Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Mount Cara
Name of provider:	Mount Cara CLG
Address of centre:	Redemption Road, Blackpool, Cork
Type of inspection:	Unannounced
Date of inspection:	28 January 2020
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0027373

About the designated centre

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

Mount Cara is a purpose built facility comprising 25 single bedrooms and is located in the north side of Cork city. The centre has charitable status and has a voluntary board of directors from a variety of backgrounds including medical, religious, legal and financial. It is built on an elevated site with panoramic views of the city. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years who can no longer live at home but are not in need of hospital or nursing home care. As the dependency level of residents increases, plans are put in place to find alternative accommodation in a nursing home that can meet the needs of residents with higher levels of dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

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:

Date	Times of Inspection	Inspector	Role
Tuesday 28 January 2020	09:00hrs to 18:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector met and spoke with a number of residents throughout the inspection. Feedback from residents was overwhelmingly positive and complimentary of the care provided. Residents stated that staff were kind and considerate. They stated that if they had and concerns they could speak to the person in charge or to any member of staff. Residents were happy with the programme of activities and stated that they were kept occupied throughout their stay.

Capacity and capability

Improvements were noted in the governance structure since the last inspection. There continued to be a need, however, to embed oversight arrangements in relation to monitoring the quality and safety of care delivered to residents.

Residents were complimentary of staff, stating that they were caring and kind. This was supported by the observations of the inspector. All interactions by staff with residents were noted to be respectful and kind. While staff were supported and facilitated to attend training relevant to their role, not all training referenced in the regulations was facilitated in the past year.

Governance arrangements had been strengthened through the appointment of a deputy to the person in charge, to provide support in the day to day operation of the centre and also to take charge of the centre in the absence of the person in charge. It was identified at the last inspection that governance and management arrangements had not yet been fully established and embedded in practice. On this inspection, progress had been made, however, some issues identified at the last inspection had not been satisfactorily addressed. Issues in relation to the use of bed rails and the provision of activities had been addressed, however, required improvements in relation to staff training and fire safety remained outstanding. It was identified to the provider and person in charge at the end of the inspection that it was imperative to address areas of high risk in the first instance.

The centre was operated by a voluntary board of directors and the chairperson was a local general practitioner (GP), who was also the current Lord Mayor of Cork. The board took an active interest in the operation of the centre and received regular reports from the person in charge at board meetings that are held on a monthly basis. Minutes of these meetings were available for review and issues discussed included staffing levels, staff training, funding and the programme of activities. The chairperson is also available for advice and support via email and telephone.

There was an annual review of the quality and safety of care. While there were

some audits conducted during 2019, there was a need to expand the programme of audits to ensure that it captured high risk areas, such as accidents and incidents, and also captured the quality of care delivered to residents. There was a need to review policies and procedure to ensure that each review incorporated a revision of the policy to capture recommended changes to practice and to reflect current evidence-based guidance.

Observations of the inspector indicated that there were adequate numbers and skill mix of staff to meet the needs of residents. This was supported by the views of residents, who stated that staff responded in a timely manner to requests for assistance. There was evidence of safe recruitment practices and Garda Síochána (police) vetting was in place for all staff. Some improvements were required in relation to the maintenance of personnel files, predominantly staff that had been recruited a number of years ago.

Regulation 14: Persons in charge

The person in charge of the designated is an experienced nurse and manager and worked full time in the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on the observation of the inspector and discussions with staff, there were adequate numbers and skill mix of staff to meet the needs of residents living in the centre on the day of the inspection. All interactions by staff with residents were observed to be respectful. Residents were comfortable in the presence of staff and it was obvious that they knew each other well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training. A review of the training matrix indicated that a small number of staff were overdue attendance at annual fire safety training and manual and people handling. A number of staff were overdue attendance at safeguarding training, however, this was scheduled to take place in the days following this inspection. Similar to the findings of the most recent inspection conducted in January 2019, a significant number of staff had not

attended training in dementia and responsive behaviour.

Judgment: Not compliant

Regulation 21: Records

Records required under Schedule 2, 3 and 4 were available for inspection. These were stored securely and easily retrievable. All staff were Garda vetted prior to commencing employment and vetting disclosures were available for the inspector to review. While most of the requirements of Schedule 2 of the regulations were available in personnel files, the employment histories for some staff contained gaps for which an explanation had not been recorded and not all employment references were verified or were from the person's most recent employer.

A sample of staff rosters provided to the inspector did not contain the planned or worked roster for the person in charge or clinical nurse manager.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence that the centre was insured was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management system with clear lines of authority and accountability for the day to day operation of the centre. The person in charge formally reported to a board of directors at board meetings that were held on a monthly basis. The person in charge also reported frequently, on an informal basis, to the chairperson through phone calls and emails. Since the most recent inspection a clinical nurse manager had been appointed to support the person in charge on issues such as staff training and audits.

The quality and safety of care was monitored through audits, however, the range and frequency of audits required review. The range of audits were not sufficiently broad to ensure that they adequately measured quality and safety of care. There was also a need to carry out the audits on a more frequent basis. There was an annual review of the quality and safety of care for 2019 that contained an action

plan addressing required improvements identified through the review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care detailing the services provided. While the contract of care for residents that were admitted for long-term care included the fees to be charged, the contracts for residents admitted for respite and convalescence did not include this fee. Additionally, neither contract included the fees for additional services, such as chiropody, physiotherapy and hairdressing.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written Statement of Purpose that detailed the facilities and services available in the centre. The contract required review to ensure that it incorporated how the centre would support residents with medical cards to access services to which they are entitled under the GMS scheme, such as physiotherapy, speech and language therapy, dietetics, occupational therapy, dental and optician services. The Statement of Purpose also did not identify how the centre would facilitate residents to participate in national screening programmes for which they qualified for either through age or medical condition.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Based on a review of the accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy that detailed the procedure for making a complaint. The policy required review as it was not dated and did not clearly outline the

independent appeals process or who was responsible for ensuring that all complaints were recorded and responded to. The notice on display also required review to ensure it reflected the policy and included details of The Ombudsman and their role in the complaints process.

A review of the complaints log indicated that complaints were recorded and investigated. The person in charge was advised to review the template for recording complaints so that it guided the complaints officer in recording the complaint, the investigation process, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. While records indicated that all policies were reviewed at a minimum of every three years, some policies required review to ensure they reflected most recent evidence and guidance. There was also a need to review the policy on residents' smoking as the policy did not contain adequate detail on the assessment and supervision of residents that smoked. There was also a need to record the approval process for each of the policies by attaching relevant signatures and dates authorising their use in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents' healthcare needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of healthcare needs of residents. Improvements were required in relation to risk management and fire safety practices.

Residents were assessed prior to admission to ensure that the centre could meet their needs. Residents were also assessed on an ongoing basis as their level of need increased, in order to plan for transfer to a facility that could meet their increased needs in a planned manner.

A review of residents' records indicated that healthcare needs were being met to a good standard. A sample of care plans reviewed were personalised and provided good level of detail on the care needs of each resident. Most residents were under the care on one GP practice and records indicated that residents were reviewed

regularly. Out of hours GP services were also available.

Residents informed the inspector that they felt safe in the centre and that staff were kind and supportive. A review of records of finances indicated that there were adequate records maintained of transaction completed for and on behalf of residents. Bedrails were not in place for any resident living in the centre on the day of the inspection.

Improvements were observed in the programme of activities since the last inspection. Links had been established with local groups to provide transport for residents to visit local attractions and amenities and on occasion to travel further afield. For example, a number residents visited a garden centre and arrangements had also been made for a special viewing by residents of Christmas lights, both of which were located in a rural area of county Cork.

Improvements were required in relation to fire safety practices. These required improvements included the need to conduct fire drills on a regular basis, the need to ensure that fire doors were not held open manually, and the need to place fire safety equipment proximal to the smoking room. There was also a need to ensure areas or risk were secure from access by residents.

All residents were accommodated in single bedrooms. Improvements were noted in the decor of the centre since the last inspection, particularly in communal areas.

Residents had control over their daily routine such as when to get up in the morning, where to have their meals and when to go to bed. The Returning Officer visited the centre on the day of the inspection so that residents could vote in the General Election. Consultation with residents took place formally through residents' meetings and these were held every few months. The person in charge also consulted with residents informally on a daily basis. Residents had access to the services of an advocate, should they need assistance with any issues. The advocate visited the centre monthly but was also available at other times should the need arise.

Regulation 11: Visits

There was open visiting and visitors were seen to come and go throughout the two days of the inspection. There were adequate facilities for residents to meet with visitors in private away from their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store personal property and possessions. There were adequate laundry facilities and adequate procedures for returning clothes to residents following laundering.

Judgment: Compliant

Regulation 13: End of life

The centre provided care to residents that were assessed as being of low to medium dependency. When residents' condition changed and required a high level of care, they were usually supported to identify alternative accommodation in settings that were staffed to meet those needs, such as when they approached end of life. Occasionally, residents were supported to remain in the centre when it was determined that end of life was imminent and the centre could meet their needs in terms of care and comfort. Records reviewed indicated that there was good access to palliative care services. A sample of care plans reviewed indicated that residents were offered the opportunity to discuss end of life preferences and this information was shared, if and when the resident was transferred to another facility.

Judgment: Compliant

Regulation 17: Premises

Some of the communal areas had been redecorated since the last inspection and significantly enhanced the décor of main communal rooms. The centre was generally bright, clean and in a good state of repair throughout. All bedrooms are single occupancy and each room had a television. Residents were supported to personalise their bedrooms with personal memorabilia and photographs. There was adequate communal space and adequate sanitary facilities.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register. There was a safety statement that was scheduled to be reviewed by an external agency in the days following this inspection. There was an emergency plan that identified what to do and who to contact in the event of an emergency.

The inspector reviewed the care plan of a resident that smoked. While there was an

assessment of the resident's capacity to smoke independently that included input from the medical officer, the care plan did not contain details of the supervision arrangements in place, if any, while the resident smoked.

The inspector found that a number of doors to areas of risk, such as the laundry, sluice rooms and staff room were not locked.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety register and fire safety training records. Records indicated that most, but not all staff, had attended fire safety training within the past year. Maintenance records indicated that fire safety equipment was serviced on an annual basis and the fire alarm was serviced quarterly. Staff spoken with were knowledgeable of fire safety practices. Improvements, however, were required in relation to fire safety. For example:

- fire drills were not carried out in addition to those carried out by the fire safety instructor during annual training
- a small number of doors were observed to be wedged open which is in contradiction to fire safety guidance
- while records indicated that emergency lighting had been tested approximately three weeks prior to this inspection, the previous service was conducted in April 2019, which is not at the recommended frequency of quarterly. Additionally, there was not a certificate available to indicate that the most recent servicing was carried out in accordance with the relevant standard.
- there was no fire safety equipment, such as a fire blanket, located proximal to the designated smoking room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate procedures in place in relation to the management of medications. All nurses had completed training in medication management. Administration practices observed by the inspector were in compliance with recommended practices. Prescriptions contained adequate identifying information and all were signed by the residents' GPs. A sample of medication administration records reviewed by the inspector matched the prescription and all were signed by the administering nurse. There were adequate procedures in place for the management medications requiring special control measures, including counting at

the changeover of nursing staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed prior to admission. Following admission care plans were developed for residents and these were seen to be personalised and provided good guidance on the care to be delivered on an individual basis to each resident.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. Residents were reviewed regularly by their GP. Arrangements were put in place for the referral and review of residents for services such as dietetics and speech and language therapy when it was determined that these services were required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents presenting with responsive behaviour on the days of the inspection. The inspector was informed that bed rails were not in use for any residents currently living in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspector all stated that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful manner. The provider was not pension agent for any residents and there were adequate records in place in relation to the management of finances.

Judgment: Compliant

Regulation 9: Residents' rights

All residents looked well and were seen to have significant control over how they spent their day. Residents confirmed to the inspector that they were facilitated with choice over how they spent their day. Residents were consulted about how the centre was planned and run through residents meetings. Records indicated that issues raised at these meetings were addressed. Improvements were noted in the provision of activities for residents since the last inspection. The person in charge had established links with local groups in order to obtain access to transport to allow staff to take residents on outings to local amenities and attractions. Outings in the past year included a visit to see Christmas lights, a trip to Cobh, a trip to Rosscarbery, a trip to a garden centre, and attendance at the Lord Mayor's tea party. Activities within the centre also improved with more staff involvement in the provision of activities.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Cara OSV-0000747

Inspection ID: MON-0027373

Date of inspection: 28/01/2020

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Plan of Action Re Safeguarding Training

All relevant staff completed Safe Guarding training on:

30/01/2020
04/02/2020
06/02/2020

Plan of Action Re Dementia & Responsive Behaviour

ALL staff will receive training in the above on:

05/03/2020 Responsive Behaviour
03/04/2020 Dementia training

Plan of Action Re Annual Fire Safety Training

Remaining staff members to complete Annual Fire Training on:

06/03/2020

Plan of Action Re Manual & People Handling Training

Relevant staff to complete the above training on:

12/03/2020

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Plan of Action:

Staff with inaccuracies in employment history have updated and supplied all relevant documentation.

PIC and Clinical Nurse Manager timesheets have been added to staff rosters.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Plan of Action for Quality & Safety of Care:

Clinical Nurse Manager (deputy to PIC) and PIC to review all audits with immediate effect. Audit Template to be updated every quarter.

The range of Audits will expand in order to ensure that Quality & Safety of Care is measured and monitored accurately.

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:
Plan of Action for Contract for the Provision of Services

Fees for additional services now included in both long-term & Short-term Contracts of Care.

Contracts for Residents admitted for respite & Convalescence now include weekly fee.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Plan of action Re: Statement of Purpose:

The Statement of Purpose will be updated and will incorporate how all Residents under the GMS can access services such as:

Physiotherapy
Speech & language therapy
Dietetics
Occupational Therapy
Dental & Optical Services

Statement of Purpose to include how residents can avail of National Screening Programmes, i.e. Breast Check, Bowel Screening, Cervical Check & Diabetic Retina Screening.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Plan of action Re: Complaints Procedure:

The Complaints Policy will be updated to include:

The Date.
Internal review and the Independent Appeals Process
Complaints Officer.
PIC and deputy to PIC will attend Complaints Policy Training on June 15th 2020

Notice on display will be updated to include details of the Ombudsman and all other relevant information in order to reflect the Complaints Policy.

The template for the Complaints log will be reviewed and audited in order to ensure that all necessary steps and outcomes are included and that the Complaints Officer has clear knowledge of the procedure.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Plan of Action Re Written Policies & Procedures:

Policies that required review will include recent evidence, guidance and most up to date publications.

Smoking Policy will be updated to include relevant details on the assessment and supervision of Residents that smoke.

Recording of Approval of all Policies will include authorisied signatures and dates.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Plan of Action Re: Risk Management:

Care plans of any Resident who smokes will be updated and include details of supervision while smoking.

All staff instructed to ensure that the laundry, sluice and staff rooms are locked when not in use.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Plan of Action Re Fire Precautions:

Fire drills will be carried out every quarter and three staff have been nominated and will receive Fire Warden Training on March 6th 2020.

All door wedges have been removed and disposed of.

Emergency lighting is currently being tested and updated. Once complete, certification will be provided. Going forward all emergency lighting will be tested on a quarterly basis and certified.

As part of Fire Safety Equipment, a Fire Blanket is on order and will be placed proximal to the designated Smoking Room.

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.	Not Compliant	Yellow	03/04/2020
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.	Substantially Compliant	Yellow	26/02/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2020
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	29/01/2020

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	03/04/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	03/04/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	06/03/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	06/03/2020

	maintaining of all fire equipment, means of escape, building fabric and building services.			
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.	Not Compliant	Orange	06/03/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	06/03/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/03/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,	Substantially Compliant	Yellow	15/06/2020

	and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 34(2)	The registered provider shall 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.	Substantially Compliant	Yellow	03/04/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/03/2020