Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Harvey Nursing Home Terenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Willoway Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>122 Terenure Road West, Terenure Road, Dublin 6w</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30 October 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000047</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022700</td>
</tr>
</tbody>
</table>
About the designated centre

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

Harvey Terenure Nursing Home is located close to Terenure, and the KCR. It is serviced by a number of bus routes. The Home has a combination of single and shared accommodation and can accommodate 48 residents. Some bedrooms have their own en-suite facilities. The accommodation is spread over 2 floors, and there is a courtyard and garden to the rear of the property. 24 hour nursing care is provided for both male and female residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 October 2019</td>
<td>08:30hrs to 17:30hrs</td>
<td>Sarah Carter</td>
<td>Lead</td>
</tr>
<tr>
<td>30 October 2019</td>
<td>08:30hrs to 17:30hrs</td>
<td>Deirdre O'Hara</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Inspectors spoke with a small number of residents, and met visiting relatives and friends.

In addition, 10 questionnaires had been completed by residents in advance of the inspection and were reviewed by inspectors on the day.

All feedback the inspectors received was positive.

Residents told inspectors they liked their routines. The reported they had enough to do, and were aware of the different activities on offer. Residents said they could choose different activities to participate in. Some said they enjoyed the garden and liked to sit out there when they weather was better.

Residents who shared their bedrooms, said they felt that this was ok. Some said they liked the company. Residents who had moved into single rooms also said they liked their rooms.

Residents reported they liked the food, had good choices of meals, and could ask for special ingredients if they wanted them.

They also said the staff were kind and well-meaning and were attentive to them.

Visitors and relatives also gave the inspectors positive feedback. They said they were kept informed of the residents changing needs, and were encouraged to be part of their care.

Capacity and capability

This service was found to be well managed. The Provider & person in charge (PIC) had systems in place that ensured they had good oversight of the service, and deployed sufficient resources to meet resident’s needs.

Staff were well supervised and there were sufficient numbers to meet resident’s needs. At the time of inspection, there were appropriate staff numbers and skill-mix on the staff roster to meet the assessed needs of residents and the safe delivery of services. There were at least two registered nurses in the designated centre at all times.
Staff were knowledgeable about their responsibilities. Staff had access to training, and there were additional training dates organised in the weeks immediately following the inspection. There was no copy of the regulations available in the centre. Staff knowledge was supported by a suite of policies and procedures. Policies were reviewed by inspectors, had been reviewed by the person in charge and a senior manager, and referenced up to date literature and evidence.

The governance structure was clear in the centre. The systems and levels of oversight provided good oversight of the service. However the audits conducted had not picked up gaps identified in specific care plans and records, this will be discussed further in the next section of the report. An annual review had been completed, and there was evidence that residents were consulted in the preparation of that report.

The person in charge (PIC) maintained her own professional competencies by linking with other PICs and sharing learning. The PIC had regular meetings with a senior manager, and had opportunities to communicate with the management team frequently.

Complaints were well handled in the centre, and the policy and process followed was in line with regulatory requirements. An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents and other complainants were satisfied with measures put in place in response to their complaints.

The contracts of care identified the resident's rooms. Appropriate insurance was in place to protect residents.

Records shown indicated all aspects of staff files were maintained as required. Resident’s files also contained the required sets of information. Additional documents were also maintained in the centre - including a training matrix.

This inspection took place, to assist the Chief inspector in renewing this centres registration. To complete the registration process the provider was asked on inspection to submit corrected floor plans and add detail and descriptions to the centres statement of purpose.

It was identified that the provider had failed to pay the annual fees within the timeframe required. A warning letter had been issued to the provider at a meeting they were invited to to discuss the issue. The fees were paid following the meeting.

Registration Regulation 4: Application for registration or renewal of registration

The provider an application to register the centre and accompanied it with specific required information, however the statement of purpose and floor plans required
The person in charge was well known to residents, and worked to ensure that residents were placed in the centre of the care provided. The PIC was actively involved in the governance and management of the centre and had the authority to make changes if required. The PIC oversaw a service that was continually audited and measured to ensure issues were identified and measured.

Judgment: Compliant

Regulation 15: Staffing

There was nursing staff on duty at all times. The skill mix of nursing staff and care assistants provided appropriate care to residents. Residents dependencies were being tracked and assessed and this formed part of the governance process to ensure sufficient staff were on duty to meet all residents needs. Residents reported no significant waiting times to get staff to attend to their needs, and staff practices observed were kind and respectful.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to training. Staff were supervised in their work, and reporting structures were clear. There was evidence that staff appraisals were taking place. Staff were knowledgeable about their responsibilities. The person in charge was knowledgeable about the Health Act and the regulations, however a copy of the regulations was not available in the centre.

Judgment: Substantially compliant

Regulation 21: Records

The records required by the regulations were maintained in the centre. Staff records
were reviewed and continued all the necessary documentation. Resident files contained the required information. However, residents files were stored in a manner that meant that they were not fully secure.

Judgment: Substantially compliant

**Regulation 23: Governance and management**

The registered provider had ensured there was sufficient resources in place to provide care as described in their statement of purpose. There was a clearly defined management structure. Management systems included a programme of audits, gathering data to indicate the centre's performance and consultation with residents. An annual review was available and included evidence that residents were consulted.

Judgment: Compliant

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

Contracts contained clear information on the items required by the regulations. In the centre's newest contract template, the occupancy of the rooms was clearly stated.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose was submitted before the inspection for review. It contained most of the information required. An amended document was submitted directly after the inspection.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was an effective complaints process in place. There was named staff responsible for managing and reviewing complaints. The process was advertised in the centre. Complaints records showed that complaints were responded to quickly
and the person who raised the complaint was kept informed in a timely fashion. Their satisfaction with the outcome of the complaint investigation was also captured.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The provider had set out policies and procedures on the items listed in schedule 5 of the regulations. The policies were accessible to staff, had been reviewed and updated within 3 years, and referenced new guidance, standard and evidence.

Judgment: Compliant

**Regulation 22: Insurance**

There was an appropriate contract of insurance in place that protected residents in the event of injury or loss or damage to their possessions.

Judgment: Compliant

**Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people**

The Provider had failed to pay their annual fee within the required time frame, which resulted in a provider meeting where a warning letter was issued.

Judgment: Not compliant

**Quality and safety**

All residents had a comprehensive assessment completed on admission and care plans were developed based on assessed need. There was evidence that residents or their representative were involved in the completion of care plans and in reviews of residents' care. Inspectors found that when the nursing and medical care needs of residents were assessed while appropriate interventions and treatment plans were being implemented there were gaps identified in regular reviews of activity care plans and weekly weight monitoring for one resident. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative
had been given the opportunity to outline their wishes regarding end of life.

Suitable arrangements were in place to ensure each resident’s health, well-being and welfare was maintained by a high standard of nursing, medical and allied health care.

Residents had access to a medical officer of their choice. There was evidence of access to specialist and allied health care professionals to assess, recommend supports and meet the care needs of residents. Residents had appropriate access to optical, dental and chiropody services and upon referral could access palliative care specialists, dieticians, occupational therapy, tissue viability specialists, physiotherapy and speech and language professionals on-site. Health screening was made available to eligible residents.

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. A policy was in place to guide practice. Residents who spoke with inspectors said they felt safe within the service.

Records seen also showed that the centre was a pension agent for a number of residents. The system in place was clear and the residents monies were kept separately from the business. Any petty cash that was held on behalf of residents was stored safely.

The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. There were opportunities for all residents to participate in activities if they wished. Residents were observed participating in organised activities and those who wished to pursue individual hobbies were observed to receive the required support. Residents were also supported to maintain community links either individually or through community events arranged by the centre.

Residents could exercise their civil, political and religious rights. Residents were encouraged to participate and influence the running of the centre. Residents' meetings were held regularly which was also attended by family. This meeting was chaired by an advocate and residents' feedback was seen to be used to improve the service provided.

Residents' privacy and dignity were respected. Staff were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures.

Residents were able to retain control over their clothing and possessions. There was a laundry on site and adequate storage for their belongings in each room.

Measures to protect the resident’s privacy in rooms overlooked by the courtyard were required. The main / central corridor to the large day room on the ground floor was observed to have a malodour occasionally during the day.
The premises was maintained well and some new flooring had been put in place. There were sufficient sluices in place to manage residents needs hygienically. Any adaptive equipment seen was well maintained and in good working order. Equipment was stored in areas marked with a chevron tape in some of the communal spaces.

The layout of some shared rooms meant that beds were only accessible from one side. The square metres of each bedroom were confirmed in an updated statement of purpose submitted immediately after the inspection. Some bedrooms had been incorrectly listed as having an en-suite, however on review these bathrooms were shared by other bedrooms and also accessible from the corridor.

The risk policy and a comprehensive safety statement were in place and contained all of the requirements set out under the regulations. This risk register was kept under review by the person in charge. Individual risk assessments were completed for residents, for example, falls risk assessments. There was a plan in place to guide staff in the event of a major incident.

The provider had ensured that adequate precautions were in place to reduce the risk of fire and to respond to fire emergencies safely. The centres largest compartment, housed 13 residents, and was on the ground floor. Records of fire evacuation drills were maintained but it was not possible to ascertain the estimated time evacuating a compartment would take from the drill records being maintained. Immediately after the inspection, the provider confirmed following a drill that the largest compartment would take 12 minutes to evacuate. All fire doors were confirmed to have self-closers. Staff were fully trained in fire safety and were knowledgeable when interviewed by inspectors.

<table>
<thead>
<tr>
<th>Regulation 12: Personal possessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were facilities in place to ensure residents had access and control over their personal belongings. A laundry service was offered on-site and in bedrooms seen residents had adequate storage for their belongings.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td>The premises was clean and pleasantly decorated. The floor covering the a large day room on the ground floor had recently been upgraded and replaced. There was adequate seating for residents, and a pleasant outdoor garden. A lift was available to help residents move between floors. Bedrooms varied in sizes. There</td>
</tr>
</tbody>
</table>
were sufficient bathrooms and toilet facilities to meet the requirements of the regulations. A malodour was noted on different occasions throughout the inspection on the main corridor on the ground floor.

Judgment: Substantially compliant

**Regulation 26: Risk management**

There was a comprehensive risk management policy in place, and it contained or referenced all the risks and appropriate controls, as required by the regulation. A dynamic process of risk assessment was evident, and the centre’s risk register reflected this.

Judgment: Compliant

**Regulation 28: Fire precautions**

The provider was taking adequate precautions against the risk of fire. Fire-fighting equipment was serviced routinely, and staff were fully trained. Fire drills were being practiced and records maintained gave an indication of any learning and action that was required. However, drill records did not reflect compartments evacuation. Following the inspection, the provider submitted information indicating this had been completed, and the estimated evacuation time of the centre’s largest compartment was 12 minutes. All fire doors in the centre were confirmed as having self-closing devices. Fire procedures were on display in the centre.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

There were care plans in place for all residents, relating to their key health care needs. Comprehensive information and assessment was completed before admission, and after admission care plans were developed within 48 hours. Care plans relating to residents’ recreational and social care were not reviewed within 4 months and this had not been identified in audits seen.

Judgment: Substantially compliant
### Regulation 6: Health care

A range of general practitioners (GPs) visited the centre. Residents had access to specialists as required and were accessing the national screening programmes as necessary.

Judgment: Compliant

### Regulation 8: Protection

The provider was taking steps to protect residents by trained staff in safeguarding and implementing a clear policy on how to protect residents. Staff had received Garda Vetting disclosures before commencing work. The provider was also a pension agent for some residents and this process was maintained within current guidelines.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities and opportunities for residents to engage in recreational interest. There was a varied activity programme on offer. Resident had access to advocacy services, could vote in the centre, and also had access to TV's, radios and newspapers.

Residents were facilitated to engage in their personal activities in private through privacy measures in shared bedrooms, and through a culture where bedroom doors were closed. However in bedroom overlooked by the courtyard and its outdoor seating, measures to protect and enhance residents privacy in their bedrooms was required.

Judgment: Substantially compliant
Appendix 1 - Full list of regulations considered under each dimension

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Not compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Harvey Nursing Home
Terence OSV-0000047

Inspection ID: MON-0022700

Date of inspection: 29/10/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The Statement of purpose and floor plans was reviewed and updated in line with the requirements of regulation and submitted to the authority. This was completed by the 15th of November 2020.</td>
<td></td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 16: Training and staff development: A copy of the regulations was made available to all staff on the day of the inspection. Completed by 30th of October 2019.</td>
<td></td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: A lock has been placed on the door and staff re-educated on the importance of keeping resident records secure. Completed by 15th of November 2019.</td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people:
The annual fee was paid to the Authority for the time period identified in the report. Controls have been put in place to ensure there is no delays in paying the annual fee moving forward. All payments will be completed in line with the Authorities requirements by 31st of January, 31st of May and 30th of September.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: The incident referred to was addressed immediately. Ventilation is being reviewed on that corridor. Review and actions implemented by June 2020.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Recreational activity staff have been educated on the regulation and the requirement for 4 monthly review of all care plans. An audit in relation to care planning will be completed at regular intervals by the Person in charge. Audit schedule for care plans completed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the bedrooms overlooked by the courtyard was completed and a frosting solution put in place on the windows to protect the resident’s privacy. Completion date 21st January 2020.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Regulation 4 (1)</td>
<td>A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/11/2020</td>
</tr>
<tr>
<td>Registration Regulation 8(2)</td>
<td>The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>16(2)(a)</td>
<td>The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.</td>
<td>Not Compliant</td>
<td>30/10/2019</td>
<td></td>
</tr>
<tr>
<td>17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>30/06/2020</td>
<td></td>
</tr>
<tr>
<td>21(6)</td>
<td>Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.</td>
<td>Substantially Compliant</td>
<td>15/11/2019</td>
<td></td>
</tr>
<tr>
<td>5(4)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>31/12/2019</td>
<td></td>
</tr>
<tr>
<td>9(3)(b)</td>
<td>A registered provider shall, in so far as is reasonably</td>
<td>Substantially Compliant</td>
<td>21/01/2020</td>
<td></td>
</tr>
</tbody>
</table>
practical, ensure that a resident may undertake personal activities in private.