



**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:	St Joseph's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0033050

## About the designated centre

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

The designated centre is registered to accommodate up to 50 residents. It provides 24 hour nursing care to male and female residents, who require long term and respite care. A day hospital adjoins the centre. Although the building is two storey residents are accommodated on the ground floor in two distinct units. Butterstream is a 14 bed dementia specific unit completed in October 2019, providing single bedrooms with shower en-suites for all residents and Camillus has 36 single bedrooms of which 34 have full shower en-suite facilities. Camillus unit is decorated and furnished to a high standard with spacious corridors, a variety of sitting/quiet rooms and seated areas, two dining and day rooms, a spacious chapel, an activity room, a library with computer facilities and a hair salon is available for residents' use. A secure and accessible courtyard is also available. Butterstream is specifically designed to meet the needs of residents with dementia providing a range of well thought out internal and external living spaces. The centre's philosophy is one of upholding the rights of residents, promoting independence, health and well-being and aimed at facilitating residents to receive a safe therapeutic environment where privacy, dignity and confidentiality are respected. Involvement of family and friends is encouraged to enrich care and contribute to a happy homely atmosphere.

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

Number of residents on the date of inspection:	47
--	----

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
Thursday 12 August 2021	09:30hrs to 18:00hrs	Nuala Rafferty	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spent time in the communal areas in the centre to see what life was like for residents here and spoke with approximately seven residents and three visitors during the day. The inspector found that residents were well looked after, that they were content and were enjoying a meaningful life.

From interactions with residents and observations made on the day, it was evident that residents were happy living in St Joseph's Community Nursing Unit and that it was a homely and comfortable place to live. The inspector spent most of the time with residents, relatives and staff on one unit, which caters specifically to the care of those residents with dementia (a collective term used to describe the problems that people with various underlying brain disorders or damage can have with their memory, thinking, language social and other skills.)

The inspector spent periods of time chatting with residents and observing the interactions between the residents and the staff. Residents' families were very positive about the way their loved ones were looked after and the efforts that staff made to ensure that they had everything they needed. A comfortable familiarity was seen to exist between residents, visitors and members of staff. Those residents who were more dependent and who could not talk with the inspector, appeared comfortable and did not show any signs of anxiety or distress.

Both residents and staff welcomed the inspector and were delighted to explain the variety and pleasure of their daily life in the centre. The inspector was shown a couple of new fun and innovative items of equipment which residents were currently enjoying and one they were looking forward too. One of these was called a 'magic table'. This consisted of an overhead computer system which projected images onto the table below and enabled many different types of interactive games and activities. A member of staff told the inspector this was very recently donated to the centre and staff were still learning about it.

The inspector observed a number of residents using the table assisted by a staff member. One resident was playing the 'piano'. The resident could watch the string of notes floating in a circular stream across the table. By touching the notes the resident could hear each one. The staff member assisted allowing the notes to flow into a melody. The music was chosen to reflect the resident's musical taste and the resident was enjoying listening and watching the musical notes.

Later the inspector joined two residents with dementia who were playing different games with staff. The first game involved watching for a mole to pop up out of the ground, the residents then had to push the mole back down to score points. The game enabled residents to improve their dexterity and stimulated memory and concentration. Both residents were clearly enjoying the challenge and there were lots of sighs when they missed out and smiles when they scored points. Both tried

to help the other and the inspector observed how much they looked to the staff for assistance and prompts to find the mole. In another shorter game they played touch football trying to outscore each other but also trying to 'beat' the staff.

The inspector spoke with the relatives of a number of residents throughout the day. All expressed great satisfaction with the care their loved ones were receiving. In conversation with one relative, the inspector heard that the resident was a recent admission to the centre and that both the family and resident were fully involved in the admission process. The resident had lived in a different centre for a short period but had not settled there. Since coming to St Joseph's the family said it was a completely different experience. The resident had settled in almost immediately and everyone in the family could see how much more content they were since arriving. In particular the family were very happy with the level of activities available throughout each day, how staff keep them informed on their loved one's health, the care and attention to clothing, standard of meals and over all well being.

Other relatives also expressed high levels of satisfaction with the care provided at the centre. Comments included; 'each member of staff have an extraordinary level of understanding and information about the residents', 'the care here is fabulous', 'I have experience of other centres and this is on a whole other level' and, 'my sister was very tearful initially when (the resident) came here but now she sees how happy (the resident) is and how much better it is for her to be here'.

Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs. The inspector observed staff taking time to communicate with residents as they went about their various tasks. Staff enquired as to how the residents were feeling and whether there was anything they needed, the inspector overheard staff asking; 'how are you feeling today' 'did you sleep well', 'would you like to sit closer to the table', 'are you comfortable' throughout the day.

The inspector was told that a range of individual and group activities were held each day by allocated staff members. An activity programme detailing the planned activities was viewed on the wall in the main activity room and included both physical relaxing and reflective activities, there were also a mix of group and individual activity sessions.

Overall, the design and layout of the premises supported a good quality of life for residents. The centre was decorated and furnished to provide a comfortable and relaxed living environment and there was an inviting, welcoming atmosphere. It was visually clean, warm and tidy. A number of improvements identified on the last inspection had been addressed.

Residents' bedrooms were mainly bright, comfortable spaces, with many filled with residents' photographs, pictures and personal possessions. All were single rooms and of sufficient size to allow ease of movement, they were suitably furnished for storage, with fitted wardrobe and drawers, a lockable bedside cabinet and a

comfortable chair. All three units had a number of communal rooms which included lounges and dining rooms and some quiet seating areas along corridors. There were also a number of family rooms with tea and coffee- making facilities available to relatives and visitors. The inspector was told of plans to develop an 'apartment' type facility for families to stay over when required.

Residents were observed to be supported to live as independently as possible in the centre, and there were hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social distancing was maintained.

Communal areas were bright, spacious, furnished to a high standard and were well used by residents.

Outside spaces included an enclosed sensory garden and an area that replicated a local street called Patrick Street. Both areas were accessible for residents and as they were visible to staff from a number of points within the building, residents could enjoy independent access to a safe outside space.

The inspector spent time with residents during lunch. Circular tables were laid out to accommodate up to four people and were nicely set with place settings and condiments.

As residents began to arrive in the dining area, staff asked them where they would like to sit, often reminding them of the name of the person with whom they chose to sit. Residents, who required it, were then guided or assisted to sit safely. Choice of drinks were offered by staff once the resident was seated comfortably. The menu was displayed on a board and at the table, but staff also patiently explained all the options available to enable them make a choice.

Lunch was a very companionable and relaxed affair. The inspector sat close by a table with four ladies who chatted and laughed together. One lady, who was facing the windows, kept the rest entertained on the perils of a flock of blackbirds outside, being chased by a dog. Another was interested in catching the attention of a kitten on the window ledge.

As staff brought the food to the table they reminded the resident of their choice and asked if the meal was to their liking. Two of the ladies were very happy but two others asked for smaller portions. The staff took their plates away and brought back smaller meals. One lady remained concerned that she had too much on her plate. The staff tried to reassure her, explaining how little there was now compared to the first time and encouraged her gently to try some. The resident became a little anxious and asked them to take it away saying she wasn't hungry. Seeing this, the staff left the resident for a short period then returned with the same portion size, but this time on a smaller plate. The resident was delighted, telling the staff, 'you're a great lady', and immediately began to eat her meal.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's own

kitchen.

## Capacity and capability

The inspector found that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The person in charge was not on-duty on the day of inspection and the daily running of the centre was overseen by a team of highly visible nurse managers including the assistant director of nursing and clinical nurse managers, who were observed to give clear and effective leadership to staff. The services were delivered by a well-organised team of trained competent staff.

The centre has a good history of compliance with the regulations and was found to be mostly compliant under the regulations reviewed on the last inspection. The inspector found that the provider had been responsive to these findings and had addressed the non-compliances found on the previous inspection. However, this inspection identified that a number of small improvements were required in some areas.

The Health Service Executive (HSE) is the registered provider of St Joseph's Community Nursing Unit. The management structure consists of the general manager for Older Person's Services in the Midlands, the manager for Meath Services who is also the registered provider representative, person in charge, senior administrator, assistant director of nursing and a team of clinical nurse managers.

Through conversation with residents and relatives, and from checking the staff rota, the inspector found that the number and skill-mix of staff were suitable to meet residents' needs on the day of inspection. Plans were in place to meet planned and unplanned staff absences and records evidenced safe recruitment practices. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to volunteers or staff commencing employment.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed in the centre. Implementation dates identified when the policies came into effect. Evidence that staff had read the policies and procedures was viewed.

Staff had access to a range of on-going training opportunities and records reviewed showed staff participation at the training. The programme included mandatory annual or bi-annual training courses such as fire safety, infection prevention and control and hand hygiene. It also included training to enable professional development within their roles including a health care development course for care assistant staff due to start in September 2021 and also leadership development for nursing staff.

The centre had a complaints policy and procedure in place and a number of



complaints were recorded. The inspector found that resident's complaints and concerns were promptly managed and responded to, by the designated complaints officer and there was a comprehensive record kept. Complaints had been promptly investigated and closed off and the satisfaction of the complainant was recorded.

An annual review to report the manner and standard of services delivered throughout 2020 was completed and included the template used for the residents' satisfaction survey, conducted by an external advocate in August 2021. The report stated that an action plan was not required although it did not include the results of the audit. Minutes of meetings were viewed that showed where feedback from residents and relatives was also gathered from monthly residents meetings and a regular family newsletter.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. She holds a post registration management qualification in health care services and works full-time in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the needs of the residents, taking account of the size and layout of the centre and included a minimum of one registered nurse present at all times in each unit the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

A comprehensive training and development programme was in place for all grades of staff.

In conversation with them and on observation, inspectors found that staff demonstrated competence in these areas within their respective roles.

Judgment: Compliant

## Regulation 21: Records

All aspects of this regulation were not reviewed on this inspection but those records reviewed in respect of Schedules 2, 3 and 4 were maintained safely, met the requirements of the regulation and were available for inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had put in place an effective leadership and management system that ensured the centre was well governed. The inspector found that the responsiveness of the provider to the findings of the last inspection showed a willingness to comply with regulations and standards.

Management arrangements were implemented, and sufficient resources were directed to achieving planned objectives. This included a programme of replacement of all fire doors on the ground floor main corridor and other associated fire safety works. A replacement programme of pressure relieving mattress systems was also conducted and all existing older mattresses were being phased out and higher specification mattresses purchased.

A continuous and complete monitoring system was in place. It included processes to audit, assess, address and review the delivery of services to facilitate high quality, safe supports and care provision to residents. Inspectors saw that weekly reviews of clinical care and risk indicators such as accidents, incidents or complaints, use of restrictive practices, skin integrity, nutritional status, or rates of infection, were used to assess the standard of care residents received.

Judgment: Compliant

## Regulation 3: Statement of purpose

The Chief Inspector had been provided with a copy of the centre's statement of purpose (SOP). This document required changes to ensure it gave a clear reflection of the current premises and organisation structure in the centre. This was addressed and a revised SOP was submitted to the Chief Inspector subsequent to the inspection.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent location in the centre, implemented in the centre and met the regulatory requirements.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available, implemented and regularly reviewed in the centre. All relevant policies had been updated to include COVID-19 guidance in 2021. Evidence that staff had read the policies and procedures was viewed.

Judgment: Compliant

## Quality and safety

The inspector found a culture of continuous improvement in the centre to continuously strive for new ways to make life more meaningful for residents.

The quality of service and quality of care delivered to residents was of a high standard. The ethos of care was one where the residents' independence was promoted and their rights were upheld. Overall, the inspector found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspector spoke to several residents and those residents who could voice their opinion said that they felt safe. The inspector also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe. This inspection took account of information, both solicited and unsolicited, received by the Chief Inspector and found that the provider and management team had proactively investigated incidences where residents' rights were not upheld or appropriately safeguarded. A detailed and specific action plan was formulated and implemented. The plan included elements of re-training, up-skilling and supervision for staff identified as requiring same and refresher training in safeguarding and person-centred care approaches for all staff. The inspector saw evidence that the plan was implemented and a process to ensure understanding and competence of staff concerned prior to completion was also

evidenced.

On this inspection it was found that care records were in the process of being transferred to a new electronic system, but this was not yet fully completed.

Overall, residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents' needs were met, in line with their wishes. However, improvements were required to ensure staff were clear and consistent on the most appropriate de-escalation techniques to use to support residents who displayed 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) so that person-centred interventions were implemented and could be reviewed to determine their effectiveness.

There was good access to health care services including physiotherapy, occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services.

Many instances of good practice was observed in respect of infection prevention and control. Records showed that staff had received up-to-date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training.

Each unit in the centre contained a good variety of communal and quiet sitting rooms and spaces where residents, alone or with family and friends could, spend time. Regular maintenance was in place and the premises were in a very good state of repair having recently been refurbished. Aspects of the premises that needed further attention at the time of the last inspection were since upgraded to a high standard. An on-going programme of maintenance, repair and refurbishment of the building, equipment, furniture and fittings was in place.

However, a small number of items needed some attention including where signage to identify the purpose of all rooms to orientate residents was not in place, bags of clothing were stored inappropriately in one sluice room and, although the centre had lots of storage space, the inspector noted that some rooms required to be de-cluttered. In addition the laundry did not contain a clinical wash hand basin.

A risk management policy and risk register were in place which included control measures for identified risks.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were displayed. Records showed regular simulated evacuation practice drills took place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures.

## Regulation 17: Premises

The care environment and facilities available did not fully meet residents assessed needs in line with the centre's statement of purpose or conform to all of the matters as laid out in Schedule 6 of the regulations:

- A wash hand basin was not provided in the laundry facilities.
- Orientation signage to identify the use of each room in the centre was not in place.
- Storage in the centre required review. Although there was sufficient storage rooms many were cluttered and the inspector observed inappropriate storage of residents belongings and other items in sluice rooms and treatment rooms.
- A door leading into the garden from the library on the ground floor required to be repaired.

Judgment: Substantially compliant

## Regulation 26: Risk management

The inspector observed that the centre was meeting regulatory requirements in relation to risk management documentation, and that the risk register was kept up to date.

Judgment: Compliant

## Regulation 27: Infection control

Robust infection prevention and control (IPC) processes were in place, were consistent with current IPC standards and national guidance and were implemented effectively by staff.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector noted there were good fire safety processes and resources in place in the centre, and a personal emergency evacuation procedure was in place for each

resident which was regularly updated and readily available.

Actions to address deficiencies previously found in fire containment measures were addressed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector saw that a number of assessments and care plans were not linked and as a result the care plan did not have enough detail to direct staff to manage care in line with the resident's needs and preferences for care and support.

For example; some care records did not include an assessment of the resident's needs which correlated with the care plans that were in place for that resident.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector observed that residents had good access to medical and allied health professional services, and inspectors were assured that this had not been disrupted by the COVID-19 pandemic.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector observed good records maintained in relation to the use of restraints in the centre. There was evidence that alternative less restrictive interventions were offered and trialled consistently, restraint use was reviewed at appropriate intervals, there were documented checks when restraints were in use, and that residents were involved in the decision-making process.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and residents were protected from abuse. The recruitment procedure in place ensured staff had garda (police) vetting in place prior to working in the centre.

The centre was a pension agent for a number of residents' pensions, and a review of processes in place evidenced that residents' finances were appropriately safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities organised by the activities co-ordinator. Residents with dementia were supported to by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Judgment: 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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for St Joseph's Community Nursing Unit OSV-0000542

Inspection ID: MON-0033050

Date of inspection: 12/08/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider and Person in Charge welcome the findings of the inspector and wish to provide the following updates –</p> <ul style="list-style-type: none"> <li>• A wash hand basin was not provided in the laundry facilities – this has been reviewed with the Maintenance Officer and plan to install same is in place – expected completion by 31st October 2021.</li> <li>• Orientation signage to identify the use of each room in the centre was not in place – a specification has been finalised locally for the rollout of dementia signage throughout the remainder of the centre and it has been tendered out to external contractors. Expected completion by 31st December 2021.</li> <li>• Storage in the centre required review. Although there was sufficient storage rooms many were cluttered and the inspector observed inappropriate storage of residents belongings and other items in sluice rooms and treatment rooms – a full review and declutter plan is in place and has commenced. Staff have been informed that the sluice and treatment rooms are not be used for storage and these rooms have been cleared. Expected overall completion by 30th September 2021.</li> <li>• A door leading into the garden from the library on the ground floor required to be repaired – the replacement door is currently being manufactured by an external contractor. Expected to be in place by 30th November 2021.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

The Registered Provider and Person in Charge welcome the findings of the inspector. The Person in Charge has arranged for an audit to commence on all residents care plans to ensure that the assessments and care plans are correlated in line with the residents needs.

The Clinical Nurse Managers will complete the Quality Care Metrix on a monthly basis going forward to ensure assessments and care plans are linked.  
Expected completion by 30th November 2021 and ongoing audit thereafter.

## 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(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	30/11/2021
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.	Substantially Compliant	Yellow	30/11/2021