



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cois Abhainn Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Greencloyne, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	08 December 2021
Centre ID:	OSV-0000583
Fieldwork ID:	MON-0034881

About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Occasional seating is located at main reception and in the porch area, with access to the enclosed garden. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 December 2021	09:30hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail. Residents spoken with gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

There were 14 residents residing in Cois Abhainn at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a single-storey building. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. Beyond this was a the foyer with comfortable seating by the display dresser for residents to sit and enjoy the comings and goings of the centre. There was a lovely 'Welcome' sign with directional signage to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the foyer. There was a great old fashioned clock which could be easily seen by residents. A large white board had information for residents such as the activities programme, meal times, information on SAGE advocacy, and bus times.

The centre was laid out in a rectangle which enclosed a large garden area which was accessible from the foyer. The dining room was on the right and the main day room area to the left of the foyer. The nurses office was to the left, and offices of the person in charge and administration were on the left beyond the day room. Residents' bedroom accommodation was located on adjoining corridors to the right and left of the centre.

Many of the rooms and corridors were recently painted; the main day room was beautifully refurbished with new curtains, roller blinds and soft furnishings giving a lovely soft ambiance. There was ample space and comfortable seating and foot rests for residents to enjoy and relax. There was a large flat screen TV and music centre for residents. The dining room was bright and there were adequate tables for residents to enjoy their meals. Both rooms were open-plan with expansive windows on both sides so residents had unobstructed views of the enclosed garden on one side and the main entrance on the other side. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. There was a lovely oratory for residents to enjoy peace and reflection and this was also located

on the back corridor. The hairdressers room was along the corridor to the right and the hair dresser visited the centre on request.

Residents' bedroom accommodation comprised 20 single rooms and three twin rooms. The twin bedrooms had toilet and wash-hand basin en suite facilities; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms.

Orientation signage was displayed around the building to ally confusion and disorientation. Handrails were on both sides of corridors if required. Call bells were fitted in bedrooms, bathrooms and communal rooms.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe and presses for storage and hanging their clothes. Profiling beds with specialist pressure relieving mattress were seen in residents' bedrooms. Some bedrooms had flooring replaced since the last inspection and looked well. Twin bedrooms had been reduced from three-bedded multi-occupancy rooms, however, the space was not re-allocated in two of the three twin bedrooms; the position of the wall-mounted privacy screens prevented residents' bedside lockers being included in their bed-space. Previous privacy screens were ceiling-mounted and these were not removed from the ceiling and were unsightly. Residents in the first bed in the twin bedrooms did not have privacy screen.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and offered assistance. The inspector observed that residents were well dressed and appeared comfortable and relaxed in their setting.

Residents said that the quality of their meals was always excellent and praised the chef and said they looked forward to mealtime. Most residents had their breakfast in the dining room in accordance with their preference. The dining room was prepared for residents before meals with condiments, table napkins and delftware. The menu of the day was displayed in the dining room and this showed choice for each course for the main meal and a variety of choices for their evening meal. Snacks and beverages were offered at 11:00hrs, 15:00hrs and 20:30hrs. Residents who chose to remain in their rooms had their meal and snacks severed to them in their bedrooms. Lovely conversation and interaction was observed between staff and residents during mealtime and when staff served residents in their bedroom. Multi-task attendants (MTA) undertook household duties during the day and at mealtimes served residents their meals in their bedrooms and offered snacks in the afternoon; another MTA provided personal care assistance and served snacks in the morning to residents in their bedrooms and then in the day room.

Residents spoken with said they were happy with the service. They said that the person in charge sorts out anything for them; that she was approachable and helps them with their queries and concerns.

The schedule of activity for the week was displayed on the notice board by the day

room and the second notice board on the back corridor. An external activities company visited the centre twice a week on Tuesdays and Fridays; there was live music on Wednesdays, and on the other days staff were allocated to the activities programme. Mass was live-streamed in the morning and some residents watched it in the day room while others remained in their bedrooms to watch it by themselves. There was live music on the day of inspection and five residents attended this. Some residents went out and about, and even though it was a cold day they wrapped up well and enjoyed the fresh air. Some residents preferred to stay in their rooms and chose not to attend group activities. Staff visited those residents in their bedrooms to chat and discuss current affairs; one staff was seen helping a resident re-arrange their wardrobe to match up outfits.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them. The inspector met with one visitor who reported that the service was exceptional and they found staff kind, helpful and caring. They enjoyed sitting in the foyer with their relative chatting and watching the comings and goings of the centre.

Wall-mounted hand sanitisers were installed following the last inspection. The centre was visibly clean and tidy. Rooms such as the treatment room, cleaners room and sluice room were secure to prevent unauthorised access. Dani centres were discretely placed throughout the centre and stored personal protective equipment (PPE) such as disposable gloves and aprons. The sluice room and laundry had new hand-wash sinks with hands-free taps. Cleaning trolleys facilitated the storage of cloths to enable household staff to change cleaning cloths and floor mop-heads between rooms. There were two washing machines and one industrial dryer in the laundry. One washing machine was designated for cleaning mop-heads and other cleaning cloths; the second washing machine was used for residents' clothes. Bed linen laundry was outsourced.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced in August 2021. Emergency evacuation plans were displayed in the centre, and orientated appropriately so the display correlated with their relevant position in the building.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impact the quality and safety of the service being delivered.

Capacity and capability

Cois Ahbainn Residential Centre was a residential care setting operated by the Health Services Executive (HSE) providing accommodation for low to medium dependency residents. The centre was generally well run with a clearly defined management structure. The person in charge was responsible for the day-to-day

running of the centre and was supported in her role on site by senior nurses, care staff and administration staff.

The general manager was the person nominated to represent the registered provider. Weekly meetings were facilitated by the general manager with the persons in charge in the HSE CH04 area to support the service and share information. These meetings were used as opportunities to discuss information such as incidents and accidents and their management, to share experiences to enable learning. Other discussions included inspection findings, both good and areas for improvement to come into compliance with legislative requirements. Quality and Patient Safety meetings were convened quarterly with set agenda items including key performance indicators and infection prevention and control which provided oversight of the service in line with effective management.

A variety of clinical audits were scheduled via the Viclarity audit programme and completed on a monthly basis, and these results informed the monthly quality meetings. While quality of life audits were scheduled to be completed on a monthly basis, these did not provide robust information to influence the running of the service and outcomes for residents.

The statement of purpose and floor plans required updating to reflect the current governance arrangements and building as it was presently set out. Schedule 5 policies were available to staff and easily accessible in the nurses' office. Policies relating to admissions and temporary discharge of residents were updated since the last inspection to reflect the available HPSC guidance to direct staff to safely care for all residents. A medication management policy was put in place since the last inspection, however, it did not reflect local practices.

The duty roster was updated on the day of inspection to reflect the staff on duty, and those on annual leave to mitigate confusion regarding staff on duty each day. While staff levels were adequate to the size and layout of the centre, the skill mix required review as there were multi-task attendants (MTA) employed with responsibility for cleaning, serving meals and providing personal care.

Residents had contracts of care in line with regulatory requirements.

While there was information relating to 'making complaints' displayed at main reception, it was not in an accessible format. The information displayed was quite limited and did not outline the procedure to support residents in raising a complaint. This was a repeat finding. Nonetheless, the person in charge updated this on inspection to an easy-to-read guide for residents and visitors on how to make a complaint.

Regulation 14: Persons in charge

The person in charge was full time and had the necessary experience and

qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were multi-task attendants (MTA) employed whose role interchanged between caring, cleaning and serving meals and snacks throughout the day, as roles were not segregated. This was significant in the current climate of COVID-19 pandemic regarding infection prevention and control. Continuity of care was also compromised due to the inter-changeability of fundamental roles and lack of delegated responsibilities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records were reviewed and all staff training was up-to-date for mandatory and other training. The person in charge had completed a review of staff training for 2021 in the week prior to the inspection and this report fed into the quarterly quality report meeting. Staff appraisals informed additional training needs and training was facilitated in line with the current service needs.

Judgment: Compliant

Regulation 23: Governance and management

While quality of life audits were scheduled to be completed on a monthly basis, these were not comprehensive to provide robust information to influence outcomes for residents. While the audit template enabled five residents to be surveyed, the audit requirement was for one resident to be surveyed. As there were just 14 residents in Cois Abhainn at the time of inspection, it would take 14 months for feedback to be gathered so it was questionable how this could influence the service in accordance with residents' stated wishes.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were examined and these included details of the care needs facilitated in the centre of low to medium dependency. This was updated the time of inspection to provide clearer information to residents on re-assessment of their care needs and future discharge planning should the need arise.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to ensure it was in compliance with the requirements listed in Schedule 1 as follows:

- 1) the current nominated person representing the registered provider
- 2) arrangements for the management of the service where the person in charge was absent from the centre
- 3) floor plans to be updated to reflect the current toilet facilities opposite room 1, facilities in the new staff shower room, wash-hand sinks in bedroom 11, 12, 14 and 16.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications and these were submitted in a timely manner and in accordance with the regulations. Documents relating to accidents and incidents reviewed showed that notification submitted correlated with these records.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the independent person appointed to ensure complaints were recorded in line with regulatory requirements was necessary, to ensure the person identified had the necessary authority to undertake such responsibility.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A medication management policy was put in place since the last inspection, however, an addendum to reflect local policy regarding medication management in Cois Abhainn to direct staff regarding medication prescribing, ordering, receipt, storage, disposal and return of medications was not available.

Judgment: Substantially compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Residents had access to SAGE advocacy and care documentation showed that people were supported to access this service in accordance with their choice. The person in charge had undertaken a resident satisfaction survey of five residents and several issues were highlighted. These were actioned by the person in charge to ensure the premises and service was improved, for example, some resident preferred not to part-take in group activities and preferred staff to come to their room. Records were maintained of additional activities to show that residents were facilitated to engage in one-to-one activities in accordance with their wishes and preferences. A named staff was allocated to activities on a daily basis and the activities notice included detail of the activities being undertaken along with the staff member's name.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status provided good detail on the resident's well-being. A sample of residents care plans and assessments were reviewed and this demonstrated mixed findings. Some assessments and care planning was person-centred to direct individualised care, while others had little information to guide care. Nonetheless, staff spoken with had excellent insight into the psycho-social care needs of residents, but this was not reflected in the care documentation reviewed.

Safety pauses were facilitated on a daily basis. The inspector attended this and updates were given on residents' status, appointments, highlighting risk such as residents on antibiotics and those who chose to remain in their bedrooms that day.

The GP attendance the centre routinely as well as residents visiting the GP in their

surgery in accordance with their preference and choice. Medication administration records were comprehensively maintained in the sample examined. Daily assessments were completed for residents undertaking self-administration of medication. Records demonstrated that there was ongoing review of prescriptions and medications were adjusted in accordance with blood reports and residents well-being. Appropriate transfer letters were filed in residents notes relating to their transfer in and out of the service.

Multi-occupancy three-bedded room were reduced to twin occupancy, however, the additional space had not been re-allocated to afford residents the extra space and privacy.

Daily fire safety checks were comprehensively completed. Emergency evacuation plans displayed throughout the centre, these included a point of reference to orientate someone; the orientation of the floor plans displayed reflected their relative position in the building.

Regulation 11: Visits

Visiting was in line with current HPSC guidance. Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Infection control precautions were in place on entering the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented. Residents said they looked forward to their meals as they were very tasty and hot; the presentation of meals was appealing. The dining room was prepared in advance of residents coming for their meals and looked well. Tables were configured to ensure social distancing while facilitating social interaction.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' documentation showed that transfer letters to and from services were in place to ensure robust information was transferred with the resident enabling

individualised delivery of care.

Judgment: Compliant

Regulation 27: Infection control

The centre appeared visibly clean; terminal cleaning checks were completed by a suitably qualified person following discharge of a resident and cleaning of their bedroom. However, the terminal cleaning check template was not completed appropriately to be assured that terminal cleaning was comprehensively completed. The template was updated on inspection to enable each item to be checked and signed off by the nurse following inspection, ensuring a more robust system.

Separate hand-wash sinks were installed in the sluice room, cleaners' room and laundry room in line with national standards.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency evacuation floor plans displayed were updated since the previous inspection; they had a point of reference to orientate people; the orientation of the floor plans displayed on walls reflected their relative position in the building.

Daily and weekly fire safety checks were comprehensively completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration charts were reviewed and administration records were comprehensively maintained. Many of the residents self-medicated and others self-medicated their inhalers and nebulisers for example. As part of their medication management documentation, daily assessments were completed to be assured that self-medicating assessments remained current.

Controlled drug records showed that drugs were checked in line with professional guidelines and the drug count was correct.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some care plan and assessments detailed information to guide individualised care, however, others did not. Some documentation did not have assessments to inform the development of care plans even though care plans were in place. Others had assessment with no care plans to direct care. For example, one resident was identified as being at risk of choking, but a 'risk of choking' assessment was not completed and plan of care regarding her choking did not provide adequate detail to direct individualised care for this resident. Assessments with associated care plans were based on the activities of daily living and some residents did not have assessments and care plans for elimination, recreation and social interaction, sleep and rest, spirituality and end of life wishes or medication management. Another resident did not have a falls risk assessment completed even though they were identified as being a falls risk.

The template available to staff was not utilised to its full potential regarding recording referrals made and residents' attending specialist services, blood tests and other samples sent for analysis. All this information was input to either the daily narrative, or more frequently, into the care plans. Consequently, it would be difficult for staff to track and trace information such as referrals and consults or know when further appointments were due.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant psychiatry and geriatrician services. Resident notes showed that residents had timely referrals and reviews by allied health professionals and community services. Records showed effective oversight of residents' condition, medication management and responses to medications. The chiropodist attended the centre every two to three weeks.

Appropriate signage was displayed indicating oxygen storage.

Judgment: Compliant

Regulation 9: Residents' rights

Twin bedrooms were reduced from three-bedded multi-occupancy rooms, however,

the space was not re-allocated in two of the three twin bedrooms. In addition, the position of the wall-mounted privacy screens meant that residents' bedside lockers would not be placed alongside the resident's bed within their bed space. Previously, privacy screens were ceiling-mounted, however, these were not removed from the ceiling and were unsightly. Residents in the first bed in twin bedrooms did not have privacy screen to ensure their privacy and dignity.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0034881

Date of inspection: 08/12/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The segregation of roles and responsibilities for Multitask attendants (MTAs) have been discussed with staff and staff representatives. A decision was made to review the roster to segregate roles. Review of roster and recruitment is in progress. Interviews have taken place and a panel has been formed. Once pre-employment procedures and clearances have been obtained new personnel will enable the division of roles within the unit. Expected time scale is April 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit in Cois Abhann will be carried out as per the Cork Community Hospitals Audit Schedule 2022. All Residents will have satisfaction survey completed every 3-4 months on review of their care plan. The findings and the action plan will be communicated at safety pause/via hand over. The outcome of the audit will be followed up by the person in charge to ensure that any issues are resolved.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose was reviewed on 21st December 2021 with the current nominated person representing the registered provider.</p> <p>The Floor plan was updated On 14/12/2021. It reflects the current toilet and hand washing facilities available. The Senior Enhanced nurse will be the Person in charge in the absence of the PIC.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: An independent person nominated to deal with the complaints. Policy reviewed on 21st December 2021. Complaint procedure and contact details of independent nominated person is displayed on the notice board in simple words with picture presentation.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Medication management policy has been updated with Local procedure included regarding prescribing, ordering, receipt, storage, disposal and return of medication on 21/12/2021. Same communicated with staff members.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Staff Nurses have received training on the use of care plans and have been instructed to follow through on findings during assessment to be followed through in each Resident's individual care plan. All care plans are now on due to review. Review of care</p>	

plan is in progress. Audit will be conducted in January – February 2022. Person in charge will follow up with the same.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Multi –occupancy rooms which previously accommodated 3 Residents have now been realigned to cater for 2 Residents. Ceiling mounted curtain rails were removed. Rooms were painted and privacy screens were placed in the position to provide privacy for both residents in the room.
Residents feedback will be sought at the next resident’s meeting to determine the satisfaction of residents and further changes they would like to make their personal areas more comfortable and homely.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2022
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	28/02/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	21/12/2021

	centre concerned and containing the information set out in Schedule 1.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	30/04/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	21/12/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/12/2021
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	31/01/2022

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	31/01/2022
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	21/12/2021