Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Killybegs Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal Road, Killybegs, Donegal
Type of inspection:	Announced
Date of inspection:	28 February 2018
Centre ID:	OSV-0000620
Fieldwork ID:	MON-0020747

About the designated centre

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

Killybegs Community Hospital is a purpose built two-storey centre for 38 residents which opened in 2001 in the town of Killybegs in County Donegal. It provides long stay accommodation for 10 residents and there are six respite, five convalescent, seven rehabilitation, eight assessment and two palliative care beds available to people from the catchment area of South West Donegal and there are approximately 300 admissions and discharges to the centre each year.

Accommodation is provided on the second floor and a shaft lift and stairs allows residents and visitors to move between floors. There are six single bedrooms, four of which have accessible en-suite bathroom facilities. The remaining two have a wash hand basin in the room and are located in close proximity to an accessible toilet.

There is also an additional single room used for palliative care which has en-suite bathroom facilities and a sitting room with overnight facilities and a kitchenette. Overhead tracking hoists have been installed in all bedrooms to assist residents.

There is a spacious dining room and sitting room facing the front of the centre which have large floor -ceiling windows and provide a pleasant view of the sea. There is currently no enclosed garden provided for the residents. The provider has plans to address this. Car parking is available to the front and back.
A range of additional HSE community health services are based on the ground floor and these are also available to residents including physiotherapy, occupational therapy, X-ray facilities and blood testing clinics.

The following information outlines some additional data on this centre.

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	33

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 February 2018	09:00hrs to 17:00hrs	Marie Matthews	Lead
28 February 2018	09:00hrs to 17:00hrs	Mary McCann	Support

Views of people who use the service

Inspectors spoke with 10 residents during the inspection and a further five completed a questionnaire in advance of the inspection.

The residents were very positive regarding the care and described staff as 'very helpful' and 'always available to help'. Residents said they were happy with the support they got from staff with washing and dressing. One resident said she would like a bath more than once a week.

Residents were happy with the meals served and said they could ask for something different if they did not like what was on the menu. They described feeling comfortable and safe in the centre.

Residents spoken with described the care as excellent and said they were seen regularly by the doctor, physiotherapist, and chiropodist. Most residents said they had enough social activities to do to keep them occupied. Some commented that they would like a garden or to be able to use the balcony which overlooked the sea. Others said how they they enjoyed social events such as trips to the pub and chatting with people who used the day care service.

Capacity and capability

Governance arrangements were in place that reflected those described in the statement of purpose, and the lines of authority and accountability were clear. The person in charge was suitably qualified and experienced and worked 30.15 hours per week. She was supported in her role by two clinical nurse managers. Deputising arrangements were in place for when the person in charge was absent.

The provider representative is the manager for older persons' services in Donegal. She met with the person in charge regularly and monitors the service closely. A range of outpatient services are provided on the ground floor of the building including a day hospital, allied support services, an x-ray department and a falls clinic which residents could also access.

The quality and safety of the care was monitored through regular audits and reviews of clinical care. An annual report was completed following the audits to bring about improvements. The provider demonstrated a positive approach to regulation and a good history of compliance. Most actions from the last inspection were addressed. The action in relation to providing a safe, accessible garden was not addressed but plans were in development to progress this action.

There were good staffing levels evident and the skill-mix was appropriate to meet the assessed needs of residents. All staff were vetted prior to working by An Garda Síochána. Nurse vacancies which occurred due to staff illness were filled from a bank of regular nurses which was shared between the centre and other centres in the county run by the Health Services Executive (HSE). These nurses were familiar with residents.

Staff were provided with training in a range of clinical areas such as the fundamentals of frailty, person-centred dementia training and diabetes management. A training matrix was used to monitor the training attended by staff and to ensure that all staff had attended mandatory training. Some staff had not completed training to assist them in the management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

In general, there was evidence of appropriate record management but records of staff training on safeguarding were difficult to decipher. In addition, correction fluid was used on the staff rota rather than highlighting any changes made to the rota.

On admission, residents were issued with a contract of care which clearly outlined the fees payable and the services covered by that fee. The contract stated that additional charges were incurred for laundering residents' clothing which was done externally. The person in charge was asked to review this aspect of the contracts as residents in receipt of the Fair Deal scheme are entitled to a laundry service.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for the renewal of registration of this centre to the Chief Inspector. It contained the required information set out in Schedule 1 of the Registration of Designated Centres for Older People Regulations 2015. The application for renewal is for 38 beds. The centre was previously registered for 41 residents and had the following condition attached - 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 5 June 2015'. The provider had reconfigured the centre to improve facilities for residents sharing bedrooms, which reduced the occupancy from 41 to 38. This condition was removed in August 2017.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been in post since 2009. She is a registered general nurse and had completed postgraduate qualifications in management, risk, and practice assessment. She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A planned and actual staff roster was in place. The staffing in place on the day of inspection was reflected in this roster. Inspectors confirmed with residents and staff that these were the normal staffing levels. Nursing vacancies due to staff illness were covered through a bank of regular nurses shared amongst other HSE centres in the county who were familiar to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were appropriate systems in place to ensure supervision of staff. Copies of the regulations and the Health Act were available in the nurses' station. Induction was completed by new staff and an ongoing training programme was in place.

Some staff had not completed training to assist them in the management of responsive behaviour to ensure they had the knowledge and skills to help them to

respond to residents with responsive behaviour.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

In general practices related to keeping of records and management of required documentation was good. However the safeguarding training records were confusing and it was difficult to verify if staff had attended training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the delivery of safe, quality care services. Governance arrangements were in place that reflected those described in the statement of purpose and the lines of authority and accountability were clear.

The systems in place to ensure the quality and safety of care required review. While a range of clinical audits were completed, it was not always clear how these led to improvements in the quality of the service. There was no quality improvement plan completed following the audits to bring about improvements.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident has an agreed contract of care with the service, which outlined the fees payable and the services covered by that fee.

The contract stated that an additional fee was charged to residents for laundry which was done externally. However, this service should be included under the HSE's Fair Deal scheme.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was available which accurately described the service that was provided in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was in place. Residents' concerns were recorded and investigated in a timely manner. Details of an external independent appeals service were on display.

Judgment: Compliant

Regulation 4: Written policies and procedures

Operating policies and procedures were available for the centre, as required by

Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The centre overlooks the sea and makes maximum use of natural light. It provided a comfortable environment for residents. It was clean, pleasantly warm and well ventilated. Non-slip neutral-coloured floor covering was provided. Directional signage was provided throughout to assist residents' orientation. There was a comfortable, spacious dining area and sitting room available and additional seating was provided along the corridors for residents wishing to spend time alone. There were no restrictions on visiting and residents spoken with said their relatives were made feel welcome.

Residents said they were treated with respect and dignity and had opportunities for recreation which were facilitated by an activities coordinator known as the 'homemaker'. Although a social assessment was completed for each resident, it did not appear to influence the activity schedule in place, to ensure that activities were in accordance with residents' interests.

Residents said they could exercise choice in their daily lives and their privacy was respected. The views of residents were sought through an established focus group which met quarterly.

All residents had access to a call-bell above their bed and an over-bed light. The call-bell system allowed the person in charge to monitor the time it took for staff to respond to calls for assistance. Beds in four and three-bedded rooms had screening in place which extended completely around the bed spaces to ensure privacy for residents. Sufficient space was available for arm chairs to be placed beside beds. Each resident had a wardrobe and locker. There was adequate space for crash and sensor mats at the side of each bed or for a mobility aid or specialist chair. Low-entry beds were provided and overhead hoists were fitted in each room to assist residents. Bedroom areas were personalised with personal effects and pictures. The nurses' station had a large window to allow supervision of residents. Residents in the four-bedded room who did not have access to an en-suite, had access to an accessible bathroom close to their bedroom.

A spacious en-suite bedroom was available specifically for residents receiving palliative care. Some residents had a 'do not attempt resuscitation' (DNAR) status in place. The inspector saw that this status was reviewed to assess the validity of the clinical judgment on an ongoing basis.

A door with a key pad lock had been provided at the top of the stairs to ensure the

safety of residents. At the time of the inspection this door was open because a risk assessment had identified a new risk to residents with dementia who might climb over the balcony if the door was locked. Arrangements were in place to extend the height of the balcony wall to eliminate this risk and when this is complete, the door can be closed. Nevertheless, inspectors did not see any interim measures in place to protect residents from this identified risk.

A residents' guide was available which summarised the services provided clearly. A notice board was located centrally and contained information on local events, the centre's complaints procedure and the contact details for advocacy services.

There was an established risk management group which met every two months and the centre had a safety statement and risk policies to guide practice. Residents at risk of falling were assessed and a validated falls prevention programme was established which identified those at high risk with a red leaf. This alerted staff to be more vigilant and to ensure call-bells were within reach for these residents. Equipment such as alarm sensors, crash mats and low-entry beds were used to reduce the likelihood of injuries. The person in charge reviewed any accidents or incidents that occurred on a monthly basis, but any learning from the incident or recommendations to prevent a re-occurrence was not always documented on the accident forms reviewed.

There were polices available on the prevention of infection in the centre. Hand-gel dispensers were provided throughout the centre and protective gloves were provided. However, these were stored in dispensers on corridors which were not secured, and this created a risk of residents inadvertently ingesting them.

Robust procedures for fire detection and prevention were in place. A fire register was maintained and service records indicated that the fire alarm system and fire equipment was serviced regularly. The centre was divided into a number of fire zones, and magnetic self-closing devices were fitted to all doors in the unit. Bedroom doors were wide and all beds were fitted with evacuation sheets. The provider had made arrangements for fire safety training to be provided to staff on an annual basis. Staff spoken with were knowledgeable as regards evacuation procedures.

There were records to verify that regular fire evacuation drills took place, however, the records did not provide adequate assurance that residents could be safely evacuated in a timely manner using the minimum staffing levels likely to be on duty at night time. The records did not include information on the area evacuated, the number of residents in the area, the level of assistance they required and how long the exercise took.

Residents' wellbeing and welfare was maintained by a high standard of nursing care. Residents had access to a general practitioner (GP) of their choice, and support from healthcare services such as physiotherapy, speech and language therapy, occupational health, and podiatry which were located on site.

Residents were appropriately assessed and monitored. Pre-admission assessments were completed to establish areas of need and risk. Comprehensive nursing

assessments were completed on admission to establish residents' health and social care needs. The inspector saw that a range of assessment tools were used to assess each resident's risks related to nutrition, falls, developing pressure ulcers and cognitive ability. Care plans were maintained electronically and inspectors saw that these were updated at four-monthly intervals or when there was a change in a resident's health condition.

There were a small number of residents who had responsive behaviours associated with their dementia. A policy was available to guide practice. Residents were appropriately referred to and reviewed by psychiatry of later life services. Behaviour support plans were developed to assist staff to manage the behaviours, and these included information on interventions to help alleviate the resident's anxieties. Most staff had completed training to assist them in this area and some had covered this area as part of training on dementia or frailty. Further training on managing responsive behaviours was scheduled for the remaining staff to attend. This is referred to under regulation 16.

There were systems were in place to safeguard residents and protect them from the risk of abuse through safeguarding procedures and training to ensure staff could recognise and respond to abuse. There were also systems in place to safeguard residents' finances. Small amounts of residents' personal money were kept for some residents and inspectors reviewed records of all transactions. Two staff signatures were present to ensure accountability. Residents could access their money as they required. The provider was a pension agent for one resident and there were weekly statements available showing all transactions.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. There was evidence of referral to a dietician and speech and language therapist where specialised supports were indicated. Inspectors noted that some residents were prescribed and administered supplements to enhance nutrition and prevent deterioration.

Regulation 10: Communication difficulties

Residents had an assessment of their communication needs completed on admission, and, where problems were identified, a care plan was in place to support the resident and provide guidance to staff on the assistance the resident required.

Judgment: Compliant

Regulation 11: Visits

Visiting times were displayed in the centre. Residents and staff confirmed that there were no restrictions to visiting times but that relatives were asked to avoid mealtimes to protect the privacy of residents. While there was no designated visitors room, there were several areas that could be used where privacy was required.

Judgment: Compliant

Regulation 12: Personal possessions

A property list was completed on admission; however, there was no evidence that this was updated as the residents acquired new items of clothing. Limited laundry services were provided to residents for small items of clothing.

Judgment: Substantially compliant

Regulation 13: End of life

Residents had the opportunity to discuss their wishes when they were approaching the end of their life and these were recorded in a care plan. A palliative care suite was available for residents sharing a bedroom which had facilities for families to stay overnight. Where a decision not to resuscitate was taken, the decision was made in consultation with the residents, their family and their GP.

Judgment: Compliant

Regulation 17: Premises

There is no secure accessible garden available to residents, which was an action

from the last inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were systems in place to ensure that a choice of good quality, nutritious meals, drinks and snacks were provided to residents.There were adequate staff available to provide assistance to residents. Residents dietary needs were assessed and reviewed and, where required, they were referred to a dietician or a speech and language therapist.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available to residents which included a summary of the services provided.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence available of communication between the centre and acute care services when a resident was being transferred for care. Residents were accompanied by a relative or a staff member to their out-patient clinic appointments and hospital admissions.

Judgment: Compliant

Regulation 26: Risk management

The arrangements in place to review accidents and incidents required improvement. Learning from incidents that occurred, such as falls, and recommendations to prevent a re-occurrence were not always documented on the accident forms reviewed.

A risk assessment relating to the main staircase and the balcony had not resulted in action to address the risks associated with both features.

Protective gloves were stored in dispensers on corridors which were not secured, and this created a risk to residents.

Judgment: Not compliant

Regulation 27: Infection control

Staff were knowledgeable regarding infection prevention and appropriate arrangements were in place in line with best practice. Colour-coded cleaning equipment was in use and personal protective equipment was provided.

Judgment: Compliant

Regulation 28: Fire precautions

There was evidence that frequent fire drills took place and that all staff had attended fire training. Fire evacuation drills formed part of fire training in the centre; however, the records available did not provide assure that residents could be evacuated in a timely and efficient manner as they did not indicate the zone evacuated, state how long the evacuation took,identify any impediments or learning to inform future practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed to address problems identified following assessment and these were reviewed every four months or more frequently if there was a change in a resident's condition. There was evidence that the resident or their family were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare. Residents had access to a GP of their choice and to support healthcare services such as physiotherapy, speech and language therapy, occupational health, and podiatry.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a small number of residents who had responsive behaviours. Most staff had completed training to assist them in this area and some had completed training in dementia care and frailty. Further training was scheduled for the remaining staff.

Restraint practice was in line with best practice and risk assessments were completed to ensure restraints could be used safely. Less restrictive options such as low-entry beds and sensor alarms were considered prior to restraint use.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents at risk of abuse. A policy on safeguarding

vulnerable adults was available and procedures were in place to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were treated with respect and dignity. There were opportunities for recreation which was facilitated by an activities coordinator known as the 'homemaker'. However, there was no link between the social assessments completed and the activity schedule in place to ensure activities were in accordance with residents' interests.

Residents said they could exercise choice in their daily lives and their privacy was respected. The views of residents were sought through an established focus group which met quarterly.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially 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	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially 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 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Killybegs Community Hospital OSV-0000620

Inspection ID: MON-0020747

Date of inspection: 28/02/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Four staff have been nominated, to attend training in The Management of Responsive Behaviors in May 2018. Additional staff will be nominated to attend training as courses are available.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Training records are maintained within the hospital for all staff training, including safeguarding. 30 staff has received safeguarding training to date. One member of staff is trained as a Safeguarding Designated Officer. A second member of staff is scheduled to attend Designated Officer Training in May 2018. Safeguarding Training has been requested for all remaining staff from the safeguarding and protection team. A link nurse has been nominated to train as a trainer for safeguarding training. A date is awaited for, for this training.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: A number of Audits are conducted Monthly and action plans complied. Staff are informed of audit results each month and the results are discussed at monthly team meetings. The QRS group monitor results and implement changes as required.	
Regulation 24: Contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The P.I.C. has reviewed the Laundry arrangements for residents. Laundry services are now in place for residents wishing to avail of a laundry service.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Staff have been instructed to update property lists when residents acquire new processions.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A design team has been instructed to review the pricing for the garden, with a view to commencing on site in approximately 6 weeks (Mid June) subject to funding. The works should take approximately 6 weeks to complete.	
Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Staff has been instructed to clearly document recommendations in accident reports. Post fall reviews are conducted post every fall and filed in the patients notes. There was a hold on the security screen at the top of the staircase due to a request from the Fire Authority, that the screen should be fire rated, this has now been clarified, as not necessary and an instruction has been issued to the contractor to install the screen as the original plan. Advice has been sought from the Local Infection Control and Prevention Team in relation to glove holders, who in turn have sought advice from, Infection, Prevention and Control Ireland Group. They advise that, for the purposes of Infection Control and prevention glove holders should not be covered or stored away in locked rooms. If staff has concerns re any patient or resident in relation to ingesting gloves, then an individual risk	

assessment will be conducted and necessary action taken at that time.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Staff receives annual fire training from Fire training professionals, that includes, theory, methods of evacuation and the use of Firefighting equipment.

A fire evacuation simulation has been conducted mimicking night time staffing levels. The simulation was timed and observations noted. Staff have been informed of the findings and will be discussed at the next staff meeting.
Further regular fire evacuation simulations will be held.

Regulation 9: Residents' rights	Substantially Compliant

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

Residents and patients are consulted regularly by the “Homemaker” in regard to social activities.
Resident’s wishes are recorded in their life story books.
Links will be made clearer between social assessments and residents/patients choices of activites

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/04/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Not Compliant	Orange	31/12/2018

	the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/04/2018
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	30/04/2018
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident	Not Compliant	Yellow	30/04/2018

	concerned.			
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.	Not Compliant	Orange	30/04/2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2018
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 designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2018
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	30/04/2018

	opportunities to participate in activities in accordance with their interests and capacities.			