



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Nazareth House |
| Name of provider: | Sisters of Nazareth |
| Address of centre: | Fahan, Lifford, Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 and 11 April 2018 |
| Centre ID: | OSV-0000368 |
| Fieldwork ID: | MON-0022264 |

About the designated centre

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

Nazareth House is a designated centre registered to provide 24 hour health and social care to 48 male and female residents usually over the age of 65. It provides long term care including care to people with dementia. Residents who require short term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is located on the main link road between Letterkenny and Buncrana, and overlooks Lough Swilly. The building is attached to a convent and a church both of which are in use. Accommodation for residents is provided in single and double rooms. There is a range of communal areas and a safe and well cultivated garden available for residents to use during the day.

The following information outlines some additional data on this centre.

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| Current registration end date: | 15/12/2019 |
| Number of residents on the date of inspection: | 46 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|------------------|------|
| 10 April 2018 | 11:30hrs to 19:00hrs | Geraldine Jolley | Lead |
| 11 April 2018 | 08:30hrs to 14:30hrs | Geraldine Jolley | Lead |

Views of people who use the service

The inspector spoke with six residents and one family member during the inspection. Residents told the inspector they were very satisfied with the care they received and said they were happy living in the centre. They described staff as kind, compassionate and caring in their approach. They also said that they felt safe, protected and secure. Residents viewed staff as approachable and said that if they expressed comments or complaints about their care or aspects of the service that they were listened to and that matters were resolved promptly.

Residents told the inspector that they were satisfied with their bedroom accommodation and said the centre was warm and comfortable. Residents living in double rooms said they had adequate privacy and enough space to store their personal clothes and belongings.

The catering arrangements and the variety of meals was a valued aspect of the service. Residents said that they enjoyed their meals and said that there was plenty of choice with alternatives provided if they did not wish to have the main dishes on offer. Another aspect of the service residents valued was the pastoral and spiritual care provided. Residents and relatives said that not only was their general health attended to but their social and spiritual care needs were also fulfilled.

Residents were very happy with the entertainment and daily activities that were provided. They said there was a good variety of activities and that staff encouraged them to take part. Staff ensured they were reminded of what was happening each day by writing this on a notice board which was placed near the sitting rooms where they could see it easily.

The only negative comment the inspector received related to the arrangements in the sitting rooms in the evening. Some residents felt that there was too much activity and that they could not relax and watch television in comfort.

Capacity and capability

The centre was well organised with effective leadership provided by the person in charge, administrators and senior managers from the organisation. There were good arrangements for staff supervision. Carers were supported by a senior carer and there were two nurses on duty in addition to the nurse in charge. Staff interviewed were clear about the standards expected and what was expected of them in their roles. Staff could describe how they took responsibility for their work and said that when they encountered problems they ensured that senior staff were made aware of them. The inspector found that a good team spirit and a culture of open communication had been fostered. Staff were observed to communicate clearly with residents and had a good understanding of their abilities and the areas where they

needed help. This resulted in residents having confidence in the care and services provided and feeling that there were no barriers to raising concerns they may have with the staff team.

Overall, there was an appropriate allocation of staff with the knowledge and skills to meet the needs of the residents living in the centre and care was found to reflect the aims and objectives described in the statement of purpose. However, the inspector found that some improvements were required to how staff were deployed in the evenings as some residents required high levels of supervision at this time particularly residents with behaviours associated with dementia. Staff had opportunity to develop skills and knowledge and said that training on dementia care had been particularly helpful. Records to confirm staff training required improvement as it was difficult to determine how many staff had completed training in some topics.

The inspector found that there were clear systems for communication between the provider representative and the person in charge. The provider representative had strengthened the management structure by the recent appointment of a senior nurse to oversee care practice across all the organisations centres. He was present during the inspection and described how he intended to monitor the service and support staff. He was knowledgeable about ongoing issues and recent incidents that had occurred in the centre.

The person in charge had departed on planned leave the previous week however, this absence and the arrangements in place to cover this absence had not been notified as required. The nurse, who was a nominated person participating in management was now in the person in charge role. She had day-to-day responsibility for the management of the centre. She had worked in the centre for seven years and was known to residents and their families. Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were familiar with the policies which were brought to their attention during induction training and during refresher training sessions. Staff the inspector spoke with could describe key policies and procedures and the actions they were required to take in specific situations such as a fire incident or an adult protection incident.

The centre had completed an annual review during 2017 of the safety and quality of care and services provided for residents. The review included feedback and comments from residents and family members. Areas identified for improvement such as laundry and property management were in receipt of attention.

There was a quality management system in place which included audits of key areas such as falls, restraint use, wounds, medication errors and dependencies. The data was analysed and communicated back to relevant staff. The on-site audit activity is supplemented by the monthly review that is now completed by the senior nurse.

Residents described staff as caring, well informed and very kind. They said that staff made great efforts to get to know them well, respected their individual wishes and ensured their choices were adhered to in terms of how they wished their day to be

organised. Residents said that they felt able to influence how their care and services were provided and that staff knew their preferences for care and daily routines. Residents saw nursing staff each day and said that if they had any concerns that they were listened to. Many residents commented on how their health had improved since admission. Residents told the inspector that when they had raised a complaint that this had been dealt with and they were satisfied with the outcome.

Each resident had a contract of care in place which outlined the fees and their contribution as identified by the Nursing Home Support Scheme. Some improvements were required as the contracts did not include costs for additional services where a charge applied.

Regulation 14: Persons in charge

The person in charge is a registered nurse who has a full time post. She has had this role several years and has responsibility for the management of staff and the care of residents in the centre. The person in charge is appropriately qualified and experienced as outlined in regulation 14. She had recently commenced a planned leave and her role was filled by another nurse who was a nominated person to participate in the management of the centre. She facilitated the inspection and was familiar with the responsibilities of her new role.

Judgment: Compliant

Regulation 15: Staffing

There was a good allocation of staff and an appropriate skill mix available throughout the day however staff allocations in the evening required review to ensure residents with dementia were appropriately supported. Some residents told the inspector that it was difficult for them to relax in the sitting rooms during the evening due to the activities of other residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff are supported, supervised and trained to carry out their duties effectively. The training programme included topics such as dementia care, infection control, moving and handling, fire safety and adult protection. Staff demonstrated that they have the required competencies to manage and deliver person centred care and an effective and safe service that promotes residents' wellbeing.

Judgment: Compliant

Regulation 21: Records

The records set out in schedules 2,3 and 4 were made available to the inspector.

The record of staff training required improvement as it was difficult to determine from the record available when staff had attended training on some topics or that all staff had attended training on the mandatory topics of fire safety, moving and handling and adult protection.

Judgment: Not compliant

Regulation 22: Insurance

There was appropriate up to date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There is a clearly defined management structure that identifies the lines of authority and accountability. Staff were clear about their roles and the reporting structures in place.

There was a quality assurance system in place to monitor that care and services were safe and appropriate. An action plan that required an annual review to be available had been outlined in the last report. This action was addressed and the review of the quality and safety of the service completed for 2017 was noted to include the views of residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were supplied and provided appropriate information on incidents that took place.

Judgment: Compliant

Regulation 32: Notification of absence

The person in charge had recently left on a planned absence that was scheduled to exceed 28 days. The notification advising the Chief Inspector of this absence had not been supplied in advance of this absence as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a system for recording and investigating complaints. No complaints had been recorded since 2015 however there were issues described in residents' meetings such as faulty call bells and having to wait for staff attention that should be reviewed as complaints. These matters had been addressed. An action plan in the last report highlighted that a person to oversee that complaints were managed appropriately was required. This had been addressed.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

A notification to advise of the procedures and arrangements for the management of the designated centre during the period of the planned absence of the person in charge had not been supplied as required.

Judgment: Not compliant

Quality and safety

Residents' health and social care needs were met by the provision of a good staff skill mix, a varied social activity programme, good access to doctors and allied health professionals. The environment generally met residents' needs and enhanced their quality of life however the inspector found that the communal sitting areas did not provide a comfortable or relaxing environment for residents in the evening. The inspector observed there was a high level of activity due to residents' needs for personal care, behaviours related to dementia and visitors coming in to see

residents. The general activity interrupted residents who liked to watch television the inspector was told.

All residents had a detailed assessment of their health and social care needs on admission to the centre. The assessment included the identification of risk factors that included weight loss, risk of falls and dementia. Nursing and care staff worked with residents and families to develop care plans that described the interventions and services were required to meet their identified needs. The inspector noted that there was an emphasis on keeping residents independent by promoting their self-care abilities and mobility. Staff were observed to have good relationships with residents and were knowledgeable about the levels of support and the approaches that were needed to engage with them effectively. There was evidence that a person centred care approach prevailed. Residents' bedrooms were personalised with photographs, ornaments and personal items. Staff showed genuine care in their interactions with residents and checked regularly that they were comfortable. Residents' rights and choices were known and adhered to in relation to when they got up and went to bed. Their preferred routines were outlined in their care plans.

Care plans and risk assessments were reviewed every four months or more often if the resident's needs changed. Residents and their family were invited to take part in the reviews if they wished to do so. The inspector reviewed a sample of care plans and found that they reflected the resident's current needs and their preferences for care and daily routines. Improvements were required to some care plans as adequate information was not available to guide staff where residents refused treatment and wound care plans did not describe fully the condition of the wound at each dressing change.

Residents had good access to medical and specialist services with general practitioners (GPs) visiting the centre weekly to assess and review residents. An out-of-hours medical service was available.

The centre provided appropriate care and support for those residents who were approaching the end of their life. This included nursing and pastoral care from within the centre's staff team and, when required, advice and support from specialist palliative care services. Where the resident had agreed to provide the information, there was a care plan for end of life care which outlined their wishes and preferences for care. An action plan in the last report identified that end of life care information required improvement. This was in progress. Residents' views and choices in relation to their spiritual care and health care and comments from family members were recorded. Family members were supported to remain in the centre when residents were at end of life and accommodation and catering arrangements were in place to ensure their comfort.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice on the menus. There were staff specifically allocated to dining room duties who were available at meal times to support and encourage residents to enjoy their meals and to ensure that they were able to take adequate food and fluids. Drinks and snacks were served throughout the day. This included fortified

foods and drinks for residents who required extra calories and nutrition.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one-to-one activities for those residents who needed a higher level of supervision and support. The daily programme was strategically displayed outside the sitting rooms to ensure residents could easily see what was scheduled.

Residents told the inspector that they felt safe in the centre and that they were able to talk to staff and managers if they had any concerns. All staff had attended safeguarding training and could describe their responsibility to keep residents safe and to report any matter of concern. A safeguarding incident was reported and investigated fully. There were Garda vetting disclosures available for all staff.

A redecoration and refurbishment plan had resulted in better storage, the renewal of flooring and a better provision of storage spaces. Several dementia friendly design features such as bright colours on feature walls, good contrast between handrails and walls and good lighting had been included in the decoration. Bedrooms were single or double occupancy and were suitably equipped with armchairs and storage facilities. Staff were observed to follow good infection control practices, however there was paint and surface damage to walls in areas such as toilets which compromised good infection control practice.

There were comprehensive fire safety procedures in place and staff confirmed that they had attended fire safety training and fire drills. Staff were aware of what to do to keep residents safe in the event of a fire. A recent fire drill had been very useful the inspector was told. There were regular checks of fire safety equipment and means of escape. There were risk management procedures in place and these were noted to require review to include specific reference to self harm and protection from abuse.

The centre had a policy of not managing the money or financial arrangements of residents. This was advised to residents and families prior to admission.

The centre is located in spacious grounds and a large area had been enclosed and cultivated to provide residents with a safe area where they could spend time outside

Regulation 10: Communication difficulties

Communication problems were described clearly in care plans. Staff knew where residents had difficulty and could describe the interventions they had in place to assist residents to communicate to their maximum capacity.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed throughout the day and residents said that arranging visits were never a problem although they avoided meal times as they liked to sit with other residents and not be disturbed. There was a visitors' room and private spaces available so that residents could meet with their visitors in private if they wished to do so.

Judgment: Compliant

Regulation 12: Personal possessions

There were clear policies and procedures in place that ensured residents had access to and retained control over their personal property and possessions. There was adequate storage for clothing and possessions provided in bedrooms.

Judgment: Compliant

Regulation 13: End of life

An action plan in the last report where a lack of end of life care plans was identified was addressed. The inspector saw that residents had described their views about their end of life care and their wishes for spiritual care and medical interventions were outlined in care plans.

Judgment: Compliant

Regulation 17: Premises

The standard of decoration was generally good however paintwork in some toilet areas was damaged and required renewal.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Menus offered plenty of choice at mealtimes. Residents who had specific dietary needs were provided with appropriate meals and drinks in line with their care plans.

Meal times were observed to be relaxed and offered residents plenty of time to have their meals and to socialise. There were enough staff available to support residents at meal times and when drinks and snacks were offered throughout the day.

Judgment: Compliant

Regulation 26: Risk management

Areas of risk were identified and addressed. An action plan in the last report where the door to the garden presented a risk as it could not be opened from the outside had been addressed.

The risk management policy required review to include specific reference to protection from abuse and self harm.

Judgment: Not compliant

Regulation 27: Infection control

Staff were observed to adhere to good hand washing and infection control procedures however some surfaces in critical areas such as toilets could not be cleaned effectively due to surface damage.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire training and fire drills were undertaken at regular intervals. There was always a member of staff trained to fire warden standard on duty. Appropriate arrangements were in place to service fire alert and fire fighting equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medicines were stored securely and nurses were well informed about residents' medicine regimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were care plans for the majority of matters that required attention in relation to residents' health and social care. Some complex care issues were not clearly described. For example where residents regularly refused treatment information on the impact of this and the right to refuse treatment was not evident in care records. The precise condition of wounds being dressed at each dressing change also required more specific information to be available to guide the actions of nurses.

Judgment: Not compliant

Regulation 6: Health care

The health needs of residents were met to a good standard. Doctors were readily available and allied health professionals could be accessed on referral to the Health Service Executive or privately.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre accommodated residents with dementia some of whom exhibited behaviours associated with this condition particularly in the evening. The staff deployment and communal area use required review to ensure residents could be cared for in a sensitive manner and that other residents were not disturbed when watching television or relaxing.

Judgment: Not compliant

Regulation 8: Protection

All staff had received training in relation to the detection and prevention of and

response to incidents or allegations of abuse. Staff were aware of their role and responsibility to protect residents.

The person in charge investigated any allegation or incident of abuse in line with the centre's policies and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The rights, personal choices and diversity of each resident were respected. Residents said they wanted to live in the centre as they liked the spiritual ethos and the availability of religious services.

The centre had a comprehensive activities programme in place. Residents could choose to take part in the activities and if they chose not to this was respected by staff. Residents who spent time in their rooms were regularly visited by staff and where residents were very frail the activity coordinator spent one to one time with them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Not compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Not compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Not compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Not compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0022264

Date of inspection: 11/04/2018

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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing levels have been reviewed for the evening period to ensure that they meet the assessed needs of the residents. The review shows that the allocation at present is satisfactory. The staffing levels will be continually monitored, and will be increased if this is required. This will be complied with by 31/07/2018 | |
| Regulation 21: Records | Not Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: A training matrix has been developed and staff training is recorded within it. The matrix is easily interpreted to identify any staff training requirements and when training needs updated. The training matrix is stored on the Manager's (Person in Charge) Computer, however for ease of access in the future a copy will be retained in the clinical room. This will be complied with by 31/07/2018 | |
| Regulation 32: Notification of absence | Not Compliant |
| Outline how you are going to come into compliance with Regulation 32: Notification of absence: In the future all planned absences will be notified to HIQA one month before the planned absence or as soon as is practicable. This was completed on 09/04/2018 | |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Not Compliant |
| Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre: A notification of absence was submitted; however, in the future it will be submitted one month in advance of a planned absence. This was completed on 09/04/2018 | |

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| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: The paintwork in all toilet areas will be checked, and a schedule of works will be developed. Where it is identified that the paintwork requires to be updated, this will be completed by 31/08/2018 | |
| Regulation 26: Risk management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management: The risk management policy will be reviewed and amended to ensure that it details the management of self-harm and the protection of adults from abuse. This will be completed by 31/07/2018 | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: A review of all surfaces within the toilets will be completed and a schedule of works developed to make good any repairs that are required. Any works that are required will be completed before 31/08/2108. | |
| Regulation 5: Individual assessment and care plan | Not Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A review will be completed on all care plans, and the suggested improvements will be implemented into practice. All care plans will be fully reviewed by 31/07/2018. | |
| Regulation 7: Managing behaviour that is challenging | Not Compliant |
| Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The experiences of residents will be monitored in the evening times, to ensure that they are enjoying a quality lifestyle. Activity plans will be developed for any resident that has specific needs in the evening periods by 31/07/2018 | |

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 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 31/07/2018 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/08/2018 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a | Not Compliant | Yellow | 31/07/2018 |

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| | designated centre and are available for inspection by the Chief Inspector. | | | |
| Regulation 26(1)(c)(i) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse. | Not Compliant | Yellow | 31/07/2018 |
| Regulation 26(1)(c)(v) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm. | Not Compliant | Yellow | 31/07/2018 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/08/2018 |
| Regulation 32(1) | Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence. | Not Compliant | Yellow | 09/04/2018 |

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| Regulation 32(2) | Except in the case of an emergency, the notice referred to in paragraph 32(1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Chief Inspector and the notice shall specify the (a) length or expected length of the absence; and (b) expected dates of departure and return. | Not Compliant | Yellow | 09/04/2018 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Not Compliant | Yellow | 31/07/2018 |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive. | Not Compliant | Yellow | 31/07/2018 |
| Regulation 33(1) | Where the registered provider gives notice of the absence of the | Not Compliant | Yellow | 09/04/2018 |

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| | <p>person in charge from the designated centre under Regulation 32, such notice shall include details of the procedures and arrangements that will be in place for the management of the designated centre during that absence.</p> | | | |
| Regulation 33(2)(a) | <p>The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.</p> | Not Compliant | Yellow | 09/04/2018 |
| Regulation 33(2)(b) | <p>The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.</p> | Not Compliant | Yellow | 09/04/2018 |