



**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:	The Cottage Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	70 Irishtown, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0004587
Fieldwork ID:	MON-0035449

## About the designated centre

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

The Cottage Nursing Home is located within the urban setting of the town of Clonmel, Co. Tipperary. The original building, historically, was the Cottage hospital and this has undergone significant refurbishment. It is a two-storey facility with a lift and stairs access to the upstairs. The centre is registered to accommodate 25 residents. Residents' accommodation comprises single and double occupancy bedrooms with hand-wash facilities; assisted shower en-suite bathrooms are available throughout the centre; day room and dining areas are located on both floors. The Cottage Nursing Home provides 24 hour nursing care to male and female residents whose dependency needs range from low to maximum with varying care needs including care of people with a diagnosis of dementia.

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

Number of residents on the date of inspection:	25
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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 2 March 2022	10:00hrs to 18:00hrs	John Greaney	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were very well cared for and supported to live a good quality of life. The atmosphere was relaxed and calm on the day of the inspection. Staff were observed to be compassionate and respectful towards residents. The inspector spoke with a large number of residents, predominantly in the sitting rooms, but also met with some residents in their bedrooms. Many of the residents who spoke with the inspector said they were content and happy

The Cottage Nursing Home is Georgian style building and is located in the town of Clonmel. It was previously called The Cottage Hospital and this signage remains on the exterior of the building for posterity purposes. It is situated close to the road, on a busy street and does not have its own parking facility. Parking is available in designated paid parking areas on both sides of the street directly outside the centre. The centre is in close proximity to all amenities, including a church and a post office, which are located across the road.

This was an unannounced inspection that took place over one day. On arrival to the centre, the inspector was met by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to accessing the centre. After an opening meeting with the person in charge, the inspector was guided on a tour of the centre.

The Cottage Nursing Home is a two storey building with bedroom and communal space on both floors. The first floor can be accessed by both lift and stairs. Bedroom accommodation comprises nine single bedrooms and eight twin bedrooms. None of the bedrooms are en suite but all contain a wash hand basin. There are adequate communal bathrooms located throughout the premises to meet the personal hygiene needs of the number of residents accommodated in the centre. The inspector noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. There was adequate screening between the beds to protect the privacy of residents in most of the shared rooms, however, the privacy curtain in one twin bedroom did not surround the first bed sufficiently to ensure privacy should the second resident enter the room during personal care provision. There was adequate storage space for residents personal possessions and property, including lockable storage for valuable items.

The premises was not originally designed for long-term care and as a result communal and storage space was at a premium. Communal space on the ground floor comprised a large sitting room that also served as a dining room. A large number of residents spent their day in this room and there was a sense of community within the room. Activities were ongoing throughout the day and residents were seen to enthusiastically participate and interact with one another and with staff. There was no designated visiting room and visits were seen to take place

in a small corridor leading to an emergency exit. The provider was requested to review this arrangements as there was a potential for the escape route to be obstructed in the event of a fire. This area also did not have a call bell and the inspector found that on one occasion while speaking to a visitor in this area, he could not return to the centre as the door had a coded lock and there was no way to alert staff of the wish to return to the centre. The inspector also noted that there were wheelchairs and foot stools stored in the corner of the sitting, which further impacted on available communal space.

There was a second sitting room on the first floor, where approximately six or seven residents spend their day. This also served as a dining room, however, most residents had their meals from tray tables while remaining in their chairs. The addition of dining tables in this room could enhance the dining experience for these residents.

The centre was noted to be warm and clean throughout. It was, however, in need of redecoration as many of the bedrooms had chipped paint on doors, walls and skirting boards. The drawer on one bedside locker was noted to be damaged and in need of repair. The upholstery on some of the furniture was also noted to be worn and damaged, which would make them difficult to clean effectively.

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content. The provision of care was observed to be person-centred and unhurried and there was a happy atmosphere present throughout the centre. Staff knew the residents well and provided support and assistance with respect and kindness. This inspection took place on Ash Wednesday and two residents were noted to have ashes on their forehead when the inspector arrived. These residents told the inspector that they were free to go across to the church every morning and had just returned. The priest also visits the centre every Thursday to celebrate mass.

There was an activities programme and there was a staff member allocated to the role of activity coordinator on a daily basis. The inspector saw residents participating in arts and crafts and were making decorative items in preparation for St. Patrick's Day. One resident told the inspector that they "love doing activities together as a group and it passes the morning". Another resident said that they are helped to the sitting room for some activities and back to the room again, as they prefer to spend some time alone in their bedroom. Overall residents were complimentary about the food and said they were offered choice at all meals.

Residents and relatives spoken with were very complimentary about the staff. Residents were pleased that visiting restrictions had eased. While there was a booking system in place, visitors did not express dissatisfaction with this arrangement. The provider was requested to review visiting restrictions to ensure that visiting restrictions were eased to allow for more flexible visiting arrangements.

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 impacted on the quality and safety of the service being

delivered.

## Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented. However, some further improvements were required to assure regulatory compliance with all regulations, including staff training and personnel records.

The registered provider is Tipperary Healthcare Limited, a company comprising two directors, which own and operate this and one other nursing home. One of the directors is the General Manager and the other director is the person in charge of the other nursing home. They both form part of the management team for this centre. The person in charge has been in post since August 2020 and is supported by a team of nursing staff, care staff, housekeeping staff, and catering staff. The person in charge met with the management team on a regular basis and governance and management meetings identified that all aspects of the service were discussed and actions taken as required.

On the day of the inspection the centre had adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. There was evidence of meetings with staff and regular meetings were held with residents. The person in charge (PIC) demonstrated a clear understanding of her role and responsibilities and was a visible presence in the centre.

Staff had access to education and training appropriate to their role. Staff with whom the inspector spoke were knowledgeable regarding safeguarding, infection prevention and control and complaints management.

A number of audits were carried out in 2021 which reviewed practices such as care planning, medication practices, the used of restraints and infection prevention and control. Areas for improvement were identified and action plans were put in place to ensure required improvements were addressed. The person in charge had completed an annual review of the quality and safety of care in the centre for 2021 which included a detailed quality improvement plan. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation.

The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording,

investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. However some improvements were required in ensuring all the requirements of schedule 2 were in staff files. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

Residents and visitors with whom the inspector spoke were complimentary about the care and support provided by the staff. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the management team were proactive in addressing any concerns or issues raised.

#### Regulation 14: Persons in charge

There was a person in charge that met the requirement of the regulations in terms of qualifications and experience. The person in charge knew residents well and residents appeared to be familiar with the person in charge. It was evident that the person in charge was involved in the day to day operation of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Staff were knowledgeable and demonstrated competence in their work. This inspection found that the number and skill mix of staff was appropriate, having regard to the needs of the residents and the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

While all staff had completed online fire safety training, not all staff had attended the practical element of this training.

Judgment: Substantially compliant



## Regulation 21: Records

A review of a sample of four staff files found that a full and comprehensive employment history was not in place for all staff.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was a clearly defined management structure with clear lines of responsibility and accountability for the day to day operation of the centre. There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.

There were regular management meetings and issues discussed at these meetings included staffing, staff training and the care environment. Residents were consulted both formally, through residents' meetings, and informally through opportunistic chats. Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and

documented whether or not the complainant was satisfied.

Judgment: Compliant

## Quality and safety

The findings of this inspection were that overall, residents living in The Cottage Nursing Home enjoyed a good quality of life and were in receipt of a high standard of quality care. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Improvements were required in the areas of fire safety, visiting arrangements, infection control, the redecoration of the premises and in care planning.

Residents have good access to local general practitioners. Residents are also supported by allied health care professionals such as physiotherapy, dietitian, speech and language therapy, palliative care supports and psychiatry of later life. Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. While the sample of care plans and assessments reviewed demonstrated that they were updated every four months, some care plans were generic and lacked personalisation. The person in charge had commenced a process of reviewing all care plans with regard to the degree of personalisation but this had not yet been completed. Improvements were also required in relation to records of wound care.

Significant improvements were required in relation to fire safety. Staff spoken with by the inspector were familiar with the various evacuation aids and stated that they had simulated the evacuation of residents using these aids. However, records of fire drills did not demonstrate that full compartment evacuations were simulated to provide assurances that residents could be evacuated to a place of relative safety in a timely manner. There was also a need to ensure that staff participated in practical fire safety training under the instruction of a competent person. While fire safety equipment, such as fire extinguishers, were serviced annually, emergency lighting and fire alarm preventive maintenance schedule did not comply with relevant standards. This is further discussed under Regulation 28 of this report.

The centre was clean to a good standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Personal protective equipment (PPE) was readily available to staff, however, not all staff complied with recommended practice in relation to wearing face masks. A review of cleaning records and discussions with cleaning staff indicated a comprehensive schedule of cleaning, including deep cleaning. Some furniture, however, was damaged making it difficult to clean effectively.

Management and staff promoted and respected the rights and choices of resident's in the centre. It was evident that the staff knew residents well and respected their choices. The inspector observed that staff were respectful of the privacy and dignity

of residents and addressed residents by their preferred title. Residents informed the inspector that they were happy living in the centre. Resident meetings were frequent and well attended. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme over seven days per week.

Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Most residents spent their day in the communal areas of the centre and participated enthusiastically in the programme of activities. Residents informed the inspector that they were happy living in the centre. There was access to television, radios, newspapers, and telephones. Residents had the opportunity to meet together and discuss management issues in the centre. Minutes of meetings showed that topics discussed included COVID-19 and visiting restrictions, activities and nutrition. There was a need to consult residents in relation to personal care needs and to ensure that there were staff available at all times to meet these needs.

While visiting was facilitated, the design and layout of the centre meant that there was no designated visitors' room. Visiting predominantly took place in an area that had the potential to obstruct an emergency exit. A full review of visiting arrangements is required to include facilities available for visitors and the visiting schedule.

### Regulation 11: Visits

While visiting was facilitated, it was a booked system and visitors had to phone in advance to schedule a visit. The schedule identified that the first visiting slot was at 10am and the last visiting slot was at 4pm and visits were for the duration of one hour. A review of records indicated that some visits did take place outside of these hours. While the time allowed could be extended to two or three hours, this would then result in visiting slots not being available for other visitors. The inspector found that current visiting arrangements were an unnecessary restriction on residents rights to have visitors and was disproportionate to the risk posed.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

There was adequate space in residents' bedrooms for the storage of personal clothes and possessions. Bedrooms were personalised with memorabilia and photographs in accordance with residents' wishes. All laundry was outsourced to an external laundry and adequate arrangements were in place for the return of personal items of clothing to residents.

Judgment: Compliant

### Regulation 17: Premises

Improvements required in relation to the premises included:

- the centre required redecoration as evidenced by chipped paintwork on walls, door frames and skirting boards
- some furniture was worn and in need of replacement
- there was no designated visiting room and visiting took place in an area leading to an emergency exit

Judgment: Substantially compliant

### Regulation 27: Infection control

Improvements required in relation to infection control included:

- staff were not in full compliance with the wearing of PPE, particularly in relation to the use of face masks
- there were gaps in cleaning records for medical equipment
- the upholstery on some furniture was damaged making it difficult to clean effectively

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- while there were fire drills conducted, the records of the drills did not provide adequate detail of the scenario simulated and did not provide assurances that all residents in a compartment could be evacuated in a timely manner. The drill record indicated that staff practiced the evacuation of one resident using an assistive device and this was timed. The evacuation of a full compartment using the residents' personal emergency evacuation plans as guidance was not practiced
- while a large number of staff attended fire drills, records were not maintained in a manner to confirm that all staff had participated in a fire drill
- staff spoken with about the evacuation of residents from the first floor spoke

of vertical evacuation (evacuating residents downstairs) in the first instance rather than horizontal evacuation (moving residents from one compartment to an adjacent compartment)

- evacuation signage on display was based on fire zones rather than fire compartments and did not clearly identify the direction to the nearest place of relative safety. The provider was requested to confirm fire compartmentalisation in the centre.
- recommended fire safety checks were not always completed. For example, there were gaps in the daily checks to confirm means of escape were clear from obstruction. Additionally, weekly sounding of the fire alarm and checking of fire doors was not completed.
- some fire doors were kept open with door wedges
- evidence of the preventive maintenance of emergency lighting was not available and it was not clear if a schedule of preventive maintenance was in place
- the most recent preventive maintenance of the fire alarm was conducted in December 2021. Prior to that it was serviced in July 2021, which extends beyond the required quarterly intervals

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Improvements required in assessment and care planning included:

- records of wound assessments and dressing changes were not always completed
- some care plans were generic in nature and did not provide adequate guidance on the care to be delivered to each resident

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs were met to a good standard. A number of GPs visited the centre and residents were facilitated with choice of GP. There was good access to allied health services such as dietetics, speech and language therapy and residents were reviewed as needed. The advice of healthcare professionals was incorporated into care plans.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspector was informed that there were not any residents living in the centre with responsive behaviours. Staff were facilitated with training in this area, however, not all staff had attended this training.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents who spoke with inspector reported they felt safe in the centre and that staff were very kind. The inspector observed that staff interactions with residents were positive and person-centred throughout the inspection.

Records of staff training indicated that all staff had received training in the prevention, detection and response to abuse. Staff that spoke to inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

Residents finances and invoicing for care were generally managed in a robust manner and separate accounts were in place for residents the provider acted as a pension agent for. Adequate arrangements were in place for the management of monies handed in for safekeeping.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a need to ascertain if residents had a preference for the gender of staff providing personal hygiene into the assessment and care planning process and to ensure that the staffing roster was tailored to meet those needs.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Cottage Nursing Home OSV-0004587

Inspection ID: MON-0035449

Date of inspection: 02/03/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Practical Fire training shall be introduced at the end of every fire drill with details such as how and when to deal with fire situations, use of equipment, evacuation systems and techniques will be addressed along with existing online fire training. This will ensure all staff have both theoretical and practical training.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff employment history records will be audited and any staff members with gaps will be required to submit a new full history.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Visiting times will be extended from 10am to 8pm. We have risk assessed the possibility of non-scheduled visits but with the current high levels of COVID still in the community this would not give us the opportunity to screen visitors for symptoms . As cases recede in the community this will be reassessed again.</p>	

Visiting is now allowed in residents bedrooms	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A new maintenance employee dedicated to the Cottage has started work since the 28th March. He has already commenced addressing any painting and maintenance issues that have arisen. Any damaged furniture will be fixed or replaced. Visiting will no longer be allowed in the entrance hall.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Any damaged furniture will be fixed or replaced.  Staff will receive an infection control reminder in regard to the use of PPE and regular checks for compliance will take place.  An audit of cleaning of medical equipment to ensure regular cleaning systems.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Fire drills have been redesigned to replicate actual scenarios. Details of time to evacuate, horizontal and vertical evacuation techniques will all be addressed in the drills with evaluation after the drill explaining proper procedure. Maps outlining the fire compartments will be updated to show an accurate reflection.  Weekly and quarterly checks of Emergency lighting, alarms, escape routes and fire doors will be updated in a new fire checks folder with audits to ensure that the checks are being carried out.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Our current care plans and wound assessments will be reviewed to ensure a more personalized and timely approach.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  Audit staff training files and ensure that all staff are up to date with required training in relation to managing behaviour that is challenging.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Introduce to the resident's care plan a preference of staff gender for care. If such preferences exist than the staff roster will ensure a gender mix to cater for such choices.</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	01/04/2022
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's	Substantially Compliant	Yellow	01/04/2022

	room, is available to a resident to receive a visitor if required.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/06/2022
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.	Substantially Compliant	Yellow	01/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/06/2022
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	01/04/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	01/06/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	01/06/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	01/06/2022
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.	Not Compliant	Orange	01/06/2022
Regulation 28(2)(iv)	The registered provider shall make adequate	Substantially Compliant	Yellow	01/06/2022

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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	01/06/2022
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	01/06/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	01/06/2022
Regulation 9(1)	The registered provider shall carry on the business of	Substantially Compliant	Yellow	01/06/2022

	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.			
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