Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	09 February 2018
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0021145

About the designated centre

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

St Anne's Private Nursing Home is a two storey premises located in a rural area close to Charlestown in County Mayo. Accommodation is provided on the ground floor in 10 single bedrooms and nine twin bedrooms, each with an en suite toilet and wash-hand basin. The centre provides residential, respite and convalescent nursing care to 28 residents from the surrounding catchment area. St Anne's Nursing home's objective is to provide a high standard of care in accordance with evidence based best practice; to provide a living environment that as far as possible replicates residents' previous life-style; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Current registration end date:	21/10/2019
Number of residents on the date of inspection:	25

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
09 February 2018	09:00hrs to 18:30hrs	Marie Matthews	Lead
09 February 2018	09:00hrs to 18:30hrs	Mary O'Donnell	Support

Views of people who use the service

Inspectors met all the residents and spoke with eight residents to find out their views of the service. Residents who met with inspectors were satisfied with their lives in the centre, and the relationships they developed with staff who cared about them. Inspectors observed that staff utilised opportunities when undertaking care tasks to engage socially with residents and have fun. Some residents commented on the recent turnover of staff and said they found it somewhat confusing. Residents said that the staff respected their views and wishes. Staff always knocked on the door and drew the screens when they were providing care.

Residents knew the provider and said they would approach her or any staff member if they had a problem or a concern.They were complimentary about the meals and some residents particularly appreciated the fact that second portions were offered. They expressed satisfaction with the laundry service and storage for personal possessions. Some residents spent their day in the sitting room and other residents said they preferred to spend the day in their bedrooms where they listened to the radio, watched television and enjoyed reading. They joined other residents for meals in the dining room. Some residents wished there were more social activities. Inspectors observed that there were no organised activities on the day of inspection and apart from residents who read the newspaper or those who had visitors, residents in the day room were unoccupied and unsupervised for most of the day. Residents were pleased that weekly Mass was held in the centre and with opportunities for private prayer in the oratory.They had access to daily newspapers and confirmed that they were registered to vote. They appreciated the fact that they had a variety of rooms to sit in during the day and that they could meet with visitors at any time in private.

In relation to the noise bells ringing (door bells,alarm bells and call bells), residents said they got used to it. The only areas of dissatisfaction expressed by residents related to lack of suitable social activities and delays in accessing a general practitioner(GP) when required.

Capacity and capability

The governance and management arrangements in place in this designated centre did not ensure the delivery of safe appropriate care to residents. This judgment is based on the findings of this inspection, on information contained in notifications submitted by the provider to the office of the chief inspector and on the failure to implement all of the actions from the previous inspection.

The provider is a sole trader who spends time in the centre on a daily basis. The provider did not ensure that the designated centre was effectively and safely managed, relying on on the person in charge or senior nurse to undertake the provider's regulatory duties and to ensure the quality and safety of the service.

The ineffective system of management was compounded by the fact that within the previous 12 months there had been three changes of person in charge and the post was vacant from 5 December 2017 to 21 January 2018. The result was a lack of oversight of the safety and quality of the service. On the day of the inspection there was a person in charge in the centre, however the staffing deficits in the centre meant that the person in charge was fully engaged in providing care to residents and did not have protected time for management duties.

Consequences of the ineffective and unsafe management system included:

1. Poor risk management
2. Inadequate oversight and review of the quality of care
3. Inadequate staffing levels

Risk management procedures, as described during the course of the inspection, were inadequate and required significant improvement. The inspectors reviewed the provider's response to a serious incident that had occurred. There was poor recorded evidence of a robust review by management of the incident or of a plan for improving the overall safety of the centre for residents. The provider had made arrangements to distinguish the tone of the centre's door alarm from other alarms and issued new safety guidelines for staff. However inspectors found that the revised procedures did not adequately address the risk of residents absconding and it increased the burden on care staff and detracted from their care responsibilities. There was a heightened sense of risk amongst the staff at the time of the inspection, however inspectors found that the revised safety procedures enacted in response to the incident were not sustainable.The provider was requested to submit a compliance plan to assure the Chief Inspector that residents at risk of absconding were adequately protected without compromising the care of other residents.

In addition inspectors found that while accidents and incidents were recorded, 'near misses' were not routinely recorded. Consequently there were missed opportunities to learn from incidents and to implement enhanced interventions to keep residents safe. For example, an incident where a vulnerable resident had tried to leave the centre and was returned safely by staff was not recorded in the centre's incident book and consequently there was no enhanced safety plan enacted.

There was a dearth of evidence that the quality and safety of care had been reviewed. The only audits available for inspection related to medication management. This issue was also identified on the last inspection and had not been adequately addressed by the provider. Staff training records were poor and it was not possible for the person in charge or inspectors to determine if all staff had completed the mandatory training required under the regulations.

Inspectors also found that the systems in place for stock control were inefficient.

Supplies of clinical wipes had run out on the day of inspection. Staff reported that of protective gloves and wipes were no consistently available.

The provider had not ensured that staffing levels were appropriate to ensure that the care needs of residents was consistently met. While the provider had made efforts to ensure the required number of staff were available on a day-to-day basis these efforts were unsuccessful. In addition there was no evidence that staffing levels were considered when implementing a revised safety policy.

As a result of the staffing levels, care staff described being rushed in completing their work and not always having the time to engage with the residents in a meaningful way. Care staff also reported that they were tasked with cleaning and household duties, which impacted on the time they spent with residents. In addition inspectors found that the revised safety procedures were putting increased demands on the staff and negatively impacting on the quality of care provided to residents.

As a result of the staffing arrangements, staff were not available to facilitate the scheduled activities. Residents did not have consistent access to the activities as described in the centres statement of purpose. Residents were seen to spend time unsupervised in the main sitting room.

The provider had responded to some of the actions from the last inspection. Care hours had been increased from 18.00 until midnight and a new enclosed decking area had been created for residents (although this required modification to ensure it was safe). Complaints were appropriately documented and the satisfaction of the complainant was recorded. However many of the areas of non compliance identified in this report have been identified on previous inspections and the service had moved significantly away from compliance since the previous inspection.

Regulation 14: Persons in charge

The person in charge appointed by the provider did not meet the criteria required by the regulations as she did not have any management experience in health and social care or a post registration management qualification.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that staffing levels and the deployment of staff was not appropriate to ensure that the care needs of residents were consistently met and

this was resulting in negative outcomes for residents.

The person in charge did not have protected time to complete her management responsibilities.

The revised safety procedures introduced following an incident where a resident absconded from the centre increased the burden of work on care staff and took away from their care responsibilities.

Inadequate staffing levels resulted in institutional practices where some residents could not exercise choice regarding the time they got up in the morning.

Staffing levels did not facilitate all residents to participate in meaningful activities.

Judgment: Not compliant

Regulation 16: Training and staff development

The systems in place to ensure that all staff had the required skills and training to deliver person centred care to residents required review. There was a lack of information on the day of the inspection to confirm whether all staff had completed mandatory training. It was also not apparent whether staff had completed any additional training to assist them in delivering care.

Judgment: Not compliant

Regulation 23: Governance and management

Based on the cumulative findings of this inspection and notifications submitted by the provider, the management systems in place were inadequate and could not ensure the delivery of safe appropriate, consistent care to residents.

The provider had delegated all management responsibilities required of the provider, under the regulations, to the person in charge. The lines of responsibility were blurred and the management structure was not as stated in the centre's statement of purpose.

Audits completed by management to ensure the safety and the quality of care did not include a meaningful review of the quality and safety of care or any quality improvement plans for the service.

The centre was not adequately resourced with staff and the systems for ensuring

sufficient supplies of resources, such as, cleaning materials were inadequate.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose did not reflect changes in the management structure and the role of person in charge. Inspectors also found that it did not accurately reflect the services provided

Information provided in the statement of purpose was not evidenced during the course of the inspection;the weekly activity programme was not consistently delivered, a residents representative committee did not meet every three months and residents did not have access to an independent advocate as described.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents confirmed that any areas of concern were dealt with swiftly. Inspectors found that the centres complaints log contained details of the investigation completed and the outcome. The record included details of the complainants level of satisfaction with the outcome. The appeals process was stated in the complaints policy, and the policy was available in the reception area.

Judgment: Compliant

Quality and safety

Significant improvements were required in the quality and safety of the care and the support provided to residents.

Improvements were specifically required to ensure that staff were knowledgeable about and informed of each resident's care needs. As a result of the staffing issues, detailed in this report, staff were not always familiar with the residents and their historical information. Care files were bulky and difficult to navigate, and in many cases staff could not find requested documentary evidence on residents' files. Pre-admission assessments were undertaken to ensure that the needs of a resident's needs could be met before they moved in. However, the systems in place to ensure that residents had care plans to meet their assessed needs was not being

implemented. Many of the records examined had gaps or assessments were not consistently dated and some had not been revised for six months.

Clinical risks were assessed (falls, pressure sores, oral health and malnutrition) but the care plans and controls put in place to mitigate identified risks were not subject to regular review to evaluate their effectiveness. For example there were no care plans in place for wound care and residents who were admitted for respite care did not have a care plan created to support the consistent provision of evidence-based care. In addition, care plans were not reviewed at four-monthly intervals, as required, or amended when a resident's condition changed

A sample of residents' care files was examined. Inspectors saw that comprehensive nursing assessments were completed on admission and care plans were developed within 48 hours of admission for residents admitted for long term care. However care plans did not always reflect a resident's assessed needs.

Inspectors acknowledge that an exception to this was the assessment of residents at risk of malnutrition; such residents were monitored and referred for dietetic assessment. Specialist advice was included in residents' care plans and catering staff were informed about each resident's nutritional needs. Residents were offered choice at mealtimes and both residents, relatives and staff were complimentary about the meals provided.

Key indicators of a quality service include the ability of residents to exercise choice in their daily lives, and access to appropriate activities. Improvements were required in these areas in the centre.

Residents were offered choice by carers in most aspects of their daily lives and permission was sought for any care activity. However some institutional practices were also evident such as the requirement for night staff to have five residents up before 8am. There was no evidence that this practice was each resident's individual choice.

Although the 'key to me' was on file to support staff to get to know the individual residents and their likes and dislikes, it was not evident that the information about hobbies and interests was used to inform a social care plan or the activity programme. Staff and residents confirmed that the activity programme displayed in the day room was not implemented unless there were enough care staff on duty.

The promotion and support of residents rights and consultation also required improvement. While the provider spent time chatting with residents on a daily basis, staff confirmed that residents did not have access to independent advocacy services. Inspectors found that some residents with communication difficulties also had complex care needs and would benefit from the services of a trained advocate. Residents council meetings were held infrequently; the most recent meeting was held eight months previously in July 2017. Records of the meeting were detailed, which was an improvement since the previous inspection. However there was no independent advocate present at the meeting, as described in the centres statement of purpose.

In the case where a resident's right to refuse treatment, impacted on their personal health and welfare and impacted on other residents' quality of life, it was not evident that independent advocacy services had been sought to improve the outcome for the resident. It was also not possible to determine if a referral to mental health of later life services had been made to determine a resident's capacity to make informed decisions.

Regulation 26: Risk management

There was poor evidence of effective risk management procedures. Inspectors found that while accidents were recorded, 'near misses' were not routinely documented and as a result, there were no opportunities for staff to learn from the incidents or put in place enhanced interventions to keep residents safe.

Plans to mitigate clinical risks were not consistently reviewed and monitored to evaluate their effectiveness

Incidents such as a resident attempting to leave the centre, were no recorded in a way that allowed the behaviours to be quantified and analysed and used to inform a plan of care. Each resident had a missing persons profile but missing person drills were not undertaken in line with the centre's policy.

Judgment: Not compliant

Regulation 27: Infection control

Procedures, consistent with the standards for the prevention and control of health care associated infections published by HIQA were not consistently implemented by staff. Inspectors saw that staff did not discard latex gloves after use. Communal toiletries were found in bathrooms. In one bathroom there was no bin liner in a clinical waste bin which held waste products. Rusted shelving in bathrooms and worn furniture in the day room could not be properly cleaned. There was no racking system for storage in the sluice room and no soap at the wash hand basin there

Judgment: Not compliant

Regulation 28: Fire precautions

Training records reviewed by inspectors indicated that some staff had not completed

fire safety training. The inspector saw that the training provided incorporated a simulated fire evacuation. Fire drills did not include details of the part of the building evacuated or the time it took for residents to be evacuated to a safe area. As a result, drills did not provide assurance of the effectiveness of the centres fire procedures. Fire exits were noted to be clear and unobstructed during the inspection. Fire fighting equipment was available throughout the centre and was serviced annually.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not in place to meet all needs identified on assessments of residents. Inspectors found that respite residents had an assessment and interventions put in place to meet their assessed needs but formal care plans were not in place to ensure a consistent approach to care.

Care plans were not revised at four-monthly intervals. Care plans were bulky and it was difficult for nurses to find current care plans in residents' files.

There was evidence that residents and relatives were consulted to inform assessments and when care plans were revised.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to medical and allied health care, such as weekly access to physiotherapy and regular access to podiatry, dietetic and speech and language services. Residents access to dental and mental health services in the community. While residents had access to a medical practitioner of their own choice; the timeliness of that access was sometimes an issue. However staff confirmed that additional cover was provided by an on-call service if required.

Care plans were updated to reflect specialist advice following such access.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff did not use formal systems to quantify and analyse behaviours and the effectiveness of the interventions used.

Care plans lacked detail of residents' specific behaviours. Specific behaviours were not documented in a manner that facilitated analysis and review. Behaviours were generally documented in the daily narrative notes and not in a behavioural chart where incidents of behaviour could be analysed and used to inform a plan of care. Health care staff did not routinely attend handover meetings and receive relevant information to support a consistent approach to care.

The centre was situated close to a busy road and it was not safe for vulnerable residents to go outside unsupervised. This risk was managed by having an alarm activated whenever an external door was opened. This restricted residents' freedom of movement and there was no evidence that less restrictive control measures had been trialled or that this system was reviewed to evaluate its efficiency.

Judgment: Not compliant

Regulation 8: Protection

The centre had significantly reduced the use of bed rails. Less restrictive alternatives were employed and bed rails were rarely used.

Where self-neglect was impacting on the health and welfare of residents, there was no evidence that appropriate supports had been made available to improve the outcome for the residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents did not have access to independent advocacy services. The practice of routinely getting residents up and dressed before 8:00hrs was not informed by the wishes of individual residents.

Many of the residents did not have opportunities to participate in activities in accordance with their interests and capacities.

Records of residents' council meetings now included details of discussions and any subsequent actions taken. However, these meetings were infrequent.

Judgment: Not compliant

Regulation 17: Premises

On the previous inspection the lack of a secure outdoor space was a non-compliance. The provider had built a large decking area with seating and raised beds for gardening. The fence surrounding the decking area was quite low and residents required a risk assessment to determine if they can safely access the decking area without supervision. Inspector also noted when the door to the decking area was opened an alarm was triggered. These factors could restrict freedom of movement for some residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for St Anne's Private Nursing Home OSV-0000387

Inspection ID: MON-0021145

Date of inspection: 09/02/2018

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The PIC role has commenced, the role is a full time job share role and is divided into shared management hours between Karen Dewsall and Audrey Harrington as Director of Nursing.	
Regulation 15: Staffing	Not compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is under way to employ additional care staff 2 new staff nurses are due to start in March/April Management hours are now dedicated hours.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: An appraisal of all staff training has taken place, identifying training needs of staff. Training has been booked for: Fire training Health and Safety	

Elder Abuse
Moving and Handling
Dementia and behaviour that challenges
Medication management
Restraint
Infection control
End of life care
CPR

The training will occur over the next 6 months, commencing on 20th March 2018

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- A full time Quality manager has been appointed to act on behalf of the Provider in ensuring that the governance and management of the home meets the required standards.
- A Quality Management System (QMS) commenced on 5th March to review, implement and evaluate all Governance and Management issues to the required standards. This includes monthly management meetings and monthly audits of the service provided. The monthly meetings will assess the quality audits for the previous month and collate the weekly data collection. They will also determine the quality management responsibilities for the next month within the management team. All aspects of the QMS will be directed by the Quality Manager and reported back to the Provider.
- An appraisal of all systems and care plans is currently being undertook.
- A weekly stock check and ordering system has commenced to ensure a constant and consistent supply of medical supplies.

Regulation 3: Statement of purpose	Not Compliant

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

The Statement of Purpose is in the process of being updated for review by 30th April 2018.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Residents using the decking area that deemed to be able to climb over the fence or likely to be at risk of wandering will be risk assessed before using the decking area.
The door to the decking area will for the time being remain alarmed. This alarm can be disarmed when the better weather comes.

There are plans to make a larger secure outside space by Autumn 2018.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Nursing Staff have been reminded to ensure that all near misses are recorded. This is also for discussion at the full staff meeting on 29th March.
A review of care plans and risk assessments is currently taking place and will be completed by 30th April 2018.
A missing persons procedure and drill checklist has been devised and missing persons drill was carried out 27th March 2018. These drills will take place quarterly.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: Staff have been reminded to discard gloves after each use, communal toiletries are not to be used and bin liners are to be replaced immediately. The shelving in the bathrooms that needs replacing will be replaced or removed by 20th April 2018. Storage will be provided in the sluice room by 20th April 2018. Cleaning staff will ensure that there is soap available at each wash hand basin with immediate effect. An appraisal of all furniture will take place by 30th April 2018 and worn furniture will be replaced accordingly. Infection control training is booked for 30th April and 20th May 2018.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly fire checks are ongoing Fire drills including evacuation will be carried out twice yearly. These will include detailing which part of the building was evacuated and the time frame. A Fire drill took place on Thursday 22 March 2018.	
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 full review of all care plans is in process. All nursing staff are reviewing all the relevant documents and a uniform approach is being implemented. Relevant care plans and risk assessments are to be kept with the identified ADL to maintain a joined up approach to care. The care plan review will be completed by 18th May 2018.	

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
An assessment of all residents G/P reviews has taken place. Any reviews outstanding have been referred back to the relevant G/P's for them to come and review their residents. A follow up is to be done each week and if the review has not taken place then there will be a follow up call to the G/P.

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:
Care plans will incorporate behaviour charts where applicable and this will then inform the risk assessments and plan of care for the individual.

Care staff now attend the handover daily.

A keypad has been installed on the front door. Only staff have access to the code. This door is no longer alarmed. All other external doors now have a push to open button above the door. These doors remain alarmed.

Regulation 8: Protection	Substantially Compliant

Any resident who is self neglecting will be referred to an Independent advocate. A referral has been made to SAGE for the resident already identified.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A meeting has taken place with an Independent advocate from SAGE. A referral has been made for 3 residents. Poster and information leaflets have been made available to all residents. The Advocate service will be discussed at the next residents meeting on 16th May.
The increase in the staffing levels at core times will increase the residents opportunities to participate in activities in accordance with their interests and wishes. This will be in conjunction with social care planning and discussions at residents meetings. It will also allow spontaneity and ad hoc activities to occur.

A resident meeting has taken place on 28th February 2018. Meetings are planned quarterly and an independent advocate from SAGE will be chairing the meetings. The next one is on 16th May 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 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Red	12 February 2018
Regulation 14(5)	Where the registered provider is not the person in charge, he or she shall ensure that the documents specified in Schedule 2 are provided by the person concerned.	Not Compliant	Orange	31st March 2018
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall	Not Compliant	Orange	28th February 2018

	have not less than 3 years experience in a management capacity in the health and social care area.			
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	28th February 2018
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.	Not Compliant	Orange	30th April 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30th September 2018
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the	Substantially Compliant	Yellow	30th April 2018

	residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	Autumn 2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30 April 2018
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30 April 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30 April 2018

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31 March 2019
Regulation 26(1)(c)(ii)	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 unexplained absence of any resident.	Not Compliant	Orange	31 March 2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification,	Not Compliant	Orange	30 April 2018

	recording, investigation and learning from serious incidents or adverse events involving residents.			
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	Orange	30 April 2018
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31st March 2018
Regulation	The registered	Not Compliant	Orange	31st March 2018

28(1)(e)	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.			
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.	Not Compliant	Orange	30 April 2018
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	30 April 2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	18 May 2018
Regulation 5(4)	The person in charge shall	Not Compliant	Orange	18 May 2018

	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.			
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	30 April 2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31 May 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.	Substantially Compliant	Yellow	31 May 2018

Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31 May 2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30 April 2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	31 March 2018
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Yellow	31 March 2018
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has	Not Compliant	Orange	31 March 2018

	access to independent advocacy services.			