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Ashbury Private Nursing Home, OSV-0000007, 30 October 2019

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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Ashbury Private Nursing Home
Name of provider:	A N H Healthcare Limited
Address of centre:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin
Type of inspection:	Announced
Date of inspection:	30 October 2019
Centre ID:	OSV-0000007
Fieldwork ID:	MON-0022690

About the designated centre

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

Ashbury Nursing Home is located on the border of Blackrock and Dun Laoghaire at the top of Kill O The Grange. The nursing home is serviced by nearby restaurants, public houses, libraries and community centres. The nursing home comprised of a period residence called the main house and a more recent extension called the grange wing. The nursing home is registered to provide 99 bed spaces with 53 beds located in the main house and 46 beds available in the grange wing. The centre has a range of communal areas inside for residents to enjoy and two gardens for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	85
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 October 2019	09:30hrs to 18:30hrs	Michael Dunne	Lead
Wednesday 30 October 2019	09:30hrs to 18:30hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

The inspectors spoke with several residents during the inspection and all residents spoken with stated that they were satisfied with the levels of services provided by the centre. Inspectors also reviewed a number of resident questionnaires which asked for residents views on the quality of services provided by the centre, responses to these questionnaires were positive with residents happy with the range of activities provided by the centre. Residents were particularly happy with the care and support that they received from the staff team.

Residents were also happy with the levels of support they were getting around managing their medication. Some residents mentioned that they did not have to worry about seeing the doctor or cashing their prescriptions any longer as this was arranged for them by the centre.

Residents gave positive accounts concerning the quality of the food provision, residents mentioned that staff were always on hand to support you with your dining experience if you needed it. Many residents said that they liked the choice on offer and told inspectors that they were supported to have their meal in their own room if they wished.

There were also high levels of satisfaction with the resident's room environments with residents informing the inspectors that they could personalise their rooms if they wanted to. Residents stated that their rooms were warm and clean and comfortable.

Capacity and capability

A good quality service was being provided to residents living in the centre. There was a stable management team in place with the person in charge having the required skills and experience to provide oversight in the centre. The person in charge was supported in their role by an assistant director of nursing (ADON) and three clinical nurse managers (CNM's).

The centre had a range of clinical and operation systems and audits in place to ensure service delivery met the needs of the residents and that a safe effective service was being provided. Some of these systems required review as described under regulation 23.

There was a written statement of purpose in place which was reviewed at regular intervals. The statement of purpose is a document that describes the range of

services and facilities that the centre offers to residents.

Resident contracts were well maintained with all residents having the appropriate contract for the provision of services in place at the time of the inspection.

There were sufficient staff numbers in the centre with the required skill mix to provide a safe service to the residents. Staff received induction and supervision and there was training available to staff to improve their knowledge base in key areas such as safeguarding, moving and handling and fire safety.

There was a robust complaints policy in place which was available for residents and relatives to review. All complaints received by the centre were well handled.

On the whole records and the standard of recording in the centre was good with the majority of sensitive records stored securely however inspectors did see a medication file being left unsecured for a significant length of time.

Regulation 15: Staffing

Throughout the day of inspection there was an appropriate number of staff members on duty with a suitable skill mix to effectively provide care to residents. Staff were clear on their duties and responsibilities, and demonstrated a good knowledge of the residents, their needs and personalities through what inspectors were told and observed. Residents spoke positively about staff, saying they did a good job and got on well with everyone.

Staff were observed attending to residents and responding to call bells in a timely manner. Where personal care or assistance was required, this was done in a manner which was patient, friendly and respectful of the resident's dignity.

Judgment: Compliant

Regulation 16: Training and staff development

All members of staff had completed mandatory training in safeguarding, fire safety and manual handling within the time cycles required by the regulations and the centre's policy. Nurses were trained in medication management and cardio-pulmonary resuscitation (CPR), and supplementary training in areas such as dementia specific care was available to staff. Staff were appropriately supervised and clear on their lines of responsibility.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a number of records during the course of the inspection. All records reviewed were well maintained and assisted the management team in maintaining a safe environment for residents who lived there. There was effective document control with policies and procedures regularly updated to reflect current practice.

On the whole there was good oversight and management of resident information with confidential information pertaining to residents stored on an electronic system or in secured files.

During the course of the inspection inspectors became aware of a medication folder (Kardex) being stored in an unsecured location in the main building. When this was brought to the attention of staff arrangements were put in place to ensure this record was stored securely.

Judgment: Compliant

Regulation 23: Governance and management

There was a well-established, stable management structure in place which ensured services provided to residents were reviewed and monitored on a regular basis. The management team worked well together with clear lines of accountability and responsibility. There were arrangements in place which ensured good lines of communication were maintained with all staff working in the centre through a range of organised meetings.

An annual review had been completed which incorporated the views of the residents. Residents were also provided with opportunities for feedback through resident committee meetings and there were comments and suggestions boxes in place for residents who wished to lodge their comments in that manner. There was evidence of adequate resources which maintained the centre to a high standard. A review of the rosters indicated that all staff vacancies and absences were covered. The centre was also in the process of completing upgrades to the internal lift in the main house.

There were systems in place to monitor and review the quality of the service provided. Inspectors were not fully assured that all these systems were effective in informing the management team of where improvements were needed. Areas requiring review included the safe storage of equipment within the centre, a more robust review of care planning to ensure care plans were reviewed within four months. A review of residents bathing and toileting requirements where residents are placed far from these facilities.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A number of resident's contracts for the provision of services were reviewed both for privately funded residents and for those who had their placements funded under the Health Service Executive fair deal scheme.

All the contracts seen contained details of the room being offered including whether it was a single, double or multi occupancy room. There was accurate information highlighted with regard to the weekly costs of the room including details of any additional services and their associated costs.

Contracts reviewed by inspector's contained appropriate signatures and had all relevant dates in place. In instances where residents were unable to sign the contracts themselves there was support systems in place to provide residents with the appropriate support.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed and updated by the provider.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer records were kept relating to their role and responsibility in the centre agreed with the provider. Evidence of vetting by an Garda Síochána was in place.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which met the requirements of the regulations and was made available in an accessible format for residents and

relatives to review. The centre's policy assesses complaints received under different categories with category A complaints investigated within 24 hrs while category B complaints were investigated within five days. The centres complaints log was reviewed and indicated that all complaints were dealt with according to the centres policy. There was an audit process in place to review complaints received and this allowed the centre to learn and improve its overall service delivery. There were good levels of recording which allowed for easy retrieval of information.

Judgment: Compliant

Quality and safety

A good quality service was being provided to the residents by a staff team who were knowledgeable of residents needs. Residents health and social care needs were being met in a pleasant environment which was tastefully furnished and decorated to a high standard. There were however some issues that required review including the appropriate storage of mobility equipment. Inspectors found mobility equipment stored along one of the corridors on the first floor of the main building which compromised residents ability to move around the home in a safe manner. A review of toileting and bathing facilities in the main house was required to ensure that residents could access these facilities without having to travel long distances in the centre.

Although resident care plans were person centred and in most cases were well written, some required updating and review. There was evidence of health professionals attending residents in the home but not all records were updated to reflect these visits. There was regular review of residents medication by the general practitioner and the pharmacist. Nurses were seen to be administering medication in line with national guidance and there were robust procedures in place to monitor the use of controlled drugs.

Residents were seen to engage in meaningful activities throughout the day and those spoken with stated that they liked the range of activities on offer. Residents were observed throughout the inspection being supported by staff to attend activities and were seen encouraging residents to participate.

Residents were well supported with meal provision with a range of choices available to residents. Where residents required additional support to enjoy the dining experience this was provided in a discreet manner. The provider was working towards a restraint free environment in line with national guidance. Residents were in receipt of care from staff who knew them well and where restraint measures were in place there was rationale supporting these measures. Paperwork surrounding and supporting the introduction and monitoring of restrictive practice required review to ensure consistency of assessment and forms used to support this process.

The provider had arrangements in place to protect against the risk of fire. Staff

received training in fire safety and had participated in drills to evacuate different areas of the centre, although it was observed that an evacuation of an entire compartment had yet to be completed. There were service level agreements in place for the regular servicing of fire equipments and fire testing.

Regulation 12: Personal possessions

Each resident had adequate wardrobe and drawer space to store their clothing and belongings, including lockable storage options. Residents in shared bedrooms had their own personal space in which to keep their toiletries, hairbrushes, shaving and personal hygiene products to reduce the risk of them being used by others.

Money and other valuables which the management held on behalf of the resident were stored securely and well-documented to ensure these items were kept safe.

Laundry was done off-site, and all resident clothing was individually labelled and separated in personal laundry bags to reduce the risk of residents' clothing going missing.

Judgment: Compliant

Regulation 13: End of life

A number of residents care plans for end of life care were reviewed. Care plans were well written and clearly set out the end of life wishes of the individual resident. Care plans addressed and identified interventions relating to the physical, emotional, social, psychological and spiritual needs of the residents. Where residents were not able to engage in this process there was clear evidence to show that family members were consulted as to their loved ones last wishes.

Residents who had a DNAR (do not attempt resuscitation) in place had the appropriate documentation in place signed by the appropriate personnel. There was evidence in care plans that also showed the centre was in regular contact with specialist services such as palliative care services to ensure residents received the best possible end of life care interventions.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well-lit and was in a good state of maintenance. The

design and layout of the building was safe and suitable for residents to navigate independently or with assistance, with handrails and chair lifts present to assist mobility.

The centre consisted of an adapted three-storey period house and a purpose-built two-storey extension, with a large bridging section between the two consisting of multiple lounge and dining areas.

The centre was nicely featured with home-like design elements, comfortable furniture and soft furnishings, plants, fish tanks, reminiscence items and residents' artwork. The communal areas were decorated for Halloween, which residents spoken with commented positively on. These seasonal decorations as well as clocks and large visible boards listing the date, activities and meal options were useful to orient the residents to their time and space. Simple, eye-catching signage was used to assist residents to identify their bedrooms and nearby toilets.

Residents had nicely decorated bedrooms with good opportunities to be personalised based on the residents' preferences. Bedrooms accommodating more than one person had suitable privacy screening, and the layout of the bedrooms allowed residents to still be able to access their wardrobes, en-suites and bedroom doors when their neighbour had their curtain drawn shut.

The centre had multiple spacious communal areas as well as smaller sitting rooms in which residents could receive visitors in private. Multiple dining spaces were available with sufficient space to cater to residents including those who required assistance from staff to eat. Pleasant outdoors garden and courtyard areas were visible and accessible from the living rooms and were secure to use freely. Residents who smoked had a safe internal area in which to do so, which was well-ventilated to eliminate odour outside this room.

While the building had some rooms and alcoves on corridors for storing equipment such as wheelchairs and hoists, inspectors observed a number of instances of inappropriate storage of equipment. When not in use, hoists were being stored in resident toilets and showers, or at points on hallways which blocked safe movement of people. Trolleys and cleaning carts were being stored in a way which obstructed fire and evacuation equipment and stairwells leading to fire exits.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The nutritional needs of the residents were well met with residents receiving the required levels of support to enjoy the dining experience. The menu provided a range of choices for residents to choose, including a well organised system to support residents who had additional dietary requirements. The dining experience was a calm one with dining rooms well organised and set out to cater for residents using mobility equipment. There was access to sufficient cutlery and crockery

suitable for resident's needs.

There was access to food and drink outside of the regular meal times with snacks available upon request. The centre was using a number of evidence based nursing tools to ensure resident's nutritional needs were met from a clinical perspective with referrals made to specialists for guidance and advice.

Judgment: Compliant

Regulation 26: Risk management

The provider maintained a policy and procedure for identifying, assessing and controlling risk. A risk register was maintained which included the hazards required to be assessed by Regulation 26(1) as well as risks which were specifically identified for the designated centre. For example, the provider had identified and mitigated risks specifically related to the disorientating of residents being relocated due to internal renovation works. The provider had also given effect to recommendations made based on environmental health reports of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The building was compartmentalised with doors which were suitable to contain flame and smoke in the event of fire. These doors were equipped with magnetic or electronic devices allowing them to be held open and to close automatically in the event of the fire alarm being triggered. The centre was well equipped with fire detection and extinguishing equipment, which had all been checked in-house on a regular basis, and serviced by the appropriate outside parties. Emergency lighting, running-man signs and clear evacuation maps clearly identified the routes to follow in the event of an evacuation.

Staff on all units were asked about evacuation procedures and all were clear and consistent in how they would respond to a fire alarm and how they would evacuate residents in the event of an emergency. Staff handover sheets concisely identified resident personal evacuation needs, including people requiring additional staff to assist, or people who may not cooperate with an evacuation. A discreet colour coding system was used in resident bedrooms to identify these requirements to staff coming from other areas to assist. Staff members were knowledgeable on progressive horizontal compartmental evacuation, and referred to personal evacuation plans and evacuation maps to confirm the best route to take. Records reviewed identified that all staff members had attended fire safety training within

the past 12 months.

The centre conducted practice evacuation drills in the centre. The reports on these identified the time taken to evacuate one or two residents and the procedure followed by staff to do so. However, there was no information on how long it would take to evacuate a whole compartment, to provide assurance that resources were sufficient to evacuate a compartment during times of low staffing, such as during the night.

The centre had a clear emergency plan which included information on where residents could be accommodated in the event that returning to the centre post-evacuation was not possible.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place which set out the centres arrangements for recording, ordering, storing, and disposal of medication. Staff were knowledgeable about the policy and had received medication training to support their practice. There were robust arrangements around the storage of controlled medication with stock records checked and double signed by staff on a twice daily basis. The centre had a risk assessment in place to identify hazards associated with medication management. There were regular medication audits in place to ensure staff practice was consistent with the centres policy and to identify areas for improvement.

A review of medicines held in the medication fridge indicated that medicines were stored correctly with all medication currently in use displaying the dates they were opened. There were clear protocols in place where the pharmacist assisted in the checking in of medication received by the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There were arrangements in place to ensure that all residents admitted to the centre had a pre assessment of their needs carried out prior to admission. Emergency admissions were only accepted from hospitals where the resident was under the care of an allocated social worker. Emergency admissions from residents own home was not permitted.

Care plans were well written and addressed the assessed needs of the residents. There was evidence that residents were consulted about their care needs and that

their preferred care intervention was recorded.

A care plan for a resident losing weight was reviewed with the care plan stating clearly the interventions that were required. The care plan however was not updated to take account of the most recent visit from an allied health professional. A conversation held with a member of the management team revealed that a number of care plans were reviewed outside of the four month period as required in the regulations 5 (4).

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills to meet the needs of residents who were displaying behaviours that challenge. There were records to show that staff had attended training to support them in meeting resident's behavioural needs. The staff members spoken with were committed to maintaining a restraint free environment and were able to describe how their care interventions could impact on resident's rights.

A selection of records for residents who had a restrictive practice in place were reviewed. There was a lack of consistency in using a restraint assessment form to identify a restrictive practice. Records seen indicated that not all residents had these assessments in place which allowed for easier monitoring and review to ensure the least restrictive option was in place.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to protect residents from abuse. There was a safeguarding policy in place which outlined the steps to be taken in protecting residents from abuse. Staff spoken with were clear on the different types of abuse as described in this policy and were able to explain their role and responsibilities should they witness abuse or have it reported to them.

There were records in place to indicate that staff had attended mandatory safeguarding training. The person in charge informed inspectors that there was no safeguarding investigation currently active in the centre. Residents told inspectors that they felt safe in the nursing home and said that they could rely on staff if they had a concern.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the day, inspectors observed interactions between staff members and residents which was person-centred, treated the residents with dignity and respect, and was appropriate based on the communication needs of the resident. Staff members had a good rapport with the residents and were seen sitting and socialising with residents in communal areas or chatting while assisting people. Personal care and assistance was delivered in a discreet manner, such as if the resident required assistance to have their meals or use the bathroom. Residents were well-supported to spend their day based on their personal preferences.

There were good opportunities for social engagement in the centre, with staff designated to facilitate activities in-house, as well as external people and groups providing group activities such as music, sing-along groups and exercise sessions. These activities were well-attended with residents being encouraged and assisted to participate in accordance with their capacities. The provider also had resources to deliver recreational opportunities for residents who would benefit more from individual or sensory engagement. Clear and prominent information was available for residents related to the activities schedule as well as other information about their day such as the time, date and meal menus. Communal areas had also been decorated with resident artwork and photos from outings. Residents had access to newspapers, magazines and Wi-Fi, with residents having televisions and bedside telephones in their bedrooms.

The majority of residents either had en-suite toilet and shower facilities in their bedrooms, or had shared bathrooms close to their bedroom to use in private. However, for a number of residents on the ground and first floor of the original building, their access to private toilet and washing facilities was limited. Due to a toilet on the ground floor being converted to use for laundry, and another bathroom on the ground floor being locked and labelled as reserved for staff and visitor use only, ten residents on the ground floor who did not have en-suite facilities shared a single toilet and shower, in addition to five people from the first floor. The latter five people were required to be assisted downstairs and past communal and reception areas to use this ground floor shower, as the bathroom on their floor was locked and reserved for use by a single resident. While management advised inspectors that the facilities were not restricted, staff members on the floor told inspectors that they were not to be used when assisting residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ashbury Private Nursing Home OSV-0000007

Inspection ID: MON-0022690

Date of inspection: 30/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new hoist bay has been designated. Auditing in respect of medication errors does not require a wholesale change however more stringent timeframe and procedure will be implemented where needed. Laundry facilities on ground floor have been transferred to an external option and bathroom has been reopened and is available for use by residents.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Please refer to Pt 1 above under Reg 23 in respect of equipment. In respect of the cleaning carts and trolleys no action required as per feedback form</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: No action required, please refer to feedback form.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans will be updated at four monthly intervals or earlier if required, and details contained therein will be more closely observed.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: A restraint documentation review will be undertaken in January 2020, in order to streamline documentation and ensure that any duplication of practices will no longer continue.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: No action required, please refer to feedback form.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector</p>	

that the action will result in compliance with the regulations.

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 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	19/12/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Substantially Compliant	Yellow	19/12/2019

	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 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	Yellow	
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/01/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	

