Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Plunkett Community Nursing Unit</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Elphin Street, Boyle, Roscommon</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 July 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000653</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0024332</td>
</tr>
</tbody>
</table>
About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 36 residents who require long-term residential care and two residents who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. A day care service is provided for up to twenty residents three days a week. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life.

The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 16 single, nine double rooms and one room that can accommodate four residents. Communal space includes a large sitting room, a dining area, an oratory and a visitor’s room. The centre has a large secure garden area that is centrally located and has been cultivated to make it interesting for residents.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 28 |
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 July 2019</td>
<td>11:30hrs to 19:30hrs</td>
<td>Geraldine Jolley</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector spoke with eight residents during the inspection. Residents said they were well cared for and that the staff were kind and helpful. They said they felt safe and said staff were available when they needed assistance or used the call bells. Several commented on the positive attitudes of staff and the enthusiasm they had for their work. All said that they get the best of everything.

Residents commented positively about the equality and variety of food. They said that the choices at meal times were very good and that that portions were tailored to meet their preferences. All residents spoken with said their rooms were comfortable and that they had a choice about what they did and where they spent their time during the day. They said that staff ensured they had interesting activities to do during the day. Residents described the varied entertainment that was organised and said they liked talking about local news and sports events, playing bingo and going out on trips. Several residents said that the trips out around the local area meant that they could visit places and towns they were familiar with and

Residents said that they knew how to make a complaint and said they knew the staff well and felt that any problem they raised would be addressed.

All residents spoke highly of the staff describing them as very committed and caring.

The inspector saw that there was a good allocation of staff available during the day and that interactions between staff and residents was frequent and meaningful.

Capacity and capability

The centre was found to be well organised with appropriate resources allocated to staff and facilities to ensure a safe quality service was delivered to residents. There was a clear management structure, and governance and oversight arrangements were in place.

Auditing and quality improvement initiatives meant that the provider and person in charge had an effective system in place to ensure the service was reviewed regularly and met regulatory requirements. The inspector found that staff were committed to providing a high standard of health and social care. Evidence of improvements since the last inspection included an increased emphasis on assessments for restrictive equipment such as bed-rails with a significant reduction in their use, better organisation of the sitting areas which had enhanced comfort for residents and a more effective system for consultation with
residents. The non-compliances described in the last inspection report had been addressed.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff employed and the inspector saw that vetting disclosures were kept on site as part of the schedule 2 documents to be maintained for staff. Volunteers and any professional in contact with residents had been vetted. Volunteers who worked in the centre added to the residents' quality of life. They provided very valuable social activities and services which the residents said they enjoyed and appreciated. Their roles and responsibilities were set out in a written agreement as required by the regulations.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were observed to engage appropriately and regularly with residents. The inspector observed that everyone had good social contacts throughout the day. The person in charge and the staff team are provided with training opportunities to ensure they are appropriately skilled for their roles. Training records confirmed that staff attended training on topics that included, hand hygiene, wound management and Children First in addition to training on the mandatory topics of fire safety, moving and handling and safeguarding. Training records required review as recent dates of training was recorded but details of all courses attended or when statutory training was due as not readily accessible from the record available.

The centre provides a day care service three days a week for up to twenty people. The residential and day care service is partly integrated as some social activities are attend by both residents and day care clients. Additional staff including nursing staff is available for day care.

**Regulation 14: Persons in charge**

The person in charge is appropriately qualified and experienced for her role as required by regulation 14- Persons in charge. She has kept her skills and knowledge up to date by attending post graduate courses and acquiring additional qualifications to support her in her role.

Judgment: Compliant

**Regulation 15: Staffing**

There were 28 residents accommodated when the inspection was completed. Staffing allocations ensured the health and social care needs of residents could be met appropriately in accordance with their dependencies. There were two nurses and seven carers on duty in addition to cleaning, laundry, catering and
administrative staff. A nurse, a carer and extra dining room staff were on duty as the inspection took place on a day when the day care service operated. At night there were two nurses and two carers scheduled for duty.

Judgment: Compliant

### Regulation 16: Training and staff development

There were opportunities provided for staff to attend training pertinent to their roles and to attend statutory training. Staff had attended training on hand hygiene, Children First, medicines management and resuscitation in addition to statutory training on moving and handling, safeguarding and fire safety. Staff interviewed were well informed about residents’ needs and were observed to carry out their duties to a high standard.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a range of records that are required including care plans, fire safety records, daily records maintained, complaints records and the record of visitors.

Training records required review to convey that mandatory training was completed within the required time frames. Training undertaken during this year was recorded however it was not possible to establish if staff had completed mandatory training within the varied required time frames if they had not attended training during 2019.

The daily records completed by nurses generally focused on health and medical care and did not always describe the level of intervention required to ensure residents’ well being or the the impact of social care.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure and oversight of the service was provided by senior managers who visited the centre regularly and were provided with reports on the operation of the service. There were meetings with the provider representatives and these were used to discuss occupancy, staff allocations and
statutory requirements.

The centre provided placements for student nurses and was regularly assessed to ensure it had in place the required education standards and supervision arrangements in place.

**Judgment: Compliant**

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in July 2019. It required further review as the complete room layout had not been included specifically communal toilet and bathroom provision and the smoking room.

The opportunities for residents to engage in social activity also needed to be described in more detail.

**Judgment: Substantially compliant**

### Regulation 30: Volunteers

Several volunteers contributed to the services provided in the centre. An outline of the roles they fulfilled was described as required. Residents said they valued their contribution and said that volunteers were a provided a good connection with the community and outside activities.

**Judgment: Compliant**

### Regulation 31: Notification of incidents

Incidents were notified as required.

**Judgment: Compliant**

### Regulation 34: Complaints procedure

An action plan from the last inspection was addressed. It was identified at that time that minor complaints were not recorded. This had been addressed and the record
now reflected all complaints. There was information that reflected how the issues were investigated. The inspector saw that all issues raised had been resolved and the outcome and if the complainant was satisfied was recorded in most but not all cases as required by regulation 34. Improvement were introduced as a result of complaints. The inspector saw that improvements were introduced following complaints for example a better labelling system for clothes was in place to reduce the risk of items being misplaced.

Judgment: Substantially compliant

**Regulation 4: Written policies and procedures**

The policies and procedures required under this regulation were in place.

Judgment: Compliant

**Quality and safety**

Residents’ health and social care needs were met through appropriate staff deployment, good access to medical staff and allied health professionals, and the availability of a varied social activity programme. The environment particularly the communal sitting areas had been reviewed and redecorated since the last inspection. The layout enabled residents to sit together and to take part in activities or sit quietly away from where an activity was underway.

There were care plans for all residents and these were based on a range of assessments that identified residents’ health and social care needs including dementia care needs. There were descriptions of residents’ backgrounds and lifestyles recorded in a My Story document. This was used to provide person centred information and guide care practice. Two residents interviewed said that staff had respected their wishes at all times and checked with them daily about what they wanted to do that day. Residents said they were free to get up and go to bed when they wished and were consulted about the activities they wished to join in every day.

Care was regularly reviewed by nurses and the daily visit from the general practitioner ensured that health changes were assessed promptly. Residents told the inspector that staff enquired about their well being daily and confirmed they saw doctors and other health professionals when needed. There were varied evidenced based assessments completed to inform care plans and support the delivery of person centred care. These included assessments for vulnerability to falls, inadequate nutrition, memory problems, skin integrity and continence.
management. Where risk or vulnerability was identified, there were care plans that described the measures to be taken by staff to promote health and prevent deterioration. Independence was promoted and where residents could undertake activities themselves this was described and staff encouraged residents to maintain and improve their levels of independence.

There were care staff allocated to provide social care daily. Residents said that they enjoyed the group and individual activities which they said varied from day to day.

The building is a single storey design and it was upgraded in recent years to enhance the privacy standards for residents. There are nine double rooms and six single rooms that have ensuite facilities that include toilets and wash hand-basins. There is one room that accommodates four residents and a further 10 single rooms without ensuites. Residents have access to shower and bath facilities that are accessible and have tracking hoist systems.

There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were wide and unobstructed and there was signage to help residents locate their rooms. Bedrooms were noted to be furnished to reflect the personal style and choice of residents. Many rooms had personal items on display. All had clocks and televisions. The use of the main communal sitting room had been altered to ensure staff could undertake an activity in one area without intruding on residents who did not wish to take part. There was access to a safe outdoor garden.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, call bells were accessible to residents and there was good natural light throughout. Equipment including fire alert and fire control equipment was serviced regularly and records confirmed this. All staff were scheduled to attend fire training annually however this was not supplemented by unannounced fire drills to ensure the staff remained competent to assess and manage a fire situation.

There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place and all had received training and information on this topic during the last three years. There had been a significant reduction in the use of restrictive equipment such as bed-rails and staff were continuing to work on promoting a restraint free environment.

Regulation 10: Communication difficulties

Communication problems were described in care records and staff were aware of how they could maximise residents’ communication capacity. There was signage to indicate varied communal facilities and contrasting colours had been used in varied
areas to help residents' recognition and orientation.

**Judgment:** Compliant

### Regulation 11: Visits

There was no restriction on visits and residents said this was very positive for them as many of their friends and neighbours came to visit them when they were in town shopping.

**Judgment:** Compliant

### Regulation 12: Personal possessions

Residents had adequate space to store their personal belongings and clothing. Residents were encouraged to make their bedroom areas personal to them and this was evident throughout. There were books, photographs and person effects on display in resident areas.

**Judgment:** Compliant

### Regulation 13: End of life

Care plans reviewed included guidance for care at end of life and residents' personal wishes were recorded. The inspector saw that discussions with residents and relatives in relation to end of life took place at varied times and were reviewed when residents' health needs changed. Where residents had expressed their views in relation to resuscitation this was recorded.

**Judgment:** Compliant

### Regulation 17: Premises

The centre provides a comfortable and home like environment for residents. The standard of decoration throughout was noted to be good. There was adequate communal space for the number of residents accommodated including residents who attended for day care services. Several dementia friendly design features enhanced the environment for residents with dementia or memory problems. These
included good contrasts in the colours used for floors and walls, good use of natural light and fixtures such as wash hand basins set against a distinct background colour to improve visibility. Shower areas had appropriate accessible aids and residents had a choice of having a bath or shower.

Bedrooms had sufficient storage with a double wardrobe and additional cupboard space available to store residents’ belongings. There was over bed lighting to enable residents to use lights independently if accommodated in shared bedrooms. A range of specialist pressure relieving equipment was available when residents required such equipment.

An action plan in the last report identified that improvements to signage would assist residents and the inspector found that action had been taken to remedy this. Signage describing varied facilities was in place. This was clear, in a good colour contrast and was easy to read.

There are nine double rooms, six single rooms and a room that can accommodate four residents that have ensuite toilet and wash hand-basin facilities. There are 10 single rooms with wash hand-basins only. There are three communal showers and two bathrooms that are all fully accessible for residents use. A tracking hoist system is in place in many areas. This eliminates the need to use mobile hoists and enhances the space available to residents.

The sitting room had been reorganised to accommodate residents and day care clients more comfortably. The inspector saw that the new arrangement enabled different activities to take place without impacting on each other.

Residents had access to safe garden space.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Care records conveyed that where there were concerns about weight changes that residents were reviewed by doctors and allied health professionals.

Residents described the food served as very good and said that they enjoyed all their meals. Menus conveyed the choices available and there were cooked options provided at all main meal times. The dining room was a large light room that was spacious enough to accommodate residents and day care clients in comfort.

Judgment: Compliant

**Regulation 27: Infection control**
The centre was visibly clean. Areas inspected that included bedrooms and communal areas were maintained in good condition and there were schedules for cleaning in place and undertaken by staff as planned.

Judgment: Compliant

**Regulation 28: Fire precautions**

The provider had ensured that in the main there were appropriate fire safety arrangements in place, for example, staff had received fire training, fire exits were clearly marked and there was sufficient fire fighting equipment throughout the building. Fire training sessions included simulated evacuations and the learning from each session was recorded and used to improve practice. For example during a recent session staff had identified the need to move equipment out of the way of exit routes as the evacuation was underway. The fire alarm was checked weekly.

Staff were well informed about the fire procedures and the actions they were required to take if the fire alarm was activated. Personal evacuation plans were available for all residents and these included the support residents would need during the day and at night.

There were some improvements required to the fire safety prevention measures. Checks of fire exits were completed daily by the person in charge or nurse in charge however these were not recorded. While fire drills were completed regularly as part of training none of these were unannounced to determine how staff would respond and none had been completed out of regular day time hours. The procedures required review to ensure that the arrangements in place adequately supported a good fire safety prevention and safe evacuation arrangement.

Judgment: Not compliant

**Regulation 29: Medicines and pharmaceutical services**

The centre has the services of a pharmacist one day a week. Reviews of residents' medicine regimes are completed at the required intervals.

Judgment: Compliant
The arrangements to meet each resident's assessed needs were set out in an individual care plan. Residents were involved in the review of their care plans and contributions from family members and significant others were included in care records.

**Judgment:** Compliant

### Regulation 6: Health care

Residents had access to doctors and to other allied health professionals. A physiotherapist was available in the centre three days a week. Other allied health professionals were accessed when required and responses to referrals were timely with no delays reported when referrals were made.

**Judgment:** Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were aware of fluctuations in residents' mood and behaviour as a result of the health conditions or dementia. Arrangements in place ensured that where any restrictions were used in the centre they were individually assessed as being appropriate and the least restrictive option.

**Judgment:** Compliant

### Regulation 8: Protection

The Health Service Executive procedures for safeguarding residents was in place. All staff had completed training and had been provided with information on protection and safeguarding.

Measures were in place to protect residents from abuse, including effective recruitment practices and access to advocacy services. The provider had arrangements in place to protect residents' financial interests.

**Judgment:** Compliant
Regulation 9: Residents' rights

The daily life patterns and interests of residents were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests available to enable staff plan care in a person centred way.

Residents had access to an advocacy service that was readily accessible.

Residents had the right to exercise choice and had their needs and preferences were taken into account in planning how the service was delivered. An action plan in the last report highlighted that residents’ meetings did not take place frequently enough to ensure residents had an opportunity to express their views on the service. This had been addressed. meetings were now held monthly and were used to discuss the activity programme, outings, menus and topics of interest to residents.

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

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compilance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0024332

Date of inspection: 22/07/2019

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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:
- Training matrix has been updated with training dates inserted and verifies that all mandatory training is completed by the identified due date.
- A tailored care plan based on the Dublin Mid –Leinster is being introduced which will incorporate greater emphasis on describing the residents every day experience reflecting their personal wellbeing. These are being implemented on phased basis, for example as the 4 monthly reviews is being scheduled, the new care plan will be implemented. To date there are 6 new care plans implemented.
- Staff have now been provided with in service training for documenting residents social care in daily narrative notes, which is now implemented.

<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
- The statement of purpose is currently revised to include specifically room lay out, size of the communal toilets, bathrooms, smoking room, catering department including kitchen and food storage areas. This information is included in the revised version of our Statement of Purpose. (September 2019).
- The Statement of Purpose has been updated to include opportunities for social activities for residents.

<table>
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<tr>
<th>Regulation 34: Complaints procedure</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
- The complaints process has been reviewed and going forward a record will be kept of the complainant satisfaction of the outcome of the complaint and dated. Complaints will be audited by DON and reviewed by Manager of Older Persons Services and governance
meetings.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• Every day a fire safety walk is carried out by a member of staff to ensure that Fire doors, corridors are cleared from clutter and easy to access and evacuate. This will be recorded in the Daily Desk Diary.

• Un-announced fire drills will be carried out as a simulated Out of Regular Day Time hour’s evacuation.

• In August two unannounced Fire drills (Day/Night simulated) were performed on the 9th and 15th with different staff and skill mix. Fire drills will continue on an ongoing basis either monthly or bi-monthly with Fire Drill/Evacuation training for all staff.
**Section 2:**

**Regulations to be complied with**

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

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

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/12/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>30/12/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>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,</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2019</td>
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<td>Regulation 28(2)(iv)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2019</td>
</tr>
<tr>
<td>Regulation 03(1)</td>
<td>The registered provider shall prepare in writing a statement of purpose relating to the designated</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>02/09/2019</td>
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<td>Centre concerned and containing the information set out in Schedule 1.</td>
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<td><strong>Regulation 34(1)(f)</strong></td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27/08/2019</td>
</tr>
<tr>
<td><strong>Regulation 34(3)(b)</strong></td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27/08/2019</td>
</tr>
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