection as an area that required improvement.

The inspectors observed some situations where residents' rights and dignity was not fully respected and these included:

- staff undertaking a hand massage even though a resident said they did not want this and
- after breakfast when residents were left waiting to be moved to where they were to spend the morning.

Residents' meetings were held regularly and records of these meetings were reviewed by inspectors. During the COVID-19 crisis, these meetings were used to inform residents about the situation, the visiting arrangements and infection control, and to address any concerns they may have. Inspectors noted that on the morning that all residents were scheduled to be tested for COVID-19, staff and management met with residents to discuss the testing procedure and to provide reassurance to residents.

Regular 'quality of life' surveys were conducted with residents, with the most recent of these occurring during the week of the inspection. Findings were communicated to all staff and actions plan were developed in response to any issues raised.

Advocacy arrangements were in place and contact details of the advocacy service were displayed at reception.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Not compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0030061

Date of inspection: 23/07/2020

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Drumderrig House Nursing Home has completed the following actions:</p> <p>Person In Charge has returned. HIQA notified 7.09.2020. Return to work form NF 30 completed 8.09.2020.</p> <p>Timeframe: Completed Responsibility: PIC.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Drumderrig House Nursing Home has completed the following actions:</p> <ul style="list-style-type: none"> • Since December 2019 staffing complement and skill mix are accessed weekly by the PIC when creating the staff rotas. • A collective group of care staff have now been trained on the delivery of meaningful activities for residents specific to the residents' preferences and abilities. • In the absence of the activities coordinator an activities lead for the shift is assigned to oversee the activities schedule and supervise the activities being delivered. • A review of staff deployment for delivery of meaningful activities has been undertaken to ensure that staff allocated to delivering social activities are scheduled and assigned to ensure the residents needs are met. 	

- Currently all new admissions are discussed with the Clinical Director to ensure that the service can safely meet the resident needs, additional staffing levels are considered. Drumderrig House Nursing Home now reviews staffing levels formally at the pre-admission stage to identify if an adjustment in staffing levels is required prior to accepting the resident to the service.

Further actions:

- Audit's shall be completed by the clinical nurse managers and senior nurses to ensure that activities are delivered in a meaningful manner and in line with the resident's care plan. This implementation and details of this plan are detailed in Regulation 16 Training and Development.

Timeframe: 30.09.2020

Responsibility: Clinical Nurse Managers

Monitoring and oversight:

- An independent audit of Regulation 15 to include meaningful activities shall be completed and Drumderrig Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: Scheduled date 28.10.2020

Responsibility: External support

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Drumderrig House Nursing Home has completed the following actions:

- A collective group of care staff have now been trained on the delivery of meaningful activities for residents, specific to the residents' preferences and abilities.
- The two staff members observed by inspectors not wearing their face masks correctly have been re-trained on the importance of wearing the mask correctly and ongoing scheduled audits will continue for infection prevention and control and the appropriate use of PPE.

Further actions relating to staff supervision of practice to ensure effective embedding of training is detailed in Regulation 15 Staffing.

Timeframe: 30.09.2020

Responsibility: Clinical Nurse Managers

Additional on-going Quality System Improvements:

Drumderrig House Nursing Home Management Team is committed to ensuring high quality care delivery. A Quality Improvement Plan (QIP) is in place for 2020-2021.

Drumderrig House Nursing Home commenced conducting supervisions of practice in February 2020. The next phase of the supervision programme is to expand ensuring all staffing disciplines receive an annual supervision of practice. The programme aim is to robustly monitor care delivery, thus ensuring the registered provider that care is being delivered in line with evidence-based guidance.

The findings from staff supervisions will be discussed at monthly management team meetings. Additional training and support shall be provided to staff where required in line with Drumderrig House Nursing Home human resources policies and procedures.

Monitoring and oversight:

- An independent audit of Regulation 16 to include staff supervision reports shall be completed and Drumderrig House Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: Scheduled date 28.10.2020

Responsibility: External support

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
Drumderrig House Nursing Home has completed the following actions:

- The three records observed by inspectors have been corrected. Staff have been advised on the agreed process. Ongoing scheduled audits will continue for documentation.

Timeframe: Completed.

Responsibility: Clinical Nurse Managers

Monitoring and oversight:

- An independent audit of Regulation 21 shall be completed, and Drumderrig House Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: Scheduled date 18.12.2020

Responsibility: External support

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Drumderrig House Nursing Home has a staffing contingency plan in place since February 2020. The deputy appointed as deputy Person In Charge was unable to enroll for the required management course until June 2020 due to Covid 19 restrictions. The PIC has since completed the required course with results pending. One Clinical Nurse Manager has also completed the course.</p> <p>Drumderrig House Nursing Home has completed a risk assessment and will continue to have following control measures in place to reduce the risk for the centre;</p> <ul style="list-style-type: none"> • Ongoing onsite and telephone support from external consultancy provider since February 2020 • Clinical Director • Strong Management Team and daily presence of the registered provider who has worked in the nursing home for over 20 years. • Senior Nursing Staff and Clinical Nurse Managers • Robust monitoring and oversight <p>Drumderrig House Nursing Home has completed the following actions:</p> <ul style="list-style-type: none"> • PIC has returned to post. <p>Timeframe: 14.10.20 Responsibility: Registered Provider.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Drumderrig House Nursing Home has completed the following actions:</p> <p>Contracts of Care that were due to be revised to include all fees have been revised in consultation with the resident and their representative.</p> <p>Timeframe: Completed. Responsibility: PIC.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Drumderrig House Nursing Home has completed the following actions:</p> <ul style="list-style-type: none"> • Statement of Purpose amended to ensure it reflects current staffing levels. • Monthly review at Management Team Meeting to ensure the SOP reflects current staffing levels. <p>Timeframe: Completed and On-going. Responsibility: PIC.</p>	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence: Drumderrig House Nursing Home has completed the following actions:</p> <p>HIQA will be notified via writing where the PIC is absent for 28 days which includes a combination of annual leave and or sick leave. HIQA notified regarding return of PIC.</p> <p>Timeframe: Completed. Responsibility: Registered Provider.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Drumderrig House Nursing Home has completed the following actions:</p> <ul style="list-style-type: none"> • Any resident that wishes to sit in the variety of seated corridors or communal gardens are provided with a fob. This enables the resident to summon assistance if needed. • All communal areas have also been reviewed to ensure adequate call bell access. 	

Timeframe: Completed and On-going review.
Responsibility: PIC.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Drumderrig House Nursing Home has completed the following actions:

- The staff members observed by inspectors not cleaning as per the cleaning method statement has been re-trained ongoing scheduled audits will continue for infection prevention including cleaning and the appropriate use of PPE.
- The actions taken regarding inappropriate use of PPE by two staff members are detailed Regulation 15 Training and Development.
- Sluice now has racking for bedpans
- Service has been completed for the bedpan washers.
- Timeframe: Completed.

Responsibility: Registered Provider.

Additional on-going Quality System Improvements:

Drumderrig House Nursing Home Management Team is committed to ensuring high quality care delivery. A Quality Improvement Plan (QIP) is in place for 2020-2021 to include flu vaccine clinics and education sessions for all residents and staff.

Monitoring and oversight:

- An independent audit of Regulation 27 to include cleaning services shall be completed.
- Drumderrig House Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: Scheduled date 29.10.2020

Responsibility: External support.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Drumderrig House Nursing Home has completed the following actions:

- The observations reported by the HIQA inspections have now been reviewed by the

service contractor and adjustments were made as required.

- Preventative measures have been put in place to ensure this risk is no longer present for the service and all doors now meet the regulations.
- Additional fire drills with compartment evacuation have been completed.
- A minimum of three fire drills and evacuation of complete compartments shall now be completed per annum.
- All staff will continue to have fire training as part of their induction programme.

Timeframe: Completed and ongoing.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Additional on-going Quality System Improvements:

Drumderrig House Nursing Home Management Team is committed to ensuring high quality care delivery. A Quality Improvement Plan (QIP) is in place for 2020-2021.

The nursing home had identified a goal to reduce and where possible eliminate transcription practices through the introduction of a new online mama app. The nursing home had to defer the installation of the electronic system due to the Covid 19 pandemic. The project has recommenced, and initial roll out phase has been agreed.

In the interim Drumderrig House Nursing Home has completed the following actions:

- Refrigerator purchased to store specimens.
- All resident Kardexes have been reviewed.
- Where Gaps were identified the Kardex were reviewed to ensure they were transcribed correctly with two nursing staff. There were no transcription errors identified.
- All resident kardexes now have two nurses signatures where the GP prescription has been transcribed.

Timeframe: Completed.

Responsibility: PIC.

Monitoring and oversight:

- An independent audit of Regulation 29 to include review of pharmacy services shall be completed.
- Drumderrig House Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: Scheduled date 25.11.2020.

Responsibility: External support.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Drumderrig House Nursing Home has completed the following actions:

- Meaningful activities actions are detailed in Regulation 15 and 16.
- Staffing allocation has been reviewed to ensure that there is no delay in residents transfer to their preferred sitting areas or their rooms.

Timeframe: Completed and ongoing.

Responsibility: PIC.

Monitoring and oversight:

- An audit of Regulation 9 shall be completed, and Drumderrig House Nursing Home shall continue to rigorously monitor this area to achieve full compliance.

Timeframe: 28.10.20.

Responsibility: External support.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	08/09/2020
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	08/09/2020
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	Substantially Compliant	Yellow	28/10/2020

	centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/09/2020
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	18/12/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	14/10/2020
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	08/09/2020

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
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	29/10/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	08/09/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Not Compliant	Orange	08/09/2020

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Yellow	25/11/2020
Regulation 29(5)	The person in charge shall 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.	Not Compliant	Yellow	25/11/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned	Substantially Compliant		08/09/2020

	and containing the information set out in Schedule 1.			
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.	Not Compliant	Orange	08/09/2020
Regulation 32(3)	Where the person in charge is absent as the result of an emergency, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice of the absence including the information referred to in paragraph (2) in writing to the Chief Inspector specifying the matters mentioned in paragraph (2).	Not Compliant	Orange	08/09/2020
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic	Not Compliant	Yellow	28/10/2020

	background and ability of each resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	28/10/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	28/10/2020