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## **Carna Nursing and Retirement Home, OSV-0000398, 8 May 2019**

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## Office of the Chief Inspector

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

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Michael Casey and Sally Casey Partnership T/A Carna Nursing and Retirement Home
Address of centre:	Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	08 May 2019
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0022281

## About the designated centre

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

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental disability, respite care, convalescence and palliative care.

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

Number of residents on the date of inspection:	42
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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
08 May 2019	09:00hrs to 18:30hrs	Catherine Sweeney	Lead
08 May 2019	09:00hrs to 18:30hrs	Geraldine Jolley	Support

## What residents told us and what inspectors observed

Residents interviewed were very pleased with the care and facilities available in the centre. Five residents relayed their views and all described positive experiences. They described the staff team as caring, kind and very approachable. They said that they had good relationships with staff which they felt contributed positively to their day to day lives.

Residents confirmed that they could raise issues without difficulty and if they were concerned about anything would have no hesitation in talking to staff or the person in charge. They knew the nurses, carers and general manager by name and knew where to locate them in the building.

Residents were observed to be comfortable and engaging socially with each other and with staff. Residents that preferred to stay in their bedrooms were facilitated to do so. Staff communication with residents was reported to be kind and respectful. The majority of staff could communicate with residents through both English and Gaelic.

The catering arrangements and meals were regarded as satisfactory. The meals were described as tasty, varied and served in good portions according to their personal choices.

Residents said that their rooms were comfortable and were organised to suit them. Residents were mainly from the local area and said they enjoyed the sea views which they had been used to seeing all their lives.

## Capacity and capability

This was an unannounced inspection to review regulatory compliance and progress with actions identified from the previous inspection completed in April 2017. Ongoing improvements were noted in the service with the majority of actions identified during that inspection completed. Some improvements were required to complaints management as complaints made verbally were not recorded, the level of staff absenteeism compromised how the person in charge could undertake her management duties as she regularly had to be included as part of the nursing team and the registration of the facilities required amendment as a separate building registered for five residents was not suitable for the care of dependent persons.

There was a clearly defined management structure with governance and management arrangements in place. Auditing and quality improvement initiatives

meant that the provider and person in charge had a system in place for oversight of the service to ensure that an effective service was delivered. A copy of the 2018 annual review of the quality and safety of care delivered to residents was in place and was available to residents and their families.

Staff were well informed and were observed to undertake their duties efficiently. Records were generally completed to a good standard however some care records did not convey accurately residents' current state of health or the significant improvements they had made since admission. Staff were competent Gaelic speakers which was the main language spoken and residents said they found this very reassuring.

There was a comprehensive training programme provided on a range of topics that included dementia care and responsive behaviours. All staff had completed resuscitation training. Staff records were complete and a review of staff files confirmed that Garda Síochána (police) vetting was in place for all staff.

Records indicated that staff are supported in their roles by the management team. Recruitment and training records demonstrate that staff are recruited, trained and supported to deliver a high quality service in line with the regulation and standards. However, Inspectors were concerned by the recruitment challenges that the location of the centre presents and the potential impact on the delivery of care to residents.

A review of the residents contracts of care was required as a previous action, relating to the documentation of the occupancy status of residents, had not been completed.

## Regulation 15: Staffing

Inspectors were satisfied that the number of staff on duty on the day of inspection was appropriate to meet the assessed needs of the residents. There was a good allocation of staff, with two nurses and eight carers scheduled for duty during the morning. However, recruitment difficulties and staff absences, that were both planned and unplanned, meant that the person in charge and other staff undertook additional duties. This was not sustainable and compromised for example how the person in charge could effectively carry out her role. The management of this issue is addressed in the compliance plan relating to Regulation 23, Governance and management.

Inspectors reviewed a sample of staff files and found that all files were completed in line with the documentation required by scheduled 2 of the regulations. A review of the staff files confirmed that all members of staff had a vetting disclosure by An Garda Síochána in place. The person in charge had commenced a programme of performance appraisals for all staff in the centre.

Inspectors spoke with a number of staff members during the inspection. Staff conveyed very positive attitudes to the care of older people and demonstrated that

care reflected evidenced based practice. All staff spoken to were well informed in relation to emergency procedures and resident safeguarding.

Judgment: Compliant

### Regulation 16: Training and staff development

A training matrix for all staff was made available to the inspectors. All staff had received mandatory training in fire safety, safeguarding of the vulnerable adult, moving and handling techniques and the management of challenging behaviour.

All nursing and care staff had completed training in cardio-pulmonary resuscitation. All nursing staff had training in medication management, venepuncture and intravenous medication administration.

Training on fire safety that was identified for attention at the last inspection had been completed by all staff.

Training in dementia care and palliative care was received by all staff in the centre. A supplementary training schedule was also in place which included training in continence care, wound care, food safety, hand hygiene and the use of hazardous substances. All staff training is delivered bilingually. The general manager informed inspectors that a Gaelic language training course has been delivered to the staff in an effort to ensure effective communication with the residents.

Inspectors are satisfied that staff have access to appropriate training and have the required competencies to manage and deliver a person-centred, effective and safe service to all residents.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was made available to the inspectors for review. The directory contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 22: Insurance

Inspectors are satisfied that the registered provider has in place, adequate insurance to protect the resident against injury, loss or damage to residents' property. Residents were informed of the provision of insurance within the contract of care.

An insurance certificate was not available on the day of inspection but the inspectors were provided with evidence that the centre had appropriate public and employer's liability insurance the day after the inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The centre has a clearly defined management structure. There is a general manager and a person in charge working full-time in the centre. The person in charge was supported in her role by an assistant director of nursing. The inspectors were satisfied that, on the day of inspection, the centre has sufficient resources to deliver high-quality effective care to the residents. However, improvements were required in relation to the management of staff allocation to cover sick leave and recruitment challenges and the potential impact of ongoing staffing issues on the provision of care to residents.

An action plan in the last report required that the presence of the provider representative was recorded in governance and management meetings. This was complete.

The management team were knowledgeable about the residents needs and the resources required to meet those needs. The centre had a system of audits in place which reflected quality improvements in care delivery. For example, an end-of-life care audit had been completed by the person in charge. Action plans had been developed in line with required care improvements. Analysis of the audit results showed substantial improvements in the quality of End of life care delivered.

Inspectors were told that a more comprehensive system of auditing was planned by the management team but not yet implemented due to the fact that the person in charge was required to cover vacant nursing shifts. Inspectors were concerned that the high level of staff absenteeism compromised how the person in charge could undertake her management duties as she regularly had to be included as part of the nursing team.

The management of five registered beds which were located in a low dependency

unit, adjacent to the main building required review. The beds were unoccupied at the time of inspection. The systems in place that ensure the service is safe, appropriate, consistent and effectively monitored must also include any resident that is accommodated in this unit. This findings has been addressed in the compliance plan for Regulation 17, Premises.

Judgment: Substantially compliant

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

Inspectors found that an action from a previous inspection had not been addressed. Contracts of care did not specify if the room to be occupied was a single or a shared room.

Inspectors reviewed a template of a contract of care and a sample of contracts of care for residents whom had been admitted to the centre since the last inspection. While each resident in the designated centre had a signed contract in place, they did not contain the detail of the occupancy of the residents room.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre was reviewed and contained all the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre has a system in place to record complaints from residents and families. The complaints that were recorded were found to be addressed appropriately. No complaints had been recorded since February 2018. Minor matters are dealt with immediately according to the person in charge. These are not routinely recorded which means that a full record of complaints is not available. The absence of records means that it is not possible to determine that issues are dealt with appropriately or that changes are made to avoid a repetition of the issue. A more robust system of complaints management is required to ensure that all verbal complaints are

recorded and managed to the satisfaction of the person making the complaint.

The complaints procedure was placed in a prominent place within the centre and was accessible to all residents in both English and Gaelic. The management team are in the process of implementing a new system to capture verbal complaints in a timely and effective manner.

The centre had a comments box to allow complaints or comments to be made confidentially.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The centre had written policies and procedures in place. These policies were made available to all staff. Policies were reviewed and updated in accordance with best practice.

Judgment: Compliant

#### Quality and safety

Inspectors observed that the centre was providing a high standard of care and support to residents. The design and layout of the building allowed for social engagement, private sitting areas and well maintained outdoor space.

Staff were observed to be kind and respectful in their interactions with residents. Inspectors found that the communication needs of the residents were well addressed. Residents had access to radio, television and newspapers on a daily basis. Information was shared with residents using orientation boards and notice boards displayed prominently throughout the centre. Staff communicated with the residents in both Gaelic and English.

Residents needs were assessed and care plans developed with regards to residents personal choices. While some care plans were of a good quality, some inconsistencies and lack of detail were noted in others.

Residents nutritional needs were met to a high standard. Residents were offered a variety of food and choice at every meal.

The designated centre comprises of a main building which contains 51 registered

beds and a low dependency unit with five registered beds. The main building is purpose built to facilitated long term residential care. It has three main corridors off a large lobby and reception area. The centre was bright and spacious and was decorated to a high standard. There was adequate and discreet storage of equipment. Rooms were decorated in a person-centred way. The design and layout of the main building meets with the current resident needs.

Inspectors were concerned that the design and layout of the unoccupied low dependency unit may not be suitable to meet the needs of residents requiring long term care.

### Regulation 10: Communication difficulties

Residents were free to communicate and staff varied between conversing "as Gaeilge" and English depending on residents' preferences.

Communication problems were outlined well in care records with interventions to enhance communication described. Clocks and calendars were provided in bedrooms and communal areas and these were all set at the correct time and date. Orientation boards were in place throughout the centre detailing the day of the week, the season and the activities of the day.

Residents had access to books and local and national newspapers.

Judgment: Compliant

### Regulation 11: Visits

There was no restriction on visits to the centre. Residents friends and families were seen to come and go throughout the day. There were communal and private areas for residents to spend time with visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Personal clothing was labelled and residents said their clothes were well cared for and returned to them promptly.

There was adequate storage in bedrooms for personal items. Many bedrooms had been personalised to a high standard by residents. Books, ornaments, flowers and

photographs were on display.

Judgment: Compliant

### Regulation 13: End of life

There were end of life care plans that described residents' wishes including wishes to return home. Nurses had good contacts with the palliative care service. Good access to general practitioner services and specific training in relation to intravenous fluid and medication allowed for residents to be treated within the designated centre and avoid transfer to the acute hospital services.

Every member of staff had received training in End of life care.

Residents who had problems with pain had care plans that described the interventions required, the pain relief regime and the effectiveness of this to ensure they were pain free and comfortable.

Judgment: Compliant

### Regulation 17: Premises

The centre was well organised, clean and well maintained. The storage problem identified at the last inspection was addressed. There was additional storage for wheelchairs available near the reception area and this eliminated storage of equipment in hallways.

The bedrooms and communal areas are spacious and meet the needs of residents. There was meaningful and appropriate signage to guide residents around the centre. A dementia friendly environment was in evidence with handrails in contrasting colours and directional signage easy to follow. The centre overlooks the sea and provides residents with an extensive view from several points around the building. There are spacious outdoor gardens with interesting plants and a hen coop. The garden area is well maintained. There is a gated outdoor area with paving and grass. Inspectors were informed that residents are facilitated to spend time outside. However, there is no facility for residents to access the outside areas independently. The paving is uneven in parts and increase the risk of residents falling.

Inspectors had concerns in relation to a separate building to the main centre which

is registered to accommodate five residents. This was not occupied. This was inspected and found not to be suitable for dependent persons. There is a central staircase and a platform lift here. The one staircase does not provide adequate means of escape in the event of fire and access to the stairway could present a risk to dependent persons.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The residents were offered a varied menu, which was enjoyed by residents. There was a good store of fresh and dried food in the kitchen area and a good variety of fresh vegetables. Residents said they enjoyed the home-baked brown bread that was made several times during the week.

All kitchen staff had received up-to-date training in food hygiene and safety.

Judgment: Compliant

### Regulation 20: Information for residents

Residents were provided with information on activities, menus and local news. The newsletter, advocacy arrangements and complaints procedure was produced in English and in Gaelge and both were displayed and available to residents.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a robust policy and system of risk management. A risk register was reviewed by the inspectors. Environmental hazards were identified and actions were documented to control the risks. Risk assessments in relation to abuse, unexplained absence, accidental injury, aggression and violence and self harm were included in the risk register as required by regulation. An emergency plan was in place detailing the action to be taken in the event of fire, flooding, gas leak, power outage, water outage and the spread of infectious disease.

Residents with risks associated to their symptoms of dementia had their needs communicated discretely through the use of butterfly stickers on the door of their bedrooms. Residents with a high risk of falling were managed using colour coded

leaves.

The following areas required further risk assessment :

- An evacuation of residents through compartments and to the fire assembly point had not been completed to determine how staff could manage this exercise.
- The fire register and associated documents were not stored centrally in a fire proof container.
- Some personal protective equipment stored around the premises could present a risk to residents who are confused

Judgment: Substantially compliant

### Regulation 27: Infection control

Staff had good knowledge of infection control measures including how to launder soiled or infected items.

The centre was very clean and well maintained.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care plans was generally good and conveyed that staff were fully familiar with residents' needs, choices and preferred routines and recorded these in a meaningful way that guided practice.

Dementia care needs which was a factor for 40% of residents were described in a way that focused on abilities as well as problem areas. Care plans reviewed were found to describe what residents could do for themselves and where they needed support. Their level of orientation to the premises and to persons they knew was described in some cases. There was good emphasis on the psychological care that would benefit residents and the inspectors saw several examples of residents being reassured by staff and orientated to what was happening.

Areas that were noted to need attention included:

- Where residents' health had improved, this was not evident in the review of the care plans.
- Mobility needs were described inconsistently with some records stating that a resident was mobile for short distances with a zimmer frame and staff support and other records saying they were not mobile.

- Some Key to Me documents were not completed
- A significant mental health problem was not prominently described in the resident's care plan.
- The inspectors noted that where residents regularly refused care interventions, this was not clearly described as a "right to refuse".

Judgment: Substantially compliant

### Regulation 6: Health care

There was good access to primary care services including general practitioner services. Screening appointments were fulfilled except where this was not possible due to residents' other needs. Physiotherapy and occupational therapy services were available once a week and these were not subject to a charge.

Judgment: Compliant

### Regulation 8: Protection

Staff were well informed about safeguarding matters and could describe how to report an incident of abuse or untoward event.

The provider was a pension agent for a high number of residents. The inspectors were told that this arrangement was in accordance with Department of Social Protection guidelines. The number of residents where such arrangements applied was high due to the long term care arrangements in place prior to admission to this setting. The inspectors requested further information with regard to the amount of money held for the residents. This information was made available to the inspectors following the inspection. A review of the current arrangement is required, to ensure that it is the most suitable for each resident to which it applies.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents told the inspectors that they were registered to vote and they were aware of the upcoming local and European elections. The designated centre facilitates a special register to allow residents to vote within the centre. The centre has a mini-bus and driver to take residents to the polling station, if that is their preference.

Several residents described aspects of the centre that contributed to enhancing their

quality of life and described being able to go out on trips as the centre provided transport, being helped to be as independent as they could, and to attend local events.

There is extensive CCTV coverage around the centre including the sitting areas, dining room and visitor's area. While there was signage to alert everyone to the equipment in use, many residents did not have capacity to understand this and the inspectors concluded that it impacted on residents' freedom to live their lives in private.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0022281

Date of inspection: 08/05/2019

## 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>1.To ensure continuity of care, we are continuously recruiting and also piloting to introduce a 3 shift/24 hrs instead of the current 12-hour shifts for health care assistants. We are also identifying key workers to come in on an ad-hoc basis to cover sick leave and staff absenteeism.</p> <p>2. Since the inspection, 1 (one) new Staff Nurse has commenced duty and we are awaiting 4 (four) more Staff nurses from abroad. They are currently awaiting their Visa's to come to Ireland to sit their aptitude tests with the R.C.S.I in August 2019. Once the new Staff Nurses are inducted, PIC will focus solely on her Managerial role and will be able to carry out the comprehensive system of auditing which she has planned.</p> <p>TIMESCALE: 30/11/2019</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The template for the "Contract of Care" has been updated with the required information regarding the occupancy of the resident's room as stipulated by the regulation.</p> <p>TIMESCALE: ACTION COMPLETED</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  A new complaints log has been drawn up to ensure all concerns raised by service users are documented and has been introduced to staff. This document is in use since date of inspection.</p> <p>TIMESCALE: ACTION COMPLETED.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  1. In order to maintain the health and safety of our residents (whose dependency levels are high) Handrails are being installed to make the outside protected area safer for residents independent use.</p> <p>TIMESCALE: 31/08/2019</p> <p>2. Following consultation with the HIQA chief inspector, regarding the concerns about the separate building to the main center, it has been decided that the bed number for Carna Nursing Home will now be 51.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  1. An evacuation which involved residents has been carried out in one wing (2 compartments) to the fire assembly point. The time it took to evacuate the two (2) compartments to the fire assembly point was 6 minutes in total. We had to exclude one resident as resident was acutely unwell. This will be part of our regular fire drills until optimum time has been achieved.</p> <p>TIMESCALE: ACTION COMPLETED</p> <p>2. A fire proof container has been fitted to the wall adjacent to the front door at reception since inspection to store the Fire Register and associated documents.</p> <p>TIMESCALE: ACTION COMPLETED.</p> <p>3. We are in the process of re-designing our PPE dispensing unit to minimize the risk, which it could present to the residents who are confused.</p> <p>TIMESCALE: 31/08/2019</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:</p> <p>1. The Care plans of the resident whose general health had improved has been reviewed and updated with the improved health status.</p> <p>TIMESCALE: ACTION COMPLETED.</p> <p>2. Since the inspection, the Mobility Assessments, PEEP's and relevant Care Plans were reviewed and updated with consistent and appropriate information.</p> <p>TIMESCALE: ACTION COMPLETED.</p> <p>3. In relation to the "Key to Me" documents, there are ongoing efforts being made by staff to collect most relevant information.</p> <p>TIMESCALE: 30/11/2019.</p> <p>4. The significant Mental health problem is highlighted and has been prioritized as the first Care Plan.</p> <p>TIMESCALE: ACTION COMPLETED.</p> <p>5. Since the inspection a new "Care Plan" template has been introduced for Residents who regularly refuse care interventions.</p> <p>TIMESCALE: ACTION COMPLETED.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A review of the existing arrangements is currently being carried out with the residents concerned and their families.</p> <p>TIMESCALE FOR COMPLETION: 31/08/2019</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A comprehensive review of the CCTV coverage is being carried out with regards to the resident's privacy and dignity and full consideration to GDPR so as not to impact on the residents freedom to live their lives in private.</p> <p>TIMESCALE: 30/11/2019.</p>	

## 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.	Not Compliant	Yellow	31/08/2019
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	30/11/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned,	Not Compliant	Yellow	18/06/2019

	the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/08/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	18/06/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	18/06/2019

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/08/2019
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	30/11/2019