



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

## Issued by the Chief Inspector

Name of designated centre:	Cherryfield Housing with Care
Name of provider:	Fold Housing Association Ireland Company Limited by Guarantee
Address of centre:	Cherryfield Lawn, Hartstown, Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	14 October 2020
Centre ID:	OSV-0000750
Fieldwork ID:	MON-0030537

## About the designated centre

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

Cherryfield Housing with Care is a 56 bed centre providing residential care services to males and females over the age of 18 years. The service is designed to care for people with low to medium care needs. The centre is run by Fold Ireland, a not for profit organisation registered with Approved Housing Bodies of Ireland. The centre is a purpose built two-storey building. Each floor has its own dedicated entrance. The ground floor is a dementia specific unit. All bedrooms in the centre are single rooms containing en-suite shower and toilet facilities and a small kitchenette. Each floor has its own dining and sitting room areas and there are also several rest spots located in alcoves of the corridors with comfortable seating, books and magazines. A small computer station was also available for residents use. The centre is located approximately 10km north west of Dublin city centre. It has access to lots of local amenities including Blanchardstown shopping centre, restaurants, libraries, public parks and coffee shops. The centre is well serviced by local transport including a bus and rail service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
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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
Wednesday 14 October 2020	09:00hrs to 18:20hrs	Michael Dunne	Lead
Wednesday 14 October 2020	09:00hrs to 18:20hrs	Niamh Moore	Support

## What residents told us and what inspectors observed

Inspectors met with residents living in the designated centre throughout the day and observed residents moving freely about the centre without hindrance. All residents spoken with were happy living in the centre and mentioned that staff could not do enough for them.

Comments given by residents included that the staff were excellent, it was a lovely service and the food was good. Inspectors observed that staff spoke respectfully with residents and were observed to knock and wait before entering bedrooms. Inspectors observed residents being served their breakfast in one of the dining rooms and found that there were sufficient numbers of staff available to assist residents enjoy their meal. A number of residents were still in their rooms and they informed inspectors that they could chose to have their meals in their rooms.

All residents seen on the day were well dressed and were wearing suitable clothing and footwear.

The centre was decorated to a high standard with a number of communal rooms available for residents to use on both the ground and first floors. There was unrestricted access to an enclosed garden which was suitable for resident use. Residents were facilitated in bringing their own furniture when moving in and were supported and encouraged to personalise their room environments.

Inspectors observed activities taking place on the day of inspection facilitated by care staff in communal spaces while adhering to social distancing. Residents mentioned that they liked the activities on offer but also looked forward to when they could access the community again.

In line with COVID-19 restrictions, visits to the centre were suspended with residents stating that they were missing visits from their family and also at not been able to go out into the community. Residents also stated staff assisted them with keeping in contact with their family and friends.

## Capacity and capability

This was a short notice announced inspection with the registered provider representative (RPR) informed the day prior to the inspection visit. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to give the provider an opportunity to have documents and records ready and available for inspectors to review. A list of records that was required was remitted to the RPR the day before

the inspection however there were no records available as requested and this required inspectors to seek records throughout the inspection.

The centre did not experience a COVID-19 outbreak since the pandemic began but there was evidence that the provider had liaised with Public Health and representatives from the Health Service Executive (HSE) when required for advice and support. There were arrangements in place with the national ambulance service for serial testing to be carried out every two weeks.

Inspectors were not assured however that the provider had implemented national guidance relating to the management of COVID-19 outbreaks. The provider did not have a preparedness plan in place for COVID-19 but had relied on its contingency plans to assist in this process. This approach was insufficient in addressing the risks associated with COVID-19 or in identifying appropriate responses to manage the spread of COVID-19.

Records presented to inspectors throughout the day were inconsistent and difficult to review. Schedule 2 records were not kept in the designated centre and as a result the provider was not in compliance with the regulations. The provider was in breach of its own complaints policy as not all complaints were processed according to its provisions. Inspectors also found gaps in the notification of incidents that required submission to the office of the chief inspector.

### Regulation 15: Staffing

Inspectors found that the number and skill mix of staff was appropriate to meet the assessed needs of residents in accordance with the size and layout of the building. The roster reflected the staff on duty on the day of inspection.

The registered provider representative assured inspectors that arrangements were in place for deputising senior staff internally and that there was a service level agreement with the Health Service Executive (HSE) for staffing resources to ensure continuity of care in the event of an outbreak of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Inspectors were not assured that staff had access to appropriate training. Training records were inaccurate with different training matrix provided to inspectors throughout the day. The provider indicated that there was a new system in place for recording training in the centre and that all records had not been fully transferred onto this system.

Inspectors noted gaps both in mandatory training and for refresher training for safeguarding. Dates for refresher training were inconsistent with some records indicating it was organised to occur every two years while others stated it should be organised every three years.

Training in relation to infection control had been delivered to staff in house with records showing a 98% attendance rate. This training focused on hand hygiene, donning and doffing of personal protective equipment (PPE) and assessing for the signs and symptoms of COVID-19.

A number of staff files were reviewed and those seen contained records relating to supervision, induction and appraisal which had been carried out by the person in charge (PIC).

Judgment: Not compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which was made available for inspectors to review. All the required information as specified in paragraph 3 of Schedule 3 of the regulations was included in the document presented to inspectors.

Judgment: Compliant

### Regulation 21: Records

This was a short term announced inspection with the provider contacted the day prior to the inspection visit to prepare a list of documentation to aid the inspection process. This requested documentation was not ready for inspectors to review upon arrival and required inspectors to continually request documentation throughout the day. Some records provided were not current for example records relating to training and risk assessment required inspectors to seek clarity and explanation at numerous points during the inspection.

Records relating to schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were not stored on the premises and were therefore not available for inspectors to review. The provider subsequently arranged for these records to be brought to the centre and those reviewed contained the required staffing information as set out in schedule 2 of the regulations..

A review of training records that were supplied to the inspectors were not well maintained. Inspectors were given five different records of training to review, with two documents both referenced training records for 2020. Inspectors were told near

the end of the inspection that the initial versions supplied were not accurate and the training records supplied by a human resource representative were most up to date and reliable. These records were also stored off site. Inspectors were not assured that the centres training records were maintained in a manner which provided the centres management with the required information to ensure all staff had the required training. A review of staff files also indicated discrepancies in identifying training that staff had attended as part of their induction programme.

A review of records under schedule 4 of the regulations indicated that the centres complaints policy required review as there was inaccurate information noted in its content particularly in relation to identifying who the complainant should contact if they were unhappy with how a complaint was dealt with. Complaints records were not maintained according to the centres own policy. Inspectors also found there were improvements required in the maintenance of records relating to visitors logs and records regarding the taking and recording of temperature checks for all visitors.

Judgment: Not compliant

## Regulation 23: Governance and management

The inspection found that there was a clearly defined management structure which identified the lines of authority and accountability and that roles and responsibilities were also clearly defined.

The inspectors found that the management systems currently in place did not ensure that the service provided safe and consistent care and that the monitoring systems in place were effective. For example there were inconsistent records relating to staff training while a number of other records required update and review. The provider was in breach of its own complaints policy with outcomes of complaints not recorded. The management of risk in the centre required review as inspectors could not be assured that risks were identified and assessed at appropriate intervals. Internal systems for reviewing and escalating risks within the centre were not effective.

Although the centre was COVID-19 free at the time of the inspection and had not encountered any outbreak since the pandemic began, inspectors noted that there was no preparedness plan in place for such an outbreak. The provider had relied on the centres contingency plan to address the risks of a COVID-19 outbreak. Risks associated with COVID-19 were not assessed in a manner that was effective.

The designated centre did have sufficient resources to provide care and services in line with its statement of purpose and maintained staffing levels as required on the roster. Inspectors noted that a residents satisfaction survey was carried out in 2019 where the provider canvassed residents views on the quality of the care and support provided.



Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A selection of resident contracts were reviewed with the contract between the provider and the residents set out in a document called a licence agreement. This agreement identified the responsibilities applicable to both parties and described the terms and conditions relevant to the placement. The agreement also provided details in relation to the rental costs that were applicable and other costs that may be charged. All agreements seen identified the nature of the accommodation been offered, i.e. a single room.

Judgment: Compliant

### Regulation 31: Notification of incidents

An analysis of serious incidents recorded in the centre indicated that there was a security breach in June 2020. The office of the Chief Inspector was not notified of this incident and to date no applicable notification had been received from the provider.

Inspectors were informed that this incident had been referred to the Gardaí to investigate. There was no report or evidence made available to inspectors to review which would have provided assurances that this incident was subject to an internal investigation to determine how the security breach occurred. An incident report was completed internally regarding this incident however inspectors were not assured that this incident was subject to a rigorous risk assessment process which could assist in identifying control measures to mitigate against a future breach of security.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints policy and procedure was located in prominent positions throughout the centre. Residents informed inspectors that they would speak with a member of staff if they had a complaint or concern. Staff spoken with throughout the day mentioned that they were aware of the complaints policy and would follow the relevant guidance contained in the policy should a complaint be made known to

them.

The complaints policy given to inspectors on the day was not centre specific and required review to ensure the relevant complaints process was clearly outlined identifying the appropriate people who dealt with complaints.

Inspectors were informed there were no complaints received in the centre for 2020. A review of the two complaints received in 2019 did not include the outcome of the complaint or the satisfaction of the resident as a consequence this omission the provider was in breach of the centres own complaints policy.

Judgment: Not compliant

## Quality and safety

On the day of inspection residents were being provided with good quality care and support however there were significant improvements required in management oversight related to the risk of COVID-19 infection and in the deployment of effective risk management policies and procedures. The absence of a detailed preparedness plan to effectively manage the risk of COVID-19 entering the centre posed a risk to residents and staff working in the centre. The provider did have a contingency plan in place to manage this risk however this plan lacked the required responses to effectively manage this risk. While there were cleaning processes in place there were improvements required with regard to management sign off to ensure cleaning procedures were effectively implemented.

There was a risk management policy in place however not all risks relevant to the centre had the required risk assessment in place. Systems and processes were in place to review key risks however they were not been used effectively.

Many of the residents living in the centre had low care needs and inspectors noted that these residents were encouraged to remain as independent as possible with support available when needed. There were arrangements in place to meet residents medical care needs with effective networks built up with services in the community. The provider made known that there was no community dietitian service currently available in the CHO9 region (Community Health Organisation).

The majority of resident care plans seen were well written and respectful of residents wishes and aspirations. Care plans were reviewed on a four monthly basis or as and when the need arose. A small number of care records did not explain in detail the rationale for the continued use of PRN (when required) medication however the PIC agreed on the day to have these records updated to reflect residents current needs.

Residents spoken with in the course of the day mentioned that they enjoyed opportunities for social engagement even with social distancing arrangements in place. Inspectors observed residents receiving support from staff to engage in activities throughout the day and noted that all arranged activities were well attended by residents.

### Regulation 11: Visits

The centre had an up to date policy on visits which had been reviewed and referenced COVID-19. The centre was compliant with the COVID-19 guidelines on visiting and during inspection no indoor visits were taking place. The centre had communicated with families via text message when updates to visiting arrangements had taken place. Visitor records were reviewed and inspectors observed that visiting had taken place over the last number of weeks when restrictions allowed for them to occur.

Residents stated they missed receiving visits from their families and loved ones but mentioned that staff had made arrangements for them to keep in contact via the phone.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the needs of the residents and met the requirements as set out in schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The premises were well maintained and decorated to a high standard. The premises were clean, warm and comfortable.

Residents were accommodated on the ground and on the first floors with residents assessed as having low to medium support needs living on the first floor while residents who had higher support needs were placed on the ground floor. The ground floor was decorated to support the needs of residents with dementia with many areas reflecting a reminiscence theme. Products, signs and equipment which residents would have been familiar with in earlier times were located in key areas of the centre.

There was sufficient communal spaces available in the centre for residents to enjoy their environment which included dining rooms, resident lounges and smoking rooms on each floor. Residents could access an enclosed garden area which was well maintained and contained sufficient seating for residents to use.

Resident rooms were well equipped, spacious and decorated to a high standard. All

bedrooms had ensuite facilities and were decorated and personalised according to resident taste.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place which gave guidance as to how the centre identified and managed risk in the centre. Inspectors were issued with a number of documents throughout the day related to risk and found that there were a number of risks that the centre had not added to their risk register. Incident records indicated that the centre had a recent security breach however there was no risk assessment available for inspectors to review regarding the security of the building. It was noted that this incident was reported to the police and subsequent follow up did not uncover any crime or harm to residents.

In addition there were no risk assessments to review regarding how the centre identified and managed risks associated with COVID-19. Although risks associated with COVID-19 did feature in internal discussions such as handovers this did not translate into the creation of risk assessments which could be subject to analysis and review. Inspectors were not confident that the review of risks in the centre received the necessary management oversight that was needed for example records indicated that risks were reviewed by the registered provider representative in March 2019 however there was no mention of this review in subsequent health and safety management meeting minutes.

Judgment: Not compliant

### Regulation 27: Infection control

The premises were clean and tidy, with information and signage located throughout the centre reminding staff and visitors to comply with mask wearing and social distancing practices. On the day of the inspection visitor restrictions were in place in order to comply with national guidance. Upon entry to the centre inspectors were asked about their COVID-19 status in conjunction with having their temperature taken.

Inspectors noted that there were sufficient numbers of antibacterial gel dispenses available throughout the centre. Staff were seen to comply with good hand hygiene practices and were also seen to be wearing appropriate levels of PPE throughout the day.

Staff confirmed that they had attended an in house infection control training session

and found this useful in terms of their role in minimising the spread of infection in the centre.

The cleaning of the centre was outsourced and inspectors found that although there were cleaning schedules in place there was a lack of management oversight to ensure that cleaning had actually occurred. Inspectors were informed that when resident rooms were vacated they were subject to terminal cleaning however no such records were available for review on the day of the inspection. In addition inspectors found there was inappropriate storage of waste in the centres sluice room and this room also required cleaning. Inspectors found that the cleaner's cupboard was not fit for purpose due to its small size and the amount of items stored within it. As a result this impacted on the ability of cleaning staff in accessing the sink area and in accessing cleaning products for their daily use without having to remove the cleaner's trolley to gain access.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Records showed that residents had an assessment of their needs in place prior to their admission to the centre. Following their admission a comprehensive assessment was completed in conjunction with the resident and their family if appropriate.

Care plans included information about resident's needs and preferences and were written in a manner that was easy to monitor and review. There was evidence which indicated that care plans were subject to regular review however a small number of care records required additional input to ensure care records actively reflected residents presenting needs, inspectors found that a number of residents who were in receipt of PRN medication (as required) had no corresponding care plan to detail the necessity for the PRN use.

For example a resident who had difficulty sleeping did not have a corresponding care plan for sleep, similarly a resident who presented with high levels of anxiety did not have a corresponding care plan to identify and monitor their levels of anxiety through either a psychosocial or behavioural care plan.

Judgment: Substantially compliant

### Regulation 6: Health care

Cherryfield Housing with Care is a residential care facility and not a nursing home, therefore there was no requirement for the provider to have a nurse on duty at all

times. The provider did however arrange for the centre to have access to a nurse/ clinical director on a part time basis. This resource assisted the provider in managing the healthcare needs of the residents and provided a degree of clinical input.

There were arrangements in place for residents to access occupational therapy, physiotherapy and speech and language therapy in the community through referral to the centres GP. Due to at least 50% of residents living in the centre having low care needs many of these residents' maintained links with their allocated GP when they were living in the community. Other residents could avail of the centres GP who visited the centre three times per week or as and when required. Out of hours medical support was provided through Ddoc.

Access to psychological and mental health support was arranged through referral via the respective GP. The provider informed inspectors that there were no dietitians available for community referral in the CHO9 area and that this provided difficulties in ensuring residents had access to specialist support when needed.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a strong focus on ensuring residents rights were respected and promoted in the centre. Throughout the inspection residents were seen to attend to their own interests without interference. When residents needed support, staff were available to provide input in a sensitive manner. Residents who had communication needs were supported by staff in an unhurried manner and this allowed the residents to express their thoughts and feelings. Residents who were able to manage their own medication regimen were encouraged to do so and subject to relevant risk assessment carried out by their GP. Residents spoken with on the day of the inspection mentioned that staff were very kind and supportive.

There was a programme of activities provided throughout the day which was focused on providing activation for residents living on the ground floor. Observations noted that the music activity was well attended with staff seen to encourage residents to participate. Residents had access to an enclosed garden area which had a number of seats removed to comply with social distancing.

A resident's satisfaction survey carried out by the provider in 2019 focused on residents experiences of living in the centre and focused mainly on the quality of the food provided as well as requesting comments and contributions regarding the centres activity programme.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cherryfield Housing with Care OSV-0000750

Inspection ID: MON-0030537

Date of inspection: 14/10/2020

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• We have streamlined the recording of all our training so that there is one central training Matrix held by the HR departments and the PIC</li> <li>• All records have now been fully transferred onto one central system. Staff due to complete refreshener safeguarding training are currently working through this training with a completion date of Friday 4/12/2020.</li> <li>• Clarification has been sought from the national safeguarding office that the online training is valid for 3 years.</li> </ul>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The person in charge / Person participating in the management of the centre has enhanced its procedures to assuage any concerns held by the Inspectors. staff records have been transferred from fold Ireland’s head office to Cherryfield housing with care.</p> <ul style="list-style-type: none"> <li>• All records as set out in schedule 2 will be available for Inspection by the Chief Inspector or her Inspectors on any future date.</li> <li>• We have streamlined the recording of all our training so that there is one central training Matrix held by the HR departments and the PIC. All records have now been fully, transferred onto one central Matrix system</li> </ul>	

- Our Complaints policy has been reviewed and updated
- We have enhanced our complaints log to include the outcome of complaints. We will ensure that we monitor the satisfaction of complainants with our investigation and response to their complaint, we will inform the complainant of the corrective actions and quality improvements implemented as a result so that they are reassured that their complaints have been taken seriously and action has been taken to prevent recurrence.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

We have streamlined the recording of all our training so that there is one central training Matrix held by the HR departments and the PIC

- The complaints policy has been reviewed and updated.
- The risk register has been updated.
- This is a current working document. The PIC will keep the risk register updated with any changes.
- Monthly managers meetings will be held to review the risk register and any learning outcomes, will be communicated to staff.

The Risk register has also been added to the agenda to our health and safety meetings. Our management of risks in Cherryfield will be monitored locally at the monthly managers meetings.

Preparedness plan is now in place and communicated to all staff. COVID -19 Risk register Implemented

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Going forward all Incidents will be subjected to a full internal investigation.
- Risk Assessments will be reviewed, and control measures will be implemented to identify control measures to prevent any further breaches of security.

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• Cherryfield housing with care welcomes suggestions and complaints from residents, relatives /representatives, and visitors.</li> <li>• Our Complaints policy has been updated and reviewed to ensure the policy is center. Specific.</li> <li>• We have enhanced our complaints records to ensure the outcome of the complaint is recorded and that the resident is happy with the outcome.</li> </ul>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> <li>• All incidents going forward will be fully investigated, as per regulation 31. A risk assessment will be undertaken, and the risk register will be updated.</li> <li>• A COVID-19 specific risk register has been developed and communicated to all staff. COVID -19 will continue to be discussed at our weekly management meetings with the person in charge, Person participating in the management of the center, Clinical nurse, and our CEO.</li> </ul> <p>COVID- 19 has also been included in our health and safety agenda</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Our Clinical nurse will conduct bi-monthly Infection prevention and control audits</li> </ul>	

The Person in Charge/ Senior Care worker will conduct unannounced daily cleaning checks to ensure that the cleaning has occurred.

- When residents' rooms are vacated, they are subjected to a terminal clean, on the day of the inspection there were no records available.
- The PIC will speak with the cleaning provider to ensure the records are in place.
- The records will be reviewed and signed off by the PIC/ Senior care worker.
- The cleaning operative trolley is only stored in the cleaning cupboard at the end of the shift.
- The trolley is removed at the beginning of the shift to allow the staff have access to the sink. Cleaning supplies are stored in the outside cleaning store.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The resident who had difficulty in sleeping now has a corresponding care plan in place
- All residents that require PRN medication (Chemical restraints) have their CP's reviewed and all are up to date.

## 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	Orange	04/12/2020
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.	Not Compliant	Orange	26/11/2020
Regulation 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.	Substantially Compliant	Yellow	26/11/2020
Regulation 21(5)	Records kept in accordance with this section and set	Not Compliant	Orange	26/11/2020

	out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	26/11/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant		26/11/2020
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		21/10/2020
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		21/10/2020

Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant		21/10/2020
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.	Not Compliant		21/10/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant		15/10/2020
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which	Substantially Compliant	Yellow	15/10/2020

	includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	15/10/2020
Regulation 34(1)(f)	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.	Not Compliant	Orange	15/10/2020
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective	Not Compliant	Orange	15/10/2020



	complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.			
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.	Not Compliant	Orange	15/10/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant		26/11/2020