



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Carthage's House Limited
Name of provider:	St. Carthage's House Limited
Address of centre:	Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 August 2019
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0021480

About the designated centre

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

St Carthage's House was set up by local people to provide support with activities of daily living to residents with a low to moderate dependency needs. It is owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. The centre is purpose built and opened in its current location in 1994. Residents are charged a weekly fee, an annual grant is allocated to the center via statutory funding and additional funds are raised through on-going local fundraising. It is currently registered to provide residential care to 42 older people. The centre comprised of a single storey building that had been purpose built and opened in 1994. It is located on a large site on the outskirts of Lismore town, Co Waterford. There is a large communal sitting room, two smaller sitting rooms in the main building along with a dining room and a small Oratory. Accommodation in the premises comprises of four "Courts", Court A, B, C and D. Court A accommodates 14 residents in single bed rooms and two residents in one twin bedroom. Court B accommodates 17 residents in single bed rooms. Court C contained one single bedroom. Court D consisted of eight en-suite self contained single bedroom flats conjoined by a glass corridor at the rear of the building.

St Carthage's house is a residential setting catering for the residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The centre is specific in its criteria and facilitates the older adults to continue independent living. The centre does not provide 24 hour nursing care but a registered general nurse is responsible and accountable for the daily running of the centre and nursing staff administer medication during the day and at night time. It provides supportive services and the staff are directed in their work by the individualized needs, requests and choices of the residents. The staffing structure includes nursing, care staff, household and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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
14 August 2019	09:00hrs to 18:10hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The inspector spoke with the majority of the residents present on the day of the inspection. The feedback received from all residents was very positive and complimentary about all aspects of care and life in the centre. Residents said they felt very safe and well cared for yet they felt they could come and go as they pleased and continued with their lives outside of the centre as much as possible. Others described going into town shopping when they wanted and a number continued to drive and maintained their own cars. Residents described it as a home from home but with added security of knowing staff were on hand whenever you needed them. Everyone spoken to reported the person in charge and staff to be very approachable, helpful and very obliging. They described how staff go way beyond the call of duty to make sure all their needs are met.

Residents spoke of their privacy being protected particularly the residents having their own room or flat. Residents spoke of having choice about when they get up in the morning, retire at night and how and where they spent their day. One resident liked to lie in until late morning and then enjoyed staying up late at night watching TV which was facilitated by staff bringing him breakfast in bed.

Feedback from residents was consistently positive about the varied activities that happened in the centre. They told the inspector how they loved the music sessions, bingo and exercise group. One resident showed the inspector some of the art work they had completed with an artist who visits the centre. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. Most said they could discuss anything with the person in charge or board members who were regular visitors to the centre and said issues would generally be resolved immediately.

All of the residents spoken with reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had enough, were offered seconds and plenty of drinks and snacks. They were particularly complimentary about the home baking which they looked forward to and enjoyed regularly.

Capacity and capability

There were very effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The board and the management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and

rectified. A few improvements were required on this inspection in relation to staff recruitment and medication management.

There was a clearly defined management structure in place. The centre was operated on a voluntary basis with a well established system of governance in place via a board of trustees. Care is directed through the person in charge who reports to the Registered Provider Representative (RPR) who is the chairperson of the board. The board meet on a regular basis and are very frequent visitors to the centre. The person in charge said that she also meets with the board of management on a monthly basis and meetings include feedback of audit results and review of incidents in the centre such as falls and other significant events. Staffing ,admissions, discharges and all financial issues are also discussed. Minutes of these meetings were retained and appropriate actions taken as required. The governance system was effective in terms of communication and both the person in charge and the RPR reported a significant level of support and direct input to the service from the board of trustees. The person in charge is supported in her role by an administrator and a team of nursing, care, catering, household and maintenance staff.

The inspector saw evidence of the monitoring the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data including pressure ulcers, falls, medication management, the assessment of risk, and health and safety. Quality management meetings were undertaken on a monthly basis where all aspects of safety quality and risk are discussed and actioned. The inspector saw that an annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. There was evidence of consultation with residents and relatives through residents meetings and a residents and family forum was held quarterly with board members. The inspector noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. The assessed needs of the residents had determined that full time nursing care was not required. The person in charge who also undertook nursing duties worked Monday to Friday during the day and a rota of nurses worked at the weekends and in the absence of the person in charge. A registered nurse also worked in the centre every night from 8pm to 10.00pm to administer the night time medications and provide any nursing support required. Care staff and household staff provided all other additional support. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for

equipment such as fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. However some staff files did not contain CV's and references were not always attained in conjunction with robust recruitment. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

Regulation 15: Staffing

Following a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were sufficient to meet the assessed needs of the residents.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. They all felt there was enough staff available to meet their needs and always came to them when they called.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre with further training dates scheduled for the year ahead. Staff told the inspector they were encouraged to undertake training by the person in charge. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and responding to elder abuse. Staff also attended training in areas such as infection control and food safety.

There was evidence of annual appraisals undertaken with staff and staff said they felt supported to do their job by the person in charge.

New staff reported to having had a comprehensive induction in the centre. However,

there no induction checklist or booklet completed and no record maintained of the induction process. The action for this is under regulation 21 records. The person in charge said she would introduce this for all new starters.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to well maintained and generally contained the requirements of schedule 2 of the regulations. However no CV's and further ratification of references was required to ensure they were from the last employer at a senior level to ensure appropriate information was received. As previously identified records of staff inductions was required to be maintained. The management team provided assurance to the inspectors that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The person in charge informed the inspector that she was adequately resourced to fully discharge the function of her role. For example, the person in charge stated that she felt supported by the RPR and board members that were always contactable and were regularly on site. The person in charge stated that she had adequate time to attend to specific areas under her regulatory remit and enough staff to ensure that residents support needs were being met. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of

care and the quality of life of residents

An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

The centre was adequately resourced and met the needs of the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider had provided a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. However the charge for a staff member to accompany a resident to an appointment needs to be added. The contracts also stated the room to be occupied.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures which complied with legislative requirements including an independent appeals process were in place for the management of complaints. Complaints could be made to any member of staff and the person in charge was the designated complaints officer. Residents were aware of the process which was on public display near the main entrance. On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. All complaints were reviewed regularly as part of the QMS management system by the management group to identify any learning or changes that were required.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices and encouraged their independence. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and the easy access to and from the centre. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents gave very positive feedback regarding all aspects of life and care in the centre. The inspector identified that improvements were required in medication management in the centre.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centres' statement of purpose stated "the centre provided supportive care for those who have been assessed as low to medium dependency and not requiring full time nursing care". The inspector noted that the overwhelming majority of residents were assessed as having low dependency needs with 39 out of the 40 residents present on the day of the inspection assessed as having low support needs. The inspector noted many residents were very independent and in good health, with a number of residents had their own cars and regularly visited family, friends and went on social outings. Resident surveys had been undertaken and there was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre.

All admissions to the centre were planned with a pre admission assessment completed prior to resident's admission to the centre. The centre had strong admission criteria towards independent living and residents were fully aware if their needs changed the centre would not be an appropriate place for them to reside. Residents were facilitated to retain access to their own General Practitioner (GP) of preference and the inspector noted that the majority of residents went out to see their GP's in their practices. GP's did visit the centre to review residents as required. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, physiotherapy and psychiatry. Psychiatry of later life services were available including ongoing visits by the

community psychiatric nurse that was provided to residents upon referral. Each resident had a nursing plan of care in place. The inspector reviewed a random sample of care plans and was satisfied that the system was clearly understood by staff. There was evidence that each care plan was informed by assessment and reassessment as required.

There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. Facilities at the centre for recreation and occupation were available with a schedule of weekly activities. In keeping with the profile of low dependence many residents chose and arranged their weekly activities with support from staff and management at the centre. All residents had access to recreational resources such as TV, radio and newspapers. The inspector observed communication and interactions between residents and staff which were helpful and assistive whilst being courteous and respectful.

Policies and procedures in relation to medication management were in place and the centre provided facilities for a number of residents to self medicate certain medications and creams. A comprehensive assessment was undertaken to ensure the capability of the resident and some weekly checking procedures were in place. Storage of medication was comprehensive and the management of controlled medications was in line with best practice guidelines. However the inspector found that due to unclear prescriptions nursing staff were administering from the administration sheet which was not a valid prescription and could lead to errors. Improvements were required in the administration and recording of administration of medications in the centre and the person in charge outlined plans to implement a new safer system.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and although some fire drills had taken place involving the residents, further fire drills at different times of the day and night were required. An emergency plan had been developed an appropriate response was in place for all emergency situations.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The premises had undergone numerous improvements since the previous inspection including the addition of a new laundry, new sluice room, upgraded bathrooms and toilets and further work was ongoing to upgrade all toilet and bathroom areas. The main sitting room had been completely redecorated and refurbished with new chairs and furniture providing a more homely environment. The person in charge fund raised for many of the additional extras including blinds, furniture and decor. Residents were so complimentary about all the ongoing improvements and the person in charge and board discussed many other planned improvements they had once funding becomes available. There are lovely landscaped gardens and courtyard areas with adequate seating and secure access for residents. The environment and atmosphere overall was seen to be

homely and very much in keeping with the needs of the residents.

Regulation 17: Premises

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was well constructed and maintained. Provisions were in place to address health and safety hazards including call-bell systems and grab rails where necessary. Parking adequate to the service was available on site.

The centre had undergone numerous renovations and additions and further works were planned to provide a homely environment for the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtimes were seen to be social occasions with all of the residents attending the dining room for all meals and staff also in attendance there. The tables were attractively set and there was a good menu choice available and residents were very complimentary about the food, the choice and the service.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards. The actions required from the previous inspection had been completed

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures and equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene. The layout of the laundry required review to ensure segregation of clean and dirty linen to be compliant with best practice in infection control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and although staff had attended some fire drills. Regular detailed fire drills were required at different times of the day and simulated at night when staffing levels are substantially reduced.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two staff.

A sample of prescription and administration records were viewed by the inspector. Some of the prescription did not correspond with the medication administration records that staff were administering from and recording on. This does not abide by best practice in medication administration and could lead to errors and residents receiving the wrong medications or dose. The person in charge was informed that this required immediate action.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of access to medical staff. Many residents went out to see their own General Practitioner (GP) at their own surgery other GP's visited the centre. Access to allied health was evidenced by reviews by the dietitian, speech and language, chiropody and psychiatry of old age as required.

The management of wound care was seen and found to be in line with a high standard of evidenced based practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Due to the low dependency needs of residents there was very little episodes of responsive behaviour in the centre. Care plans for residents who might potentially exhibiting responsive behaviours were seen and were found to be very detailed to ensure all staff were aware of the behaviours and the best way to respond to same ensuring a consistent approach.

Judgment: Compliant

Regulation 8: Protection

Residents reported to feeling very safe in the centre and staff were aware of what to do if there was an allegation of abuse.

Improvements were seen in the management of residents' finances and a robust system was in place for monies that were handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being generally upheld and respected. Many residents went out independently or accompanied by their families. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed. Advocacy services were available as required.

A programme of appropriate activities were available with increased activities since the previous inspection which was welcomed by all. The inspector saw a number of different activities taking place including a very lively music session. The person in charge and management team had placed a great emphasis on person-centred care and the importance of social care. Training was provided to the staff and care plans reflected resident's likes, dislikes and wishes.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Carthage's House Limited OSV-0000687

Inspection ID: MON-0021480

Date of inspection: 14/08/2019

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: ALL STAFF EMPLOYED BY ST. CARTHAGE'S HOUSE WILL HAVE RELEVANT DOCUMENTATION IN PLACE .FOR AN INDUCTION BOOK HAS BEEN PREPARED AND WILL BE GIVEN TO ALL NEW STAFF.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: ALL NEW CONTRACTS FOR 2019 WILL INCLUDE DETAILS OF CHARGE SHOULD A RESIDENT BE ACCOMPANIED TO AN OUTPATIENTS APPOINTMENT. ALL OLDER CONTRACTS WILL INCLUDE THIS IN THE 2020 REVIEW	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: NEW LAYOUT OF THE LAUNDRY WILL ENSURE SEPARATE DOORS FOR CLEAN AND DIRTY LINEN	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: WE HAVE HAD A COMPLETE EVACUATION OF THE HOME ON 29th AUGUST 2019 IN CONJUNCTION WITH 3 SECTIONS OF THE FIRE SERVICE. ALL STAFF WERE IN ATTENDANCE AND A REP FROM GALTEE FIRE AND THE FIRE SERVICES GAVE A LECTURE AND A GENERAL DISCUSSION WAS HELD AFTER. ALL FIRE EXTINGUISHERS WERE UPDATED.THE EVACUATION WAS HELD AT 8.00PM AND CONDUCTED BY THE NIGHT STAFF BUT ALL STAFF WERE PRESENT TO OBSERVE.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: ALL GP'S HAVE AGREED TO SIGN DRUG CHARTS. COPY ENCLOSED. WE ARE EXAMINING THE POSSIBILITY OF USING THE APP.</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 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 the Chief Inspector.	Not Compliant	Orange	18/09/2019
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	Substantially Compliant	Yellow	30/04/2020

	entitlement.			
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	30/09/2019
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 reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	29/08/2019
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 resident's pharmacist	Not Compliant	Orange	01/11/2019

	regarding the appropriate use of the product.			
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