



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

Issued by the Chief Inspector

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| Name of designated centre: | Buncrana Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Maginn Avenue, Buncrana, Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 June 2022 |
| Centre ID: | OSV-0000614 |
| Fieldwork ID: | MON-0036039 |

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 28 |
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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 |
|---------------------|----------------------|--------------------|------|
| Friday 24 June 2022 | 09:00hrs to 17:00hrs | Nikhil Sureshkumar | Lead |

What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and the residents spoken with were complimentary about the staff and the care provided in the centre. While the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of long-stay residents, the short-stay residents in the centre were not provided with the same level of service.

The residents commented that they loved being in the centre, and the staff were approachable and attentive to them. Some residents said that they enjoyed the activities offered in the centre, with one resident telling the inspector that they had finished making cards for their friends in the community and that they loved the activities provided in the centre.

The centre is located near Buncrana town and is close to the main road and local amenities. The centre is a single-storey facility which accommodates 28 residents. There were six short-stay residents accommodated in the newly refurbished Ash unit. The remaining residents were accommodated in the original unit. The centre has a main reception area which has sufficient seating available for residents and visitors who choose to sit and watch staff and visitors coming and going.

The centre's corridors were well ventilated and bright. The centre has a good signage system, including pictorial signage, which supports the residents in navigating around the centre. There was a resident notice board, which provided various information for residents. The information available includes the activities for the day and the complaint procedure of the designated centre. The results of the quality improvement programs carried out in the centre were also displayed on the notice board and were accessible to residents and staff.

The inspector spent time in the day room dedicated to the long-term care residents in the centre. The atmosphere in the day room was relaxed, and staff were seen actively interacting with the residents. The residents were engaged in various activities of their choosing, such as card making and religious activities. Staff were available in the day room and were found to be knowledgeable about the residents' care needs and how each resident liked to spend their day. The inspector noted that the residents were provided with encouragement in line with their needs and that staff interactions with the residents were respectful.

However, the atmosphere in the Ash unit was quiet, with little going on for the residents. One resident was in bed during the afternoon and told the inspector that they felt lonely in the centre and would love some company. Even though staff were available in the unit, the care provided was task-oriented and provided little meaningful engagement and social interaction for the residents.

The inspector visited some residents' bedrooms on both units and noted that the

residents' bedrooms were personalised and decorated in accordance with their wishes with pictures and memorabilia. Residents had access to enough personal storage spaces such as wardrobes and bedside lockers with lockable drawers. Emergency call bells were accessible to the residents and were located at appropriate locations in the bedrooms, bathrooms and toilets. There were sufficient grab rails in the residents' toilets. Overall, the premises were well maintained, however, the bedroom and the corridors required refurbishment and painting.

The centre has a safe indoor garden that was beautifully maintained with well-laid garden paths, shrubbery and raised flower beds. The garden was secure and fenced and faced the car park area and the main road. There was garden furniture available in the garden for people to relax and enjoy the views of the garden. This indoor garden was adjacent to the Ash unit. However, the residents in the Ash unit did not have access to the garden area without a staff member being present to accompany them. In addition, the centre's long-term residents did not have any access to the indoor garden because it was now designated for the use of short-term residents only. The staff confirmed the current access arrangements and informed the inspector that the residents in the main unit missed their garden. This was an overly restrictive arrangement that did not meet the needs of the residents and did not ensure that their choices were respected. There was another outdoor garden area which was nicely laid out and had vegetables growing in raised beds.

However, the person in charge informed the inspector that the residents were once again not able to access the outdoor area without the presence of a member of staff because this area was not secure and was close to the main road.

Residents were complimentary about the food served in the centre, and inspectors saw that residents were offered a choice. Food and refreshments, including modified diets, were well presented to the residents and were appetising. The inspector observed that appropriate assistance was provided to residents and the meals served were not hurried. The meal times were a social occasion where residents chatted with their friends and staff.

The staff ensured that visitors were signed in and completed safety checks, in line with infection control guidance and were welcomed by the staff. Visitors were seen with their relatives near the sitting area near the reception, bedrooms and along the corridors.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the oversight and governance arrangements in the designated centre did not ensure that safe and appropriate care and services were

provided for all residents accommodated in the centre. Changes had been made to the centre's organisational structure since the last inspection, which meant that the staff working in the Ash unit were not reporting to the person in charge in the designated centre, and as such, the person in charge did not have oversight of the care and services provided for the residents on this unit. This was not an acceptable arrangement and did not reflect the management structure outlined in the designated centre's statement of purpose against which the designated centre was registered in 2021. Neither did this arrangement provide adequate oversight of the quality and safety of care and services provided for the residents in this unit.

In addition, the inspector found that there was ambiguity among staff and the management team regarding the reporting structure in the centre. The staff, including the clinical nurse manager in the Ash unit, continued to report to the person in charge of another centre even though they were working in Buncrana Community Hospital.

There were sufficient staff available in the centre on the day of inspection, however, the inspector noted that the person in charge had not taken responsibility for ensuring the number and skill mix of staff in all units in the designated centre. This was evidenced on the roster where the inspector observed that the staff working in the Ash unit were not included in the centre's roster, and a separate duty roster was held in the Ash unit. This was brought to the provider's attention at the time of the inspection, and assurances were given that the centre's governance arrangements would be revised to ensure that the person in charge was responsible for all residents and staff in Buncrana Community Hospital.

Personnel files of staff in the Ash unit were unavailable in the designated centre, and the information about the arrangements for staff attendance to mandatory training was unavailable to the inspector on the day of inspection. The inspector noted that while the information about the long-stay residents was available in the directory of residents, the information about the short-stay residents in the Ash unit were not included in the centre's directory of residents.

The inspector noted that some staff were not up to date with the mandatory safeguarding training. Assurances were received following the inspection that staff had attended the required training and mandatory training was up to date.

The inspector noted that revised and up-to-date policies were available for all the staff in the centre. Even so, the staff in the Ash unit did not follow the policies and procedures of the designated centre and informed the inspector that they followed the policy of another designated centre.

Furthermore, the complaints received in the Ash unit were not logged into the designated centre's complaint log and were not managed in accordance with the centre's complaint policy and regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff in the centre was found to be appropriate on the day of the inspection, and the person in charge ensured that a registered nurse was available at all times in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff had not completed the safeguarding training that were overdue. The person in charge assured the inspector following the inspection that the staff have completed the mandatory trainings.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents in the centre did not always contain all the information specified under Schedule 3 of the regulation. For example, the information regarding short stay residents in Ash unit were not included in the centre's directory of residents.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had not ensured that that the records specified under Schedule 4 of the regulation were kept in the centre. For example, the personnel files of staff in Ash unit were not kept in the designated centre and were unavailable for the inspector to review on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure of the centre was not clear and some staff working in the designated centre were reporting to a manager located outside of the designated centre. This arrangement meant that the person in charge did not have

oversight of the care and services provided for residents accommodated on Ash unit.

While there was a comprehensive quality assurance system in place the audits and quality checks did not include care and services provided to those residents accommodated on Ash unit and as such did not ensure that safe and appropriate care was provided for all residents accommodated in the designated centre. In addition, while the centre had a schedule of audits, risk registers, and management information sharing systems, this did not include the staff and resident information from Ash unit and as this information was not being used to drive service quality improvement for all residents in the centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

One complaint received in the Ash unit was not logged in the complaint log of the centre, and the nominated person to deal with the complaint was not notified regarding the complaint. As a result, the nominated person had not investigated the complaint, and a record of the investigation was unavailable to the inspector on the day of inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies and procedures on the matters set out in Schedule 5 were implemented in the designated centre. For example, a number of staff who spoke with the inspector in Ash unit confirmed that they did not follow the policies of the designated centre and instead followed the policies of another designated centre. As a result the inspector was not assured that the policies and procedures of the designated the centre were implemented throughout the centre.

Judgment: Substantially compliant

Quality and safety

The centre has a well-established team in the centre, and the care provided to the residents in the centre is generally of good quality. While the long-stay residents in the centre enjoyed a good quality of service, the governance and oversight

arrangements in place at the time of the inspection did not provide assurances that the quality and safety of care and services were provided for all residents accommodated in the designated centre.

The inspector noted that while regular residents' meetings and satisfaction surveys were held, not all residents accommodated in the designated centre were included in the meetings and surveys. As a result, those residents accommodated in the Ash unit did not have the opportunity to be involved in and consulted about the organisation of the designated centre.

The inspector reviewed a sample of residents' care plans and noted that the standard of care plans was not consistent. A number of care plans reviewed did not include an appropriate assessment of need and details of the required care interventions to facilitate staff to provide appropriate person-centred care and support for the residents. For example, some residents were not assessed for their preferences and capabilities to engage in social care activities, and a care plan to support their social care needs was not developed.

Most residents living in the designated centre were provided with a range of activities provided by dedicated activity staff who supported residents to engage in meaningful activities in line with their choices and abilities to participate. There were weekly activities scheduled for residents, and changes to activities schedules were made in consultation with the residents on a day-to-day basis. However, the activities programme was not available for those residents accommodated in the Ash unit, and as a result, the residents did not receive opportunities to engage in meaningful activities in this unit. One resident who was in the Ash unit told the inspector that they felt lonely in the centre, and the inspector found that a number of residents on this unit stayed in bed in the afternoon on the day of inspection.

The inspector noted that the centre's Infection Prevention and Control (IP&C) measures in place required improvements to ensure they met the national standards. This is further discussed under Regulation 27.

Even though systems were in place to identify fire safety risks in the centre, the inspector identified a number of fire risks on the day of the inspection which had not been picked up through the fire safety checks carried out in the centre. This is further discussed under Regulation 28.

The inspector noted that the residents' access to the indoor garden was restricted in the centre, and the long-term residents in the centre did not have access to the centre's well-maintained garden. In addition, the inspector noted that the location of the television in the multi-occupancy rooms made it difficult to ensure that the residents could watch their choice of television program without impacting other residents accommodated in the room.

Regulation 11: Visits

Visiting arrangements in the designated centre were in line with the national guidance at the time (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities) and local public health restrictions. Visiting arrangements ensure that residents were able to meet with their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulations. This was evident on the walk around on inspection where the inspector found that all areas except for the newly refurbished Ash unit required refurbishment and decorating.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector was not assured that procedures consistent with the standards for infection prevention and control in community services were implemented in a number of areas. For example:

- The processes in place for the cleaning and disinfection of the designated centre did not include all the clinical equipment, such as the pulse oximeter, and the device was found on the floor on the day of inspection.
- In addition, clear systems were required to ensure that single-patient-use equipment such as hoist slings was not re-used by other residents to prevent cross infections.
- Individual glucometers were not available for all residents who required blood glucose monitoring. This increased the risk of transmission of blood-borne pathogens.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors found that the provider had not taken adequate precautions against the risk of fire in the designated centre. For example:

- Oxygen was stored in the Ash unit, and there was no signage to alert staff that oxygen was stored in this area.
- Regular simulated fire drills had not been carried out in the Ash unit, and as a result, the inspector was not assured that the staff would be able to evacuate the residents safely in the event of a fire emergency in the centre.
- The building layout displayed near the centre's fire evacuation panel did not provide clear information to demonstrate where the main fire compartment boundaries were. In addition, staff who spoke with the inspector were unable to clearly identify the compartment boundaries in the building which might impact on staff's ability to evacuate the residents to a safe area in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found that:

- some residents did not have a comprehensive assessment in place to inform the care plan that was required to meet the residents assessed needs.
- a number of residents did not have a social care plan in place which outlined their needs and preferences for social interactions and participation in meaningful activities.
- a number of care plans had not been updated and as a result did not reflect the resident's current needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents have timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

Several staff had their mandatory safeguarding training overdue, and as a result, the inspector was not assured that the centre's arrangements to safeguard their residents were always appropriate.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not ensured that all residents were provided with opportunities to participate in activities in accordance with their preferences and capabilities. For example, while there was an activity programme in place this was not made available to all residents accommodated in the designated centre.

The provider had not ensured that the residents' rights to access the centre's safe indoor garden were facilitated. The inspector noted that the access to the indoor garden was restricted with keypad locks and that the long-stay residents in the centre were not facilitated to access the indoor garden.

While most residents were facilitated to be involved in the organisation of the centre through residents' meetings and surveys this facilitation did not include the residents in Ash unit.

The centre's arrangement to ensure that the residents had access to a television did not ensure that those residents accommodated in the multi-occupancy rooms were able to watch their choice of television program. This was a repeated finding from the previous inspection in 2021.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0036039

Date of inspection: 24/06/2022

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>All staff have access to Mandatory Training, and are informed of the Health Act 2007 and Regulations.</p> <p>A Training Matrix is in place which is overseen by the Clinical Nurse Manager and Clerical Officer. Two staff members were identified on inspection as not having Safeguarding Training completed, certificates were produced for the Inspector to view and these dates were then added to the Training Matrix.</p> | |
| Regulation 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A Directory of Residents is maintained for all resident activity in the Centre. This Directory now includes the residents of the temporary short stay ward Ash.</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Personnel files are available for all staff which now includes the staff from the temporary</p> | |

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| ward, Ash. | |
| 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>A temporary ward Ash was set up to facilitate the refurbishment of a neighboring Designated Centre and the Governance and Management was discussed with the Inspectorate in February 2021 prior the opening of Ash ward. There was an agreement that the Governance and Management continued with the Manager from the neighboring Designated Centre during the temporary works. Following the inspection on the 24.06.2022 the Inspectorate requested that the Governance and management of Ash ward be managed by the Person in Charge of Buncrana Community Hospital. This was completed following the Inspection.</p> <p>The Schedule of Audits, Risk Register and Managers Information Sharing Systems now include the staff and residents from Ash Ward in order to drive service quality improvement to all residents in the Centre.</p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints received in the Centre including Ash Ward are logged in accordance with the Complaints Policy, the Nominated Person has fully investigated and resolved the complaint regarding Ash Ward with documented evidence which was made available to the Inspector on the day of inspection.</p> | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> | |

All Schedule 5 Policies have been reviewed and are being followed in the Designated Centre including the staff in Ash Ward.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
On the day of inspection minor refurbishment works and decorating was planned. These works have now been completed.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
All Infection Prevention and Control procedures consistent with the standards of the prevention and control of Healthcare Associated Infections are implemented by all staff in the Designated Centre.
Procedures have been put in place to ensure that all clinical equipment and individual resident equipment is cleaned and recorded. All residents have their own individual slings and individual glucometers.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Signage has been updated to include all areas where oxygen is stored and in use.
Fire evacuation simulated drills of the entire Designated Centre include all staff from the temporary Ash ward and includes compartment boundaries.
An updated building layout plan has been requested from the Estates department to include the compartment boundaries.

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review has been completed on all resident plans of care by the nursing staff and updated to include a comprehensive assessment of the residents assessed needs, social care plan for social interactions and participation in meaningful activities in accordance with their preferences. All care plans are updated 4 monthly or more often if required</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Two staff members who were identified as being overdue in Safeguarding Training as their certificate of completion was not recorded on the Training Matrix have now been added.</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>All residents are now provided with opportunities to participate in activities in accordance with their preferences and capabilities. An activity programme is available for all residents in the Designated Centre including Ash Ward. Residents are facilitated to access the indoor garden areas in the Designated Centre. All residents are involved in the organization of the Centre through resident meetings and surveys including Ash ward.</p> <p>All residents have access to TV's in the sitting rooms. I pads are available to any resident who would like to watch programmes in private.</p> <p>Major refurbishment is planned for the designated centre, which will include the installation of individual TV's in each resident's bed space.</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 | 24/06/2022 |
| 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 | 31/07/2022 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 31/07/2022 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by | Substantially Compliant | Yellow | 31/07/2022 |

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| | the Chief Inspector. | | | |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Not Compliant | Orange | 30/06/2022 |
| 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. | Substantially Compliant | Yellow | 25/08/2022 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/07/2022 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 25/08/2022 |

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| 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 reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 25/09/2022 |
| Regulation 34(1)(c) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints. | Substantially Compliant | Yellow | 24/06/2022 |
| Regulation 34(1)(d) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly. | Substantially Compliant | Yellow | 24/06/2022 |
| Regulation 34(2) | The registered provider shall | Substantially Compliant | Yellow | 24/06/2022 |

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| | ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan. | | | |
| Regulation 04(1) | The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow | 24/06/2022 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Substantially Compliant | Yellow | 25/08/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care | Substantially Compliant | Yellow | 25/09/2022 |

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| | plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | | | |
| Regulation 8(2) | The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse. | Substantially Compliant | Yellow | 24/06/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 25/08/2022 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Not Compliant | Orange | 25/08/2022 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, | Substantially Compliant | Yellow | 25/08/2022 |

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| | newspapers and other media. | | | |
| 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 | Yellow | 25/08/2022 |