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:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 January 2024
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0040084

About the designated centre

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

The designated centre provides care and support to meet the needs of 49 male and female older persons who require long-term and short-term care. Residents assessed as having dementia can be accommodated.

The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles.

The centre is a two storey building located in a coastal area. Resident bedroom accommodation is located on both floors and consists of single, twin and one triple room. The ground floor contains a number of communal spaces, dining areas, household facilities including kitchen, sluice room, clinical room and offices. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
Monday 8 January 2024	10:15hrs to 18:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents were happy with the care they received in the centre, with many residents commenting that this is a good centre and that they were well cared for by the staff. However, the layout of some shared bedrooms did not meet the needs of residents, including their privacy and dignity, and rights, to ensure that the residents fully enjoy a good quality of life in the centre.

The inspector spoke with five residents in total, and the residents commented very positively about the staff and said they were attentive to their needs and excellent in their empathetic and patient approach. Residents commented that call bells were attended to without delays during the day and night. All residents commented that their food choices were respected in this centre and that the food was of good quality.

The centre is located on the main road between Letterkenny and Falcarragh and is close to local amenities in Portnablagh town. The centre is a two-storey building with five wings, namely Glenveagh, Rooskey, Sessiagh, Gartan and Glen wing. The centre's welcoming front entrance opens onto the day room of the Rooskey wing, and a small corridor from this day room leads to the visitors' room, office area, reception and residents' accommodation. Staff are visible in this area to welcome visitors and direct them to the residents they have come to see.

Upon arrival, the inspector was met by the person in charge. Following an introductory meeting with the person in charge, the inspector went for a walk around the centre, which gave them the opportunity to chat with residents and staff and to observe the day-to-day goings on in the centre.

The centre had a relaxing ambience, with soothing background music being played during the morning hours. Residents were generally well-presented and appeared relaxed. A number of residents were up and about spending quiet time in the communal rooms.

Overall, the general environment and residents' bedrooms, communal areas, toilets, and bathrooms appeared visibly clean. Overall, residents' bedrooms were found to be appropriately decorated, and residents had access to a wardrobe to store their clothes. Residents who spoke with the inspector said that their rooms were comfortable and met their needs. However, the layout of nine twin bedrooms and a three-bedded room did not ensure that the rooms met the needs of the residents accommodated in them as there was not enough space for residents to have a locker and a comfortable chair beside their beds within their bedspace.

The inspector observed staff presence in day rooms, and the staff supervising the day rooms were knowledgeable regarding the residents' preferred daily routines, care needs, and personal interests. Staff were observed to be responsive and

attentive to individual resident's needs.

The centre employed two activity staff to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed on a notice board so that residents could see it easily. Television mass was played during the morning hours, which was followed by one-on-one activity sessions, bingo, games and puzzles, and music and reminiscences. Several residents told the inspector that they enjoyed the social outings and the activities in the centre.

Newspapers and magazines were available in day rooms, and some residents were observed spending time in day rooms reading newspapers and watching their favourite television programmes.

Residents were provided with various options for their meals, and staff were available to help them choose their preferred menu. Sufficient staff were available to assist residents during their meal times, and meals were not rushed and were a pleasant social occasion for the residents.

Residents and staff who spoke with the inspector informed that there were no restrictions on visiting and that residents were happy with the current arrangements for meeting with their families and friends. Visitors were coming and going on the day of the inspection.

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

Capacity and capability

Overall, the provider, together with the staff, were working towards ensuring a good quality of life for the residents in this centre. The centre was well managed, and staff members were clear about what was expected of them in their roles. However, the inspector found that the oversight of potential safeguarding incidents required improvement to ensure these incidents are identified and appropriately followed up in line with the centre's own safeguarding policy. In addition, repeated non-compliances were found on this inspection in relation to Regulation 17. The provider had plans to extend the premises to create a number of additional single and twin en-suite bedrooms. However, no clear time frames were available for these works at the time of the inspection.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The person in charge, together with the representative of the provider, facilitated this inspection.

The provider of the designated centre is Sheephaven Properties Limited. There is a

clearly defined management structure in the centre, and the management team was observed to have good communication channels. The person in charge was supported by a clinical nurse manager and a team of staff. There were deputising arrangements in place for when the person in charge was absent. The robust management structure helped to maintain good management oversight of the service.

The provider had systems in place to monitor and review the quality of the service provided to residents. A range of audits had been scheduled and completed, which reviewed practices such as care planning, incident management, and infection prevention and control practices.

Regular management meetings were held, and a representative of the provider attended the management meetings. The meeting minutes indicated that a range of topics, such as staff training, issues related to premises, and falls occurring in the centre, were discussed. However, the trends in residents' responsive behaviours and safeguarding concerns arising from these responsive behaviours were not discussed at these meetings, and the oversight of these key areas required some improvement.

The inspector observed that the staff were appropriately supervised according to their roles. For example, an induction programme was in place to onboard new staff members and ensure that the staff received the necessary support and guidance to perform their duties efficiently and effectively. A clear staff allocation system was in place to ensure that staff were deployed effectively and that staff were clear about their areas of responsibility on each shift. The effective management of staffing helped to ensure that the residents received appropriate care and support in line with their needs and preferences.

A centre-specific complaints policy was in place, which identified the nominated complaints officer and also included an independent appeals process. However, the provider had not identified the complaints review officer in line with the requirements of Regulation 34.

The centre had a risk management policy, and whenever accidents or incidents occurred within the centre, they were reported internally and followed up by senior staff.

Regulation 15: Staffing

The provider had kept the number and skill mix of staff in the centre under review, and there were adequate numbers of staff with appropriate skill mix to meet the needs of residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received up-to-date mandatory training, which included fire safety training, people moving and handling and safeguarding vulnerable adults training. Staff were also facilitated to attend a number of additional training, such as training in infection prevention and control, the care of residents with dementia, and supporting residents who were predisposed to experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of staff files and found that the documents set out in Schedule 2 of the regulations had not been fully maintained in this centre. For example:

- One staff record did not include evidence of the person's identity, including a recent photograph.
- Another staff record had only one written reference available in the file.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to take adequate actions to ensure all bedrooms met the requirements of the regulations as set out in the provider's compliance plan from the last inspection. As a result, the designated centre remained not-compliant with Regulation 17.

The provider's management systems required additional improvements to ensure that the service provided was safe, appropriate and effectively monitored. For example:

- The oversight of the safeguarding processes had not ensured that three incidents related to responsive behaviours had not been identified and followed up as potential safeguarding incidents.
- Furthermore, there were not enough clinical hand wash sinks close to the point of care apart from those in residents' bedrooms, and this was a repeat

finding that the provider had failed to address from the previous inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified in writing of three notifiable incidents involving two residents, which occurred in November and December of 2023, within the required time frame of three working days of their occurrence.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had not provided suitable training to the nominated complaints officers and review officers to deal with complaints. Furthermore, the provider had not identified the complaints review officer within their updated complaints policy.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided to the residents on a day-to-day basis was of a good standard and promoted residents to lead a full life in the centre. Overall, residents' rights were upheld, and residents were involved in their care decisions and service planning. However, this inspection found that the provider had not provided the resources to address the non-compliances found in relation to some shared bedrooms. This was impacting on the privacy and dignity of residents accommodated in these bedrooms.

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights and expressed wishes were respected. Independent advocacy services were available for residents, and residents expressed high levels of satisfaction with the activities in the centre.

The inspector reviewed the records kept in the centre regarding the use of restraints, which showed that where restraints were used, they were used in the least restrictive manner and were implemented following risk assessments and trials of alternative equipment prior to use. Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours

(how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, appropriate behavioural assessments were not carried out for two residents following episodes of responsive behaviours. As a result, the inspector was not assured that the staff have up-to-date knowledge and skills appropriate to their role to respond to and manage behaviour that is challenging in line with the centre's management of responsive behaviour policy.

Residents told the inspector that they felt safe in the centre and that they could talk to a member of staff if they had any concerns. Staff who spoke with the inspector were knowledgeable about what to look out for in relation to protecting residents from abuse and were clear about their responsibility to keep residents safe. However, improvements were still required to ensure that peer-to-peer incidents were reported appropriately and adequately reviewed by senior staff to ensure that any potential safeguarding concerns were identified and addressed in line with the provider's own policies and procedures.

An information guide was readily available to the residents in an easily accessible location. This guide offered a summary of the services and facilities available at the designated centre; however, the residents' guide did not contain up-to-date and accurate information in relation to the procedures related to complaint management. This is further discussed under Regulation 20: Information for residents.

The inspector reviewed a sample of care files and found that the residents' care plans were generally detailed, and care plan reviews were carried out for residents at regular intervals. Daily progress notes summarised the daily status of each resident. Most residents had a comprehensive assessment completed upon admission into the centre. Validated assessment tools such as malnutrition universal screening tools were used as part of residents' comprehensive assessments. However, consistency in the assessment and care planning of residents' needs was found to be lacking in some residents' care files. For example, two residents' care plans were developed without a comprehensive assessment upon their admission to the centre. Furthermore, the inspector was not assured that appropriate behavioural assessments to review the care needs of a resident had been consistently carried out in line with their care plan, following each episodes of responsive behaviours. These issue was brought to the attention of the person in charge.

The inspector observed that the provider had effective systems in place to ensure fire safety within the centre. This included conducting regular daily, weekly, and monthly fire safety checks. Moreover, the provider had carried out a fire safety risk re-assessment in February 2023 and received the report in April 2023. The report identified four red risks and 12 amber risks, most of which had already been addressed by the provider. However, the installation of a cross-corridor fire door in the Rooskey wing to add an additional fire compartment in this section was pending at the time of inspection. Nonetheless, the provider informed the inspector after the inspection that the cross-corridor fire door had been installed.

The inspector observed that the layout of the centre's twin-bedded rooms was not suitable to meet their needs. This is a repeated non-compliance finding from the

previous inspections. For example, a twin room on the first floor only had one window, which meant that when a resident in the bed space near the window pulled their privacy curtain or was using the shared bathroom, another resident in the bedroom could not see out of the window and did not have access to sufficient natural light in order to read or use their personal equipment such as a mobile phone. This was brought to the provider's attention, and the provider informed that the provision of a second window was not a viable option and that the shared bathroom door of this room could be kept open so that the second resident could see out of a window of the ensuite. However, this arrangement did not assure the inspector that the layout of this room respected the individual rights of the residents.

Furthermore, the layout of the bed spaces in a twin bedroom located at the end of a corridor was not suitable for residents with higher dependencies. The beds were positioned against the walls, and there was not enough space around the beds to manoeuvre a full-body hoist safely in these bed spaces. Furthermore, the bed spaces in several twin bedrooms were not properly laid out to ensure the privacy and dignity of the residents; this is further discussed under Regulation 9: Residents' rights and Regulation 17: Premises.

Regular residents' meetings were held, which ensured that residents were involved in the running of the centre, and a good number of residents participated in these meetings. Meeting minutes indicated that the residents' views and interests about various activities were taken into consideration and incorporated into the planning of events and programmes. For example, resident involvement and input were sought in planning various activities such as Let's Get Fit (exercise programmes), making St. Brigid day crosses, Valentine's day love songs, and a performance with harpists.

The record of activities indicated that the scheduled activities occurred in the centre regularly and that residents were happy with the activity programme in the centre. A local priest visited the centre regularly to provide spiritual and religious support for the residents.

Regulation 10: Communication difficulties

The inspector reviewed a sample of care files and found that residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support from staff.

Judgment: Compliant

Regulation 11: Visits

The inspector saw many residents receiving visitors in their bedrooms or communal

rooms, and visiting within the centre was not restricted.

Judgment: Compliant

Regulation 17: Premises

The layout of three twin bedrooms on the ground floor did not facilitate the placement of a bed, chair and bedside locker within the bedspace of a resident in these rooms.

In addition, the layout of another twin bedroom on the first floor did not facilitate the placement of a chair and bedside locker within the bedspace of a resident in this room. Additionally, in this room, a wash hand basin was located inside the bedspace of a resident, which could affect the privacy of residents while accessing this wash hand basin.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' information guide did not contain all of the information required in relation to the complaints procedure. There was no information provided about access to the Ombudsman or advocacy services such as the patient advocacy service.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A cross-corridor fire door had not yet been installed in the Rooskey wing in line with the provider's own compliance plan and recommendations of the fire safety risk assessment report. The absence of this door resulted in a large compartment that could accommodate 11 residents in this section.

A running man signage located in a corridor near a sluice room cannot be easily seen from this corridor, which could cause difficulty directing residents and staff to the nearest emergency exit.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment had not been carried out for two residents who were admitted to this centre in September and December of 2023. For example, sufficient information had not been obtained for these residents regarding their complex care needs either during their pre-admission assessment or upon admission into this centre.

One resident did not have a comprehensive care plan in place to guide staff in managing their responsive behaviour needs. This meant that staff caring for this resident did not have access to all of the information, such as their triggers in behaviours and the interventions that would work well for managing resident's behavioural symptoms in order to provide safe and effective care for this resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioners. Residents also had access to a range of allied healthcare professionals, such as dietitians, speech and language therapists, and physiotherapists, as required.

Judgment: Compliant

Regulation 8: Protection

The provider's measures to protect residents from abuse in the centre required further improvement to ensure residents were adequately protected when other residents became agitated and expressed significant responsive behaviours. The inspector identified three incidents that had occurred, which did not provide assurances in relation to what was done to protect other residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The configuration and layout of three twin bedrooms on the ground floor did not

ensure that the privacy and dignity rights of residents accommodated in these rooms were upheld. For example:

- In some bedrooms, the residents' bedside chair and bed was placed inside the bedspace of another resident in these shared bedrooms.
- In some bedrooms, if staff needed to move the bed to assist the resident to transfer into or out of their bed, the resident's bed would be encroaching on the other resident's bedspace.

On the first floor, one of the twin rooms had only a single window. As a result, if a resident in the bed by the window drew their privacy curtains, the other resident did not have access to the natural daylight.

Residents in nine twin bedrooms and in one three-bedded room in the centre did not have access to their own television that was available in those rooms. As a result, residents would not be able to view their favourite television programmes in private when they were in their space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lake House Nursing Home OSV-0000353

Inspection ID: MON-0040084

Date of inspection: 08/01/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All staff records have been reviewed. A checklist of all documents that are required is now at the front of every staff folder. • Going forward all staff that commence employment will be asked to complete their folder with their documents before commencing employment. • An audit will be carried out on staff folders twice a year particularly checking up to date Photographic identification.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The privacy curtains are going to be adjusted by S and E care Trade to ensure that all bedrooms will facilitate the placement of a bed, chair, and bedside locker within the bedspace of each resident. • In the twin bedroom on the first floor a wash hand basin will be removed from the room to allow more space for the residents in that room. • Training in safeguarding has been booked for the PIC and nurses for the 25/04/2024, in order to refresh the safeguarding process. The safeguarding policy has been reviewed and will be shared with all staff at education briefs in the next few weeks. • All clinical Hand wash sinks have now been installed throughout the Lakehouse.	

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The PIC and nurses are to meet on 29/2/2024 to discuss and plan the proper process of the notifications of incidents.
• All nurses will be trained to notify HiQA within the three days of an incident happening.
• All incidents will be discussed at management meetings, and this will be on the agenda for each management meeting with the Provider.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The Provider, The PIC and two Clinical Nurse Managers will attend Training on Complaints Procedure on the 27/03/2024.
• The Complaints policy has been reviewed and updated to identify the Complaints Review Officer.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The privacy curtains are going to be adjusted by S and E care Trade to ensure that all bedrooms will facilitate the placement of a bed, chair, and bedside locker within the bedspace of each resident.

• In the twin bedroom on the first floor a wash hand basin will be removed from the room to allow more space for the residents in that room.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents: • The Residents Guide will be reviewed and updated to include all the information required in relation to the complaint's procedure, this includes access to the Ombudsman and advocacy services such as Patient advocacy services.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Cross-Corridor fire door has been installed in the Rooskey corridor reducing the large compartment from 11 residents to 7 residents in one compartment and 4 residents in the other compartment. • The fire signage has to be reviewed on this corridor as the new cross-corridor fire door is now installed, the fire officer will advise the provider on this issue.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • All nurses will be educated on the importance of care plans and particularly Comprehensive Assessments being carried out for all residents within 48 hours of admission, and they will be updated and reviewed as we get to know the resident. This education meeting is to take place on 28/02/2024. • A full Audit will be carried out on all care plans after this education by the PIC.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Training to be carried out with all staff on dementia and responsive behaviors. • Safeguarding training is booked for the 25/04/2024 for the PIC and nurses to review the whole process of identifying responsive behavior and reported incidents in the correct	

format.

• An audit will be carried out on all incidents every six months.

• All incidents will be discussed at Management meetings and documented.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The privacy curtains are going to be adjusted by S and E care Trade to ensure that all bedrooms will facilitate the placement of a bed, chair, and bedside locker within the bedspace of each resident so that the privacy, dignity and rights of all residents are upheld who are accommodated in these rooms.
• In bedroom 2, the twin bedroom on the first floor has one large corner window but when the privacy curtain is pulled then this resident has no view of the window, The Architect has been addressed about this and he is t apply for planning permission to insert another small window to the front of the building. Planning permission could take up to 6 months before commencing the work to break out the wall and install a new window.
• A schedule is in place to purchase one television per month and have it installed and connected to the system for all twin rooms and the triple room. If a resident requires a television sooner this will be organized immediately.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	01/05/2024
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	Substantially Compliant	Yellow	01/03/2024

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2024
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	26/04/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/02/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/03/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of	Not Compliant	Orange	01/03/2024

	Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	23/02/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	01/04/2024
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	Substantially Compliant	Yellow	01/06/2024

	or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care 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.	Substantially Compliant	Yellow	01/03/2024
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	01/05/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/01/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/01/2025