



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	22 January 2019
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0020774

About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, which is a family run limited company. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management structure of the centre. The centre currently employs approximately 28 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms without ensuites, three twin-bedrooms without ensuite, three three-bedded and one four bedded bedrooms without ensuites. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, three dining rooms, and a smoking room complete the accommodation in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
--	----

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 January 2019	09:00hrs to 17:30hrs	Vincent Kearns	Lead
23 January 2019	07:00hrs to 14:30hrs	Vincent Kearns	Lead

Views of people who use the service

Residents who met with the inspector were very complimentary about the care and support provided and said that staff treated them with respect and dignity at all times. Residents told the inspector that there was a good atmosphere in the centre, that it was a friendly place to live and confirmed that they felt safe living there. Residents said that staff were very good at keeping them fully informed and up to date about any changes to their care and support needs, or any changes in the centre itself. Residents knew, for example, what activities or social events were planned. Residents stated that they would have no hesitation in speaking to any staff member if they had a concern or any issue. Staff were described by residents as being very kind, caring and responsive to their needs. Some residents told the inspector that there was plenty happening in the centre but that they were always given choice as to how they spent their day. Residents said that they had freedom to choose when they got up, when they had their meals or what activities they participated in. A number of residents commented that they really enjoyed the activities and particularly the live music sessions, provided each week in the centre. Some residents highlighted that they enjoyed the good food provided which was described as always very good and appetising. Some residents outlined how they were able to continue being part of the local community, for example by going out on day trips or visiting family and friends.

Capacity and capability

There was a clearly defined management structure in the centre that outlined the lines of authority and accountability within the centre. The centre had continued to improve its services and there was evidence of improved regulatory compliance. For example, all the actions from the previous inspection had been completed and there was evidence of continued improvements in the service provided.

Overall, there was evidence that effective leadership, governance and management was in place. The person in charge was an experienced manager having been in post for a number of years. She was a registered nurse with considerable experience in the area of nursing the older person. The person in charge demonstrated suitable clinical knowledge to ensure suitable and safe care was provided. There was also an operations manager who was a qualified Senior Occupational Therapist and who worked full time as part of the management team. The provider representative was also actively involved in the day to day running of the centre and was very familiar with staff and residents. In addition to the provider representative, the person in charge and the operations manager, there were also two Assistant Directors of Nursing (ADON's) available to provide management and clinical support. There was

evidence of clear oversight arrangements in place. For example, there were regular meetings with the management team in relation to the on-going governance and management of the centre. Since the previous inspection, a new monitoring system had been introduced which supported management in monitoring and reported on monthly basis on key performance indicators (KPI's). These KPI's included for example, the incidence of any skin impairments, the use of pressure mattress, call bell response times, the level of antibiotic use, care plans audits and reviews of medication management. The effect of these governance arrangements gave assurances that the centre was effectively managed and when any issue was identified; suitable action was taken in a timely manner. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector. However, there some minor improvements required in relation to some records/documentation including some changes to the statement of purpose and contracts of care.

The provider representative and the person in charge regularly met with residents and their representatives, the members of the management team, the activities team, the care staff and nursing staff. Minutes were maintained of these meetings. The person in charge had a number of plans for the centre aimed at driving resident-focused person-centred care. She explained how she was promoting continuous improvement in residents' care by for example; reviewing and updating staff training, policies and procedures. The person in charge was well know to many residents, who described her as very attentive and kind. Staff also described the person in charge as a very approachable manager, who put the residents at the centre of everything that happens in the centre.

The inspector was assured that the provider representative was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. All staff were supervised on an appropriate basis, as appropriate to their role and responsibilities. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, staff performance appraisals were on-going and staff had completed mandatory training.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. The inspector found that she was well known to residents and staff; residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a commitment towards providing a person-centred, high-quality service. There were arrangements for the Assistant Director of Nursing (ADON), or a Staff Nurse to

replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there were adequate staff in place to meet the needs of residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff had an suitable knowledge of residents' health and support needs, as well as their likes and dislikes. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre. Since the previous inspection there was evidence of on-going staff training including leadership training and fire safety instructor course having been completed by some managers, In addition, staff had received training in end of life care including palliative care training, wound management training and training in the General Data Protection Regulation (GDPR). There was also on-going staff training in such areas as fire safety, safe-guarding, manual handling, managing responsive behaviours, dementia awareness training, nutrition training, constipation training, and medication management. There was further training scheduled for dates in early 2019, which included personal safety and de-escalation training for staff and restrictive practice training.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was evidence of good governance and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. There was for example, regular audits and incident reviews that were identified and recorded within the recently introduced system of monthly KPI's reports. This monitoring system was

completed by the ADON and identified many aspects of care provision. Following completion of any audits or incident reviews, there was evidence that any issue was highlighted in a robust and timely manner to both the person in charge and the provider representative. These arrangements gave assurance to the provider representative that residents were safe and the quality of care was being monitored, measured and actioned.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and or their relatives and the contracts were clear, user-friendly and outlined the services and responsibilities of the provider representative to the resident. They also included the fees to be paid, including any additional charges. However, some improvements were required in relation to contracts. For example, the contracts of care reviewed did not contain details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that was made available to residents and it described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The statement of purpose also included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. However, some improvement was required in the statement of purpose. For example, some further details were required in relation to the services provided and more details regarding the description of the rooms in the centre, including their size and primary function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were adequate arrangements in place for any incidents as described in the

regulations to be reported to the Office of the Chief Inspector in accordance with the requirements of the legislation. The inspector followed up on the a number of notifications received from the person in charge and saw that suitable actions had been taken regarding each accident or any adverse event.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints could be made to any member of staff and the person in charge was the designated complaints officer. The operations manager was the named person that ensured that complaint records were in compliance with regulations. A centre-specific complaints policy was in place and was dated as most recently reviewed in January 2018. The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance. Residents with whom the inspector spoke stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure. The complaints log evidenced that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and the complaint log recorded whether or not they were satisfied as required by regulation.

Judgment: Compliant

Quality and safety

Overall, the care and support provided to residents was seen to be of a good standard. Residents spoke about the friendly and caring atmosphere in the centre. Residents said their choices and wishes were actively sought and respected, and that they received very good care and support from all staff. The inspector noted that the overall ethos in the centre was to provide a relaxed, homely and supportive environment for residents. The centre was located in a rural setting. However, it was well connected to the local community. For example, while all religious denominations were respected there was regular visits by clergy for both Church of Ireland and Roman Catholic residents. There were visits by the Legion of Mary and weekly live music sessions provided by local musicians. There was golf outings and visits to shops and other local amenities which were open to all residents. Residents outlined how they were consulted with and facilitated to participate in the organisation of activities in the centre. For example, residents' care plan assessments included an evaluation of residents' social and emotional well being; including suitable activities assessments such as "The Communication

Passport". These assessments gave staff an insight into residents' pastimes, likes, and dislikes, preferences and hobbies. Residents told the inspector that there was a good range of activities provided. Over the two days of inspection, the inspector noted that there was a good level of activity in the large sitting room, and music to be particularly popular with residents.

There was evidence that healthcare and social support was provided to a good standard and the person in charge outlined the on-going work that staff had achieved in relation to developing the care planning system in the centre. Overall, there were adequate details to support staff in effectively managing residents' health and social care needs. These included suitable assessment, planning, implementation and review of residents' health and social care needs. Based on a random sample of care plans reviewed, the inspector was satisfied that, the care plans reflected each resident's assessed needs. Residents' assessments were supported by a number of evidenced-based assessment tools and plans of care were in place to meet most identified needs. Nursing care was provided by a minimum of two registered nurses who were on duty in the centre both during the day and at night time. These arrangements meant that, overall, residents' care and support needs were being adequately met on an ongoing basis. However, some care plans required improvement. For example, not all care plans reviewed were adequately completed to inform and guide staff in their practice in relation to medication management.

Residents were protected from abuse and harm, and residents who the inspector spoke with confirmed that they felt safe in the centre. There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records confirmed that all staff had received suitable training and all staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was evidence that the centre was endeavouring to provide a restraint-free environment while also endeavouring to respect residents' expressed preferences. While bed rails were in use; suitable arrangements were in place to ensure that any restraint was only used as a last resort, monitored and reviewed regularly to ensure residents' safety.

There was an adequate means of escape and fire exits were seen to be unobstructed. Clear procedures for the safe evacuation of residents and staff in the event of fire was displayed in a number of areas. Overall, fire records were comprehensive, accurate and easily retrievable. Each resident who smoked had a risk assessment and suitable care plan in place. However, some improvement was required to these risk assessments to ensure that they clearly quantified the actual level of risk associated with residents smoking.

Regulation 12: Personal possessions

Each resident had a bedside locker that could be secured if a resident wished to store small amounts of money or valuables. Most bedrooms were decorated in accordance with residents' wishes and preferences and they all had access to their personal property. In each bedroom, residents had an individual wardrobe available that provided adequate space to store and maintain clothes and personal items.

Judgment: Compliant

Regulation 17: Premises

The inspector noted that the design and layout of the centre was adequate to meet the individual and collective needs of residents and was in keeping with the centre's statement of purpose. The centre was observed to be generally bright, furnished to a good standard and appeared clean throughout. There were appropriate pictures, furnishings and colour schemes throughout the centre. Overall the design and layout of resident's bedrooms provided sufficient space and furniture for each resident. There was a number of communal rooms, dining rooms and an oratory which were used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, nurses' station, administrative office, a suitably equipped kitchen and a laundry room. There was also treatment and hairdressing rooms that completed the accommodation. Residents stated that they were happy with the accommodation provided and some residents said that it was very comfortable place to live. There adequate number of toilets and bathrooms suitably located to meet the needs of residents. In relation to the one four bedded bedroom in the centre, the inspector noted that there were only two residents living in this room at the time of inspection. However, the provider was advised that from 01 January 2022; all bedrooms will need to meet the requirements of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. These regulations stipulated that, from that date, each resident shall have an area of not less than 7.4 m² of floor space, and no bedroom shall have more than 4 residents other than a high dependency room, which shall not have more than 6 residents.

There was evidence of on-going redecoration for example, since the previous inspection there had been repainting of doors and colour coding each of the three wings of the centre and several new paintings were on display throughout the reception area. Many of the bedrooms doors had been painted different colours to assist residents with orientating themselves around the building. In addition, there had been new curtains for all bedrooms, new curtains for the day room, and for the dining rooms. In addition, there were a number of new dining room tables, new dining room chairs, new oratory chairs and new coffee tables for the reception area. The inspector noted that residents were consulted in this upgrading and

assisted with choosing the different fabrics and colours for paintwork and the furniture. Residents reported to have enjoyed being part of this and one resident was present at the meeting with the painter and with the curtain supplier. However, some areas needed redecoration for example, some walls and skirting boards required repainting due to wear and tear.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a low level of accidents or incidents recorded in the centre and there were accident prevention measures in place. There had been improvements in the risk management system which was seen to be comprehensive and supported the provider representative to identify where risks were occurring. Actions were put in place to control risks where they were identified. However, the risk assessments for residents who smoked cigarettes in the centre required review to ensure that they adequately quantified the actual level of risks associated with smoking.

Judgment: Substantially compliant

Regulation 27: Infection control

The premises appeared to be clean and there were appropriate infection prevention and control procedures being practiced throughout the centre, which were in line with relevant national standards. Since the previous inspection, a new cleaning system has been introduced including the purchase of a new cleaning trolley that promoted the prevention of cross contamination between different areas in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken suitable measures to protect residents, staff and the premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. Staff had up-to-date fire safety training including attendance at fire evacuation drills in the centre. The emergency lighting was regularly checked by staff and was serviced on a quarterly basis. Fire safety equipment was serviced on an annual basis. The fire alarm panel was serviced quarterly and most recently in

December 2018. Regular fire drills had taken place in the previous 12 months and a description of the fire drill, details of the participants and any issues identified, were recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was observed and the inspector found that nursing staff adopted a person-centred approach. The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents, in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Robust measures were in place for the handling and storage of controlled drugs, that were in accordance with current guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Since the previous inspection written handover records had been introduced to enhance effective communication between all staff during the staff handover meetings. There was suitable arrangements in relation to admissions to the centre and all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess for example, each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission, and as required thereafter.

Judgment: Compliant

Regulation 6: Health care

There was appropriate medical and health care, including an adequate standard of evidence-based nursing care provided for residents in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais. There was also evidence of good access to other specialist and allied health care services to meet the care needs of residents. For example, there was evidence of timely access to speech and language therapy, occupational therapy, physiotherapy, psychiatry, and chiropody services. The inspector noted that since the previous inspection, a

physiotherapist now visited residents every Thursday afternoon and provided assessments and two physiotherapy classes; one was a standing balance class and the other a seated balance class. The inspector was informed that these classes were aimed at increasing resident's balance and mobility and therefore reduce and prevent the incidence of residents' falls.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for any residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. The inspector noted that staffing resources were kept under review to ensure suitable supports were provided, if required. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up as required. Care plans reviewed for residents who exhibited behaviours that challenge were seen to reflect the positive behavioural strategies proposed, including staff using person-centred de-escalation methods.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that there were measures in place to protect residents from suffering harm or abuse. The centre managed a small number of pensions on behalf of residents. However, there were suitable financial records and transparent arrangements in place in relation to the maintenance of residents' financial transactions. For example, all lodgements and withdrawals were adequately documented or signed for by residents, and or their representatives and counter signed by staff. In relation to the storage of valuables, the inspector noted that all residents were provided with a lockable storage facility in their bedrooms. Staff interviewed demonstrated an adequate understanding of safeguarding and preventing elder abuse. All staff spoken with were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice and control over their daily life was facilitated in all aspects of their daily lives. For example, the times of they got up or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents spoke about the friendly atmosphere in the centre. The inspector noted that there was jovial banter between staff and residents, particularly during meal times, or during group and when one to one activities were being provided. Residents were supported to retain as much control of their own decision making as possible. Residents were kept informed about their rights, including, civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Since the previous inspection, there was improved dementia friendly signage placed throughout the centre that contained raised tactile wording. There was also new road signage and new signage over the main entrance. A new dementia friendly digital clock was available in the reception area, and residents commented on it being very beneficial. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. For example, since the previous inspection, there was a entertainer visiting the centre each week who completed reminiscence, storytelling, poetry and drama sessions with the residents. Residents' access to the community was maintained for example, by access to local and daily newspapers, local parish newsletters, visits by friends and family. There was also access to media and aids such as telephone and wireless Internet access.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0020774

Date of inspection: 22/01/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>The contract of care is currently being reviewed. It is being updated to include details of the terms relating to the bedroom and the number of occupants (if any).</p> <p>This is currently being reviewed and will be completed by 7th March 2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose and function is currently under review. It will be reviewed and updated. This will be completed by 30th March 2019.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is an on-going planned programme of upgrading and redecorating. There is a considerable amount of wear and tear due to resident's specialized equipment needs.</p>	

In 2019 skirting and paintwork which requires painting and redecorating will be completed.

Time Scale: 31st May 2019 and on-going.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

A center specific smoking risk assessment is being developed which adequately quantifies the actual risk associated with smoking.

This will be completed by 31st March 2019.

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 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	31/05/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	07/03/2019

	centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2019