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**Kilrush District Hospital Limited,
OSV-0000446, 10 December 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:	Kilrush District Hospital Limited
Name of provider:	Kilrush District Hospital Limited by Guarantee
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	10 December 2019
Centre ID:	OSV-0000446
Fieldwork ID:	MON-0026752

About the designated centre

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

Kilrush District Hospital is a nursing home that has been extended and reconfigured over the years. A two-storey purpose built extension was provided and the original buildings have been refurbished in recent years. It can accommodate up to 43 residents, male and female over the age of 18 years. It is located in the West Clare area, in the town of Kilrush. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. The centre does not accommodate persons presenting with extreme challenging behaviours or with tracheotomy tubes. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining and day rooms provided for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
10 December 2019	09:30hrs to 17:30hrs	Mary Costelloe	Lead
10 December 2019	09:30hrs to 17:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

The inspectors spoke with approximately 10 residents during this unannounced inspection.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for and happy living in the centre.

Residents stated that staff were very nice, kind and that staff came when they called or needed them.

Residents were complimentary of the quality and choice of foods on offer.

Residents told the inspectors how they liked their bedrooms and found them to be spacious and comfortable.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom or dining room.

Residents spoke about feeling safe, secure, warm and comfortable in the centre.

Residents spoke about enjoying attending weekly mass and the varied range of activities taking place and in particular the weekly live music and song sessions. Some residents told inspectors how they were looking forward to the Christmas party due to be held later in the week.

Residents were observed to be relaxed in the company of staff as they interacted and chatted. Many of the residents appeared to be smiling and enjoyed the company of staff.

Capacity and capability

Overall, a good service was being provided to the residents. Most of the actions outlined in the previous inspection report had been addressed. However, it was of concern that governance arrangements in place had not ensured full compliance with Regulation 28: Fire precautions and Regulation 24: Contract for the provision of services in order to fully comply with Condition 8 of registration certificate which was due to be completed by 31 March 2018. This is discussed in further detail under the regulations and in the body of the report.

The organisation structures in place within the centre ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The nursing management team included the person in charge who was supported in her role by the clinical nurse manager. They both worked full-time in the centre and knew the residents and their individual needs well. The clinical nurse manager deputised in the absence of the person in charge. Both were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. The nursing management team were supported by the general manager, administrator and board chairman.

The management team continued to meet on a monthly basis to discuss and review the quality and safety of care in the centre. There was a monthly audit schedule in place. Regular audits were completed in areas such as medicines management, incidents, complaints, infection control and health and safety. Audits were found to be informative and areas for improvement were clearly documented. The results from audits were discussed at the monthly management team meetings and used to bring about improvements to the service. A comprehensive annual review on the quality and safety of care had been completed for 2018, feedback from residents' committee meetings and resident quality improvement questionnaires were also used to inform the review. The quality improvement plan for 2019 had been implemented.

The provider had continued to invest in the premises, equipment and staff training.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Safe and effective recruitment practices were in place to ensure that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. The management team ensured that all staff had Garda Síochána (police) vetting in place as a primary safeguarding measure and all documents, as required by the regulations, were available.

The management team ensured that the staffing levels were reviewed on an on-going basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. Staffing levels had been increased following the last inspection.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge and knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 33 residents. There were normally two nurses and five care staff on duty in the morning time and afternoon, two nurses and three care staff on duty in the evening time and two nurses and two care staff on duty at night time. The person in charge and clinical nurse manager were normally on duty during the day time, Monday to Friday.

Staff files reviewed by the inspectors were found to contain all documents as required by the regulations including Garda Síochána (police) vetting, records of induction, training and appraisals.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis. Staff had recently completed training in falls management and rights based care, restrictive practice, clinical documentation and person centered record keeping, tissue viability and pressure ulcer prevention. Two staff members had completed 'Sonas' training a therapeutic programme for residents with dementia. All nursing staff had recently completed medicines management training and catering staff had completed food hygiene training.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner.

Judgment: Compliant

Regulation 23: Governance and management

The management team continued to meet on a monthly basis to discuss and review the quality and safety of care in the centre. Care was effectively monitored and quality improvement plans were in place. However, it was of concern that governance arrangements in place had not ensured full compliance with Regulation 28: Fire precautions and Regulation 24: Contract for the provision of services in order to fully comply with Condition 8 of registration certificate which was due for completion by 31 March 2018.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Improvements were still required to ensure that contracts of care agreed with residents reflected the current fee and bedroom occupancy. There was no evidence that changes to the contract including increases to the fee were discussed and agreed with residents.

Judgment: Not compliant

Regulation 32: Notification of absence

The management team was aware of the legal requirement to notify the Chief Inspector regarding to absence of the person in charge. Notifications in line with the regulations had been made in the past.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the recently updated complaints policy however, the complaints procedure displayed dated 2012 required updating to reflect the current policy and to clearly outline the independent appeals process. The inspectors were satisfied that complaints had been managed in line with the centres complaints policy. A number of complaints had been logged, investigated and appropriately responded to. There were no open complaints a the time of inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard. Further reassurances were required in relation to the ability of staff to safely evacuate residents in a timely manner in the the event of fire particularly at night time.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents had access to appropriate medical and allied health care services to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of recreational and stimulating activities was offered. There was a full-time activities coordinator employed seven days a week. The activities coordinator and another staff member had recently completed training in 'Sonas', a therapeutic programme suitable for residents with dementia.

Residents had access to their general practitioner (GP). A review of a sample of resident files confirmed that residents were reviewed regularly by their GP. The

residents had good access to allied health care professionals including psychiatry of later life, palliative care team, dietitian, speech and language therapist and a chiropodist. However, there was limited access to physiotherapy services. Residents were referred to physiotherapy by their GP. Residents were facilitated to attend a local physiotherapy clinic. There was no physiotherapist available in the centre.

Individual assessments and care plans were in place for each resident. The care plan reflected the assessed needs of the resident and was documented in a person-centred manner. The residents health and social care needs were identified in the care plans. However, a review of the nursing care documentation system is required to ensure that assessments and care plans are updated in line with requirements. The management team informed inspectors that there was a plan in place to introduce a computerised nurse documentation system.

The management team informed inspectors that a restraint free environment was promoted in the centre. While restrictive practice such as bed rail use was well managed and documented, a review of the documentation was required to ensure that resident consent and inclusion in the decision making process was documented in line with regulation and best practice guidelines.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection and safeguarding of older adults to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Allegations of abuse in the past had been managed in line with the safeguarding policy.

The management team had continued to invest in the building and equipment. Many improvements had been completed since the previous inspection to ensure that the design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. A new nurses office, staff canteen and training room, treatment room, en suite shower room, new flooring to the first floor corridor, new electric beds, commodes and wheelchair had been provided since the last inspection. Further improvements were planned, a first floor room was in the process of being converted to an oratory for residents use and plans were being considered to extend the ground floor day room. The centre was accessible and aided residents' independence. A lift allowed residents to independently access both floors. There was signage in place to assist residents find their way around the centre.

Bedroom accommodation met residents' needs for comfort and privacy. All residents were accommodated in either single or twin bedrooms with en-suite shower facilities. Adequate personal storage space was provided for residents to store their clothing and belongings. An new laundry tag system had been provided to ensure that residents personal clothing was safely returned to them. The privacy screening curtains in one of the shared bedrooms required adjustment to ensure the privacy and dignity of both residents using the en suite toilet and shower room.

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents' committee meetings continued to take place on a regular basis. There was evidence that issues raised by residents were followed up by the management staff. Residents had access to advocacy services and information regarding their rights, SAGE National advocacy service information posters were displayed.

Residents continued to maintain links with the local community. There was regular weekly visits from local musicians, school students, local priest, pet therapist and hairdresser. Some residents regularly went home for day trips while others attended family events. Residents were supported to go on day trips to places of local interest during the summer months.

There was an open visiting policy in place. A separate visitors' space was provided on the ground floor should residents wish to receive visitors in private. A large day room was available on the first floor and used by some residents to host their birthday celebrations with family members there.

There was a recently updated risk management policy and risk register in place. There was evidence that the person in charge regularly reviewed and updated the risk register. The health and safety committee represented by all grades of staff met regularly to review and discuss risks. However, inspectors noted a number of risks which they brought to the attention of the management team. Risks identified and discussed with the management team are included under Regulation 26: Risk management.

The nursing management team demonstrated good knowledge of the evacuation needs of residents. All residents had an personal emergency evacuation plan in place. There was evidence of regular fire safety checks being carried out and all staff had received on-going fire safety training which included evacuation and use of equipment. The servicing of the fire alarm system and fire equipment was up-to-date. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. However, fire drill records maintained were still inadequate and did not demonstrate or provide adequate information to give assurance that residents could be evacuated safely and in a timely manner in the event of fire or other emergency. This issue was of concern as it had been brought to the attention of the management team during previous inspections and was part of the compliance plan that was due to be completed by 31 March 2018 in order to comply with Condition 8 of the registration certificate. Fire plans of the building displayed required updating to accurately reflect the current layout of the building and the recent changes to the use of some rooms.

Regulation 11: Visits

There was an open visiting policy in place. Inspectors observed visitors coming and going throughout the day of inspection. There was a designated room to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Adequate storage space was provided for residents to store their clothing and personal belongings. Several residents had personalised their bedrooms with their own ornaments and photographs. Property lists were completed on admission of the resident to the centre and personal clothing appeared well laundered and maintained.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents' needs. It was well maintained, clean and nicely decorated. There was a variety of communal day spaces available to residents.

Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Servicing records of equipment including hoists and the lift indicated that they were maintained in good working order and serviced regularly.

Judgment: Compliant

Regulation 26: Risk management

Risks identified which posed a risk to residents included

- the door to the first floor sluice room which was being used to store cleaning chemicals was not secured,
- the doors to a large storage area (unused ward room) used to store equipment and which contained a lot of clutter were not secured,
- the shower area to the recently installed en suite shower room was not easily accessible due to raised surround on the shower tray,

- the control measures in place to reduce the risk of open stairwells required further review.

Judgment: Substantially compliant

Regulation 27: Infection control

The building was found to be visibly clean, however, some practices observed were not in line with good practice standards for the prevention and control of healthcare-associated infections. They included

- The use of a hand towel in a communal bathroom
- Cleaning equipment stored in the sluice room
- Packets of incontinence products stored on the floor adjacent to a toilet.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drill records maintained were still inadequate and did not demonstrate or provide adequate information to give assurance that residents could be evacuated safely and in a timely manner in the event of fire or other emergency.

Floor plans of the building displayed required updating to accurately reflect the current layout of the building and the recent changes to the use of some rooms.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a robust system of medicine management in place. Nurses spoken with were familiar with the medicine system and the procedures relating to safe administration of medicines. Medicine charts reviewed found that the medicine system, including the management of controlled drugs was in line with professional and best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some gaps were identified in the assessment and care plan process. A number of assessments had not been reviewed in line with requirements. The format used to review assessments and care plans did not allow for updates to be added directly to care plans, but rather to the review note at the end of the care plan. Contradictory information was noted in a number of care plans as a result of this process.

Judgment: Substantially compliant

Regulation 6: Health care

A physiotherapist was available through a referral system. Residents were facilitated to attend a local physiotherapy clinic. There was no physiotherapy available within the centre.

A review of the residents files found that recommendations made by all allied health care professionals were documented and incorporated into the residents care plan.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of the restraint register found that the use of restrictive practice, such as bed rails, had reduced since the last inspection. Risk assessments and care plans were in place for all residents using bed rails. Alternatives for bed rails, such as low-low beds, sensor mats and fall mats had been considered prior to bed rail use. However, the documentation of resident's inclusion in the decision making process and consent for the use of bed rails requires review to ensure that the process is in line with regulation and best practice guidelines.

The centre had a clear policy in relation to managing the responsive symptoms of residents with dementia through the priority of non-pharmacological interventions and this was reflected in the nursing documentation reviewed and with staff spoken with.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. A sample of files reviewed by the inspectors confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults. The provider did not act as a pension agent or keep money for safekeeping on behalf of residents at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services, information on local events, weekly parish newsletter, notice boards, radio, television and the Internet. Daily and regional newspapers were provided. There was a range of appropriate, meaningful and interesting activities provided for residents. Residents varying religious and political rights were supported. Mass was celebrated weekly in the centre. Residents were facilitated to vote in house.

The privacy screening curtains in one of the shared bedrooms required adjustment to ensure the privacy and dignity of both residents using the en suite toilet and shower room.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilrush District Hospital Limited OSV-0000446

Inspection ID: MON-0026752

Date of inspection: 10/12/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> -The Registered Provider will update the current fire drill evacuation procedure by documenting a description of the fire drill, details of the participants and any issues identified for learning will be recorded. -We will ensure that evacuation drills will be conducted on a regular basis in the centre and also will include Night time conditions at least once every quarter. -Since the inspection we have conducted fire drills especially under night time conditions and will be repeating the procedure to improve the response and time taken to evacuate the residents. <p>-Proposed Time Scale: Completed with Immediate Effect.</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> <ul style="list-style-type: none"> -The Registered Provider has reviewed all Residents Contract of Care in the centre and updated the current fees and type of room occupancy. The current fees were discussed with Residents and their families and the Agreement signature obtained from each Resident. <p>-Proposed Time Scale: Completed with Immediate Effect.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> -The Complaints procedure displayed in the Notice Board has been updated to reflect the current policy and Independent appeals process. -Proposed Time Scale: Completed with Immediate Effect. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> -The First Floor Sluice Room has been installed with keypad locking system. -All cleaning equipment and Chemicals are stored separately in another room, which is suitable and secure. -The large storage room is cluster free and installed with a keypad locking system. -The shower area in St. Gerard's room has been fixed by installing a tapered ramp on the floor to ensure that the Resident can easily access to the shower room. -The Risk Assessment for open stairwell is being carried out regularly and the location chart for Wandering Residents are maintained daily. -In consultation with the Fire Officer who reported that No Barrier can be placed in the stairwell due to the presence of Fire Door Exits. -Annual Fire and Safety Training has been arranged with the Fire Consultant on 22nd of January 2020. -Proposed Time Scale: Completed with Immediate Effect. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> -The hand towel from the Communal Bathroom has been removed and replaced with dissolvable hand towels to prevent cross contamination. 	

<p>-A suitable room has been identified to store all the cleaning equipment and Chemicals.</p> <p>-Ensured that all incontinence packets are stored in each residents' cupboard securely.</p> <p>-Proposed Time Scale: Completed with Immediate Effect.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>-Fire Drills will be conducted regularly to improve the response and time taken to evacuate the largest compartment with high level of dependency residents.</p> <p>-The Registered Provider will update the current Fire Drill evacuation procedure by documenting a description of the Fire Drill, details of the participants and any issues identified for learning were recorded.</p> <p>-The Floor plans of the building are being updated with the requirements of current layout of the building.</p> <p>-Proposed Time Scale: 30th January 2020.</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>Individual assessment and care plan:</p> <p>-All Care Plans and Assessments are being reviewed quarterly and all updates are being added directly to the Care Plans.</p> <p>-Implementation of Epicare System, which will bring up to date the modern facility to review all Care Plans and Assessments in an appropriate manner.</p> <p>-Proposed Time Scale: February 2020.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Managing behaviour that is challenging:

-The decision making process for the use of bed rails are clearly documented and signature obtained from Resident in line with regulation and best practice guidelines.

-Proposed Time Scale: Completed with Immediate Effect.

Regulation 9: Residents' rights

Substantially Compliant

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

-The privacy screening curtains in one of the shared bedrooms has been adjusted and an optimal level of privacy and dignity is being maintained.

-Proposed Time Scale: Completed with Immediate Effect.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	08/01/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, 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	Not Compliant	Yellow	08/01/2020

	centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	08/01/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	08/01/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/01/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,	Substantially Compliant	Yellow	08/01/2020

	and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
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	29/02/2020
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	08/01/2020
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	08/01/2020