



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Sally Park Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Sally Park Close, Firhouse, Dublin 24
Type of inspection:	Announced
Date of inspection:	22 October 2019
Centre ID:	OSV-0005565
Fieldwork ID:	MON-0022883

About the designated centre

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

Sally Park is a Georgian building with two modern extensions set in extensive mature gardens with views over the local area. There is parking at the front of the premises, and the centre is close to public transport routes and local shops and facilities in the area.

The designated centre is provided over three floors. There are 21 single en-suite bedrooms, 5 single rooms, four double rooms and three multi-occupancy rooms. There are a range of communal rooms and seating areas in the centre, and a large dining area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
22 October 2019	09:00hrs to 16:00hrs	Helen Lindsey	Lead
22 October 2019	09:00hrs to 16:00hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Overall the residents and families that spoke with inspectors expressed high levels of satisfaction with the care that was provided. Staff were described as kind and interested in ensuring residents were well cared for and happy in the centre and there was good communication between the staff and families. Two residents described staff by saying “they couldn’t do enough for you.” Residents said that there was plenty of staff available and described them as responsive to their needs.

Some residents were observed spending time in their rooms reading, listening to the radio or watching television. They said that they had freedom to choose what they did and said that staff respected this. One resident said that they had plenty to do. Residents said that they enjoyed opportunities to take part in various activities and especially enjoyed singing. The communal areas were decorated in a Halloween theme.

Visitors were welcomed by staff. Many chose to sit with their visitors in a variety of communal rooms or visited in resident bedrooms if they wished.

Residents described meals as varied, good quality and well presented. They said that there were alternative choices provided. They also said that they could have meals alone or with others.

Capacity and capability

While there had been some improvement in the centre since the last inspection, such as improved staffing levels, further improvements were required in relation to governance arrangements and staffing records.

There was sufficient staff on duty at all times to provide the care and service that were outlined in the statement of purpose. There had been an addition to night time staffing numbers since the last inspection.

Staff and management were observed to be well known to both residents and families and family members reported that if there was a problem it was dealt with quickly and management were very supportive, responsive and approachable when issues arose.

Documentation such as the directory of residents, evidence of insurance and contracts of care were all maintained in line with the regulations.

There were a number required actions still outstanding from the last inspection

regarding fire safety which is discussed under regulation 28, and oversight systems with regards to training and development for staff which is discussed under regulation 16. While residents meetings were taking place regularly the actions that were taken were not recorded.

There had been some improvements in the operation of the centre since the last inspection, for example increasing the number of bathrooms to improve privacy and dignity for residents, increased night time staffing levels, and improved management of staff files. However and area of significant concern at the last inspection had not been fully addressed, and improvements continued to be required to fully address fire safety concerns identified in the centre. The provider had put a number of improvements in place, but those that remained outstanding meant that there were ongoing risks in relation fire safety management in the centre.

Registration Regulation 4: Application for registration or renewal of registration

All documentation had been submitted on time to support the renewal of the registration of the centre. However, as works were in progress that changed the floor plan, and details in the statement of purpose, updated copies were required.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. Staffing levels had been increased to four at night to ensure there were sufficient staff to support resident's needs and respond in an emergency.

Planned and worked rosters were reviewed and found to be consistent with the staffing levels described in the statement of purpose. There was at least one registered nurse on duty at all time.

All staff records that were viewed contained the required documentation, including the Garda vetting checks.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training. Training was provided in manual handling,

fire safety, and safeguarding, however due to gaps in the record provided, and no certificates of attendance available inspectors were not assured all staff had completed training and refresher training within the time frames set out in their guidance. The training schedule included training on fire safety, managing behaviours that is challenging, safeguarding, pain management, falls prevention, end-of-life care, infection control and medication management.

While staff supervision was taking place there were gaps identified for some of the staff files reviewed and there was no monitoring system in place to track this. Where staff reviews took place staff had the opportunity to identify training needs, this was in development for all staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was in place and it set out the information required by in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

There was up-to-date insurance in place including cover for loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. There were sufficient staff to ensure the effective delivery of care to meet residents needs and in accordance with the statement of purpose.

There were arrangements in place to monitor how the centre was operating, and the person in charge and assistant director of nursing were very familiar with these. Clinical audits were carried out which analysed accidents, complaints, care plans, medications, infection control, restrictive practice and others. The results of audits were shared with staff for learning, and there were action plans setting out who was responsible for ensuring agreed actions were completed. However further review of

the system was required as there were gaps identified in some areas during the inspection that had not been picked up by the management team. For example, medication practice and records relating to PRN (as required) medication.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings. However there was no record of the actions being completed. Inspectors noted that the annual review of the service was completed.

An area of significant concern continued to be the lack of effective resourcing to deliver required improvements in relation to fire safety in the centre. While some areas had improved, such as fire safety training and staff knowledge, insufficient progress had been made in other areas for example upgrading the fire alarm and emergency lighting system, these improvements had been planned but not commenced. Some improvements made had not fully resolved the concerns raised by inspectors, for example the effectiveness of fire doors. Documentation submitted to the Chief Inspector had not provided key information about physical structure of the building. This is discussed further under regulation 28.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

While all residents had a contract of care that described the fee to be charged and the services that incurred extra charges and the resident's contribution, the room number and number of occupants in the rooms were not outlined.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A collection of policies was in place and included the policies required by the regulations. There was evidence of regular review of policies.

One policy was found not to be fully implemented in practice. A number of risks identified during the inspection had not been added to the risk register and risk rated. For example, the risk associated with fire doors as discussed under regulation 28 and the premises upgrade with regards to construction work in relation to the additional bathrooms.

While the provider confirmed that fire safety was discussed in the centre on a regular basis, risk assessments in place did not reflect the current deficiencies in the building, these included:

- Fire alarm not at the required standard
- Emergency lighting not at the required standard
- Fire doors not providing adequate protection, or not closing effectively
- Five of nine residents with high needs located on the top floor of the centre.

Judgment: Not compliant

Quality and safety

Residents care and support needs were being met by a staff team who knew them well. Resident had access to their own belongings, could exercise choice about how they spent their time in the centre and were offered the opportunity to engage in meaningful activities that reflected their interests. Activities took place in the large communal room and there was a number of activities on offer such as arts and crafts, reading the newspaper headlines, rosary, films, religious service, physiotherapy, board games, manicure and hand massage. Residents particularly enjoyed the sing along sessions. Activities were following a seasonal theme of Halloween.

There were clear policies in place setting out how residents needs were to be assessed prior to admission, and a more detailed assessment to be carried out on their admission, which lead to developing care plans setting out how residents individual needs were to be met. This policy was seen to be followed in practice. Care plans were clearly written, they reflected residents choices and preferences, and provided clear guidance to staff about what skills resident had and what support was required.

A number of improvements were needed to the premises, fire safety arrangements and risk management arrangements to ensure the provider was meeting the requirements of the regulations. While some work was ongoing to fit new accessible bathrooms during the inspection, other works had not been completed. The outstanding upgrade works were not set out in the risk register as issues that may impact the safety of the service.

There was evidence of good medication management policy in place to guide staff. Although some improvement was required with regards implementing the policy in practice, for example documentation in medication log books and the cleanliness of pill crushers, blood sugar testing equipment and the medication fridge.

Regulation 12: Personal possessions

Overall residents possessions were close to their personal bed space. In one bedroom wardrobes were in the hall but the provider confirmed this was the

residents preference to make more space in the bedroom. Each resident had a lockable drawer in their bedroom to store items securely.

Judgment: Compliant

Regulation 17: Premises

The provider had made improvements to the premises since the last inspection to meet the requirements of the regulations and ensure that the premises was appropriate for the number and needs of the residents. Work was on-going during the inspection to convert two en-suite bathrooms to accessible shower facilities, and improvements for a bathroom on the top floor would follow on. Door closures had been installed on all bedroom doors, however six door closers had been removed because residents and families felt the doors were now too heavy.

Storage of equipment such as laundry skips and personal care trollies had been addressed since the last inspection but still required further improvement, as large items were still being stored in bathrooms and halls.

The centre was found to be clean and well presented on the day of inspection but some improvement was needed with regards to decoration. The provider representative spoke with inspectors regarding historical leaks from the roof which resulted in water marks on ceilings affected, and the general wear and tear present in other areas.

Residents did have access to nurse call alarms throughout the centre, and their were grab rails and hand rails in halls and bathrooms to support resident mobilising independently. There was also a lift that went to each floor. Each resident had access to private lockable space in their bedrooms.

Inspectors spoke with the provider representative regarding the size of two of the double bedrooms which will not reach the size required for each resident outlined in S.I. No. 293 of 2016 which will come in to legislation at the beginning of 2022. In one of these rooms the privacy curtains limited access to the room for both residents when drawn. Also only one resident would be able to view the TV from their bed in this room.

There was a range of equipment available for residents including hoists. These, and other equipment such as beds, were seen to be serviced on a regular basis. It was noticed however that the bed pan washer had not been serviced recently which may reduce its effectiveness.

Judgment: Not compliant

Regulation 26: Risk management

Improvements had been made in some areas following the previous inspection, however there were still areas of risk that had not been adequately identified, assessed and mitigated against.

The risk policy was updated in August 2019 and contained all of the requirements set out under regulation 26(1). The safety statement was comprehensive and detailed. This risk register was kept under review by the person in charge. While the policy was now clear, it was not being followed in practice. This is set out under regulation 4.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were not assured that the fire precautions in place in the centre were adequate to ensure that residents, staff and visitors were protected from fire. While it is acknowledged that some progress had been made a number of actions remained outstanding which meant that there were not adequate arrangements in place against the risk of fire.

A range of improvements had been made following the previous inspection:

- The installation of an automatic shut off system in the kitchen
- Improved access to external gas valves externally
- Emergency exit signage had been installed along escape corridors to clearly indicate the nearest fire exit or final exit door
- All staff had attended fire safety training
- Fire drills were carried out on a regular basis, and these included night-time scenarios
- An additional staff member had been added to the night staff rota

While personal evacuation plans had been developed for all residents, they were all similar in their approach regardless of where the resident was located in the centre. All evacuation plans set out a route to evacuate the building, and not horizontal evacuation in to the next compartment, which was the approach set out in the fire policy. There were five high dependency residents and four medium dependency residents on the top floor.

The following are outstanding findings since the last inspection or were findings on the day of inspection

- Building materials and equipment were kept at the refuge area on the second

floor

- Gaps in compartment fire doors
- Gaps around some bedroom doors or some doors did not close fully
- Numerous fire signs were not lit up
- Fire safety strategy was not dated and included the details of the previous provider.
- Not all quarterly or annual certificates for emergency lighting checks

The provider sent documents to inspectors the day prior to the inspection, however there remained gaps in information requested by the Chief Inspector that had not been provided to an acceptable standard. Correspondence was sent separately to the provider on these matters.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The designated centre had written policies and procedures which related to the administration, transcribing, storage, disposal and transfer of medicines.

A pharmacist maintained oversight of medicine practices in the centre, and carried out regular audits.

Records for medications were safe and accessible although there were gaps in recording the strength of medication in a log book. While medication was stored safely the medication fridge was not routinely serviced.

Some areas required review to ensure the policy was being put in to practice. Inspectors found that medication fridge and tablet crushers were not clean and there were gaps in hand hygiene practice during drug administration rounds. While routine documentation of returned medicines was not always done, medicines that were out-of-date or no longer required were securely stored and disposed of appropriately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Records seen showed that all new residents to the home had a comprehensive assessment in place prior to taking up residence. This ensured that the home was able to meet the needs of the resident through the development of person centred care plans for each individual resident. Records observed showed that residents and families were involved in care plan construction.

Inspectors found that when the nursing and medical care needs of residents were assessed appropriate interventions and treatment plans were being implemented accordingly.

Having reviewed a sample of care plans, the inspector was satisfied that each resident (or their relative where appropriate) had been given the opportunity to outline the residents wishes regarding end of life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment in line with the national policy was promoted in practices reviewed. The centre's policy reflected the national guidance document and was available to guide restraint usage as a last resort. Due to their medical conditions, some residents had responsive behaviours. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches adopted by staff.

Staff had received training to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Some of the responsive behaviour and mood behaviour plans that were reviewed by inspectors did not outline the guidance for staff for when to give PRN (as required) medication. Examples were seen where there was no clear direction for staff when to give the PRN (as required) medication.

There was a register of restraints in place and the use of restraints were risk assessed for example the use of bed rails. There were detailed care plans in place and alternative trialled were also recorded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents and staff were seen to be communicating well during the inspection. Staff were speaking with residents about things that were important and relevant to them. As residents were seeing staff come on duty there were smiles and waves from residents which indicated a positive relationship, and all residents and family who spoke with inspectors said the support from staff was respectful and also respected their skills and preference.

A number of activities were taking place during the inspection including a music session, exercises, and also a craft session. The volume of people taking part in the

music session showed how much they were enjoying it. There was a plan on the wall setting out the programme for each day, and it included a range of activities to keep residents engaged and occupied. Where residents didn't want to join the activities their choice was respected, and there was some one-to-one support offered for those who chose to stay in quieter parts of the centre. Mass was available in the centre on a regular basis for those who chose to take part. Residents with other religions were supported as per their wishes.

Residents had access to advocacy and regular religious services in the centre and access to external advocacy services. Residents who wished to participate in recent elections had been supported to do so.

Regular resident meetings were held but the improvements and suggestions made by residents was not always recorded. Due to this it was not clear how residents were consulted in the overall organisation of the centre. This was a finding during the last inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sally Park Nursing Home OSV-0005565

Inspection ID: MON-0022883

Date of inspection: 22/10/2019

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. **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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Going forward the PIC is going to ensure that certificates of all training is kept on file and will ensure that there are no gaps in the training record. For Staff supervision, a monitoring tool has been put in place and the PIC will be able to easily identify staff that are due supervision and reviews.</p>	
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>The PIC has instructed all nurses to ensure for any of their Key Residents who have a PRN medication in place to ensure that a cohesive effective care plan is in situ so that all nurses know when to give a PRN medication.</p> <p>The PIC and ADON are recording actions following resident meetings (actions have occurred they had just not been documented), so going forward this will occur.</p> <p>The upgrade of the Fire Alarm Panel has been completed as per previous plan, the upgrade to the emergency lighting was planned for Quarter 4 but the contractor was unable to fit this in, this has now been rescheduled for the first Quarter of 2020.</p> <p>The fire Doors are being checked on a daily basis since the 22 October 2019 and any adjustments required made daily, there has been no need for any adjustments since the 25 October 2019. (Further detail following Regulation 28)</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>All contracts of Care for Residents are in the process of being updated to include room numbers and occupancy of the room. This will be complete by the 10 December 2019.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Risk Register has been updated to include the risk related to the doors and door closures, there was a separate risk assessment for the building works being carried out to the bathrooms, but this has since been added to the risk register, the fire alarm not being at the required standard was added to the risk register following the visit on the 22 Oct but as this is now up to standard has been closed off, Emergency lighting not at required standard has been added to the Risk register and is detailed in the Fire Risk Assessment. Although five of nine residents located on the top floor have high needs, this area has been practice evacuated, taking into account these needs and have been managed effectively. The PIC and ADON are looking at how residents can be relocated around the home and at present no further changes can be made. Staff however will continue to practice fire drills in that area of the house with the current needs of the residents there.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Storage is being revisited and additional storage for personal care trollies has been identified in the store area adjacent to the nurse station on the ground floor. On the ground floor there are two hoists stored in the corridor where it is wide enough to hold these, this area will be marked out as storage on the floor to assist with management of same. The bedroom where the access to the room is limited will be redesigned with curtaining. The Curtain fitter will endeavor to have this completed by the 20 December</p>	

2019. At the moment only one of the residents in that particular room watches TV, should this change in the future an additional TV will be provided. The Bed Pan washer has been serviced in 28 Nov. 2019.

For the door closers that have been removed because the residents were unable to open the doors since they have a feeling of being "locked in", the management ensures that the doors will be closed in the event of fire, this is included in the instruction on the emergency fire safety procedure.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Building Materials were being stored temporarily on the landing outside the double doors tidily whilst building was being undertaken on the first floor. This has since been completed and is no longer there. All identified gaps have had additional intumescent/smoke seal fitted to reduce gaps to acceptable level (less than 3mls). All doors have been closing effectively daily since the 25th October but are still being checked daily. Although some fire signs were not lit up throughout the day, they were however wired to come on in an emergency, the electrician however has been asked to come and rectify this and work commenced on this on the 27 Nov and will be completed imminently (this delay was due to the contractor). The fire Safety strategy that was in the file was the old one, there is a new one but for some reason the new one had not been filed. The quarterly emergency lighting checks were all present, previously it was noted that the previous contractor for Emergency lights had not been providing annual certificates but going forward this will be rectified. tidily whilst building was being undertaken on the first floor. This has since been completed and is no longer there. All identified gaps have had additional intumescent/smoke seal fitted to reduce gaps to acceptable level (less than 3mls). All doors have been closing effectively daily since the 25th October but are still being checked daily. Although some fire signs were not lit up throughout the day, they were however wired to come on in an emergency, the electrician however has been asked to come and rectify this and work commenced on this on the 27 Nov and will be completed imminently (this delay was due to the contractor). The fire Safety strategy that was in the file was the old one, there is a new one but for some reason the new one had not been filed. The quarterly emergency lighting checks were all present, previously it was noted that the previous contractor for Emergency lights had not been providing annual certificates but going forward this will be rectified.

PEEP has been reviewed and revised to indicate how to carry out horizontal evacuation and this is now in line with our fire policy.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A full overhaul of medication management has taken place since the 22 October and a new pharmacy has taken on the Nursing Home. This has provided an opportunity to ensure that all medication procedures are carried out effectively and as per policy including recording the strengths of all medications, a new fridge has been provided and a new pill crusher. All nurses have been reminded about hand hygiene (the nurse in question on the day stated that he had gotten a little flustered when he was being observed, the same nurse has since been observed and found to carry out effective hand hygiene. There is a new process in place to record all returned medications.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All nurses have updated their care plans to ensure that there are accurate concise plans in place as to when to administer PRN medication for residents that display behavior that may challenge.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Going forward actions arising from Residents suggestions and meetings will be documented when actioned.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	25/10/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/11/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Yellow	20/12/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the	Not Compliant	Orange	20/12/2019

	residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	31/03/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	25/10/2019
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	Substantially Compliant	Yellow	10/12/2019

	resident shall reside in that centre.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	10/12/2019
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	31/03/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Yellow	31/10/2019

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/10/2019
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 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.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Not Compliant	Orange	31/10/2019

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/11/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/10/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2019
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	Substantially Compliant	Yellow	31/12/2019

	resident's pharmacist regarding the appropriate use of the product.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	09/12/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant		23/12/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant		23/12/2019